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ABSTRACT

This paper attempts to dispel widely held misconceptions about attention deficit disorder (ADD). Diagnosis, prevention, prevalence, behavior control, medication, and mainstreaming issues are briefly addressed, in discussions of such myths as "ADD can be prevented," "medication can cure students with ADD," and "students with ADD cannot learn in the regular classroom." The long-term prognosis for children with ADD is also explored. (PB)

ATTENTION DEFICIT DISORDER: BEYOND THE MYTHS

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ATTENTION DEFICIT DISORDER: Beyond the Myths

MYTH: Attention Deficit Disorder (ADD) does not really exist. It is simply the latest excuse for parents who do not discipline their children.

FACT: Scientific research tells us ADD is a biologically-based disorder that includes distractibility, impulsiveness, and sometimes hyperactivity. While the causes of ADD are not fully understood, recent research suggests that ADD can be inherited and may be due to an imbalance of neurotransmitters — chemicals used by the brain to control behavior — or abnormal glucose metabolism in the central nervous system. Before a student is labeled ADD, other possible causes of his or her behavior are ruled out.

MYTH: Children with ADD are no different from their peers; all children have a hard time sitting still and paying attention.

FACT: Before children are considered to have ADD, they must show symptoms that demonstrate behavior greatly different from what is expected for children of their age and background. They start to show the behaviors characteristic of ADD between ages three and seven, including fidgeting; restlessness; difficulty remaining seated; being easily distracted; difficulty waiting their turn; blurting out answers; difficulty obeying instructions; difficulty paying attention; shifting from one uncompleted activity to another; difficulty playing quietly; talking excessively; interrupting; not listening; often losing things; and not considering the consequences of their actions.

These behaviors are persistent and occur in many different settings and situations. Furthermore, the behavior must be causing significant social, academic, or occupational impairment for the child to be diagnosed educationally as having ADD.

MYTH: Only a few people really have ADD.

FACT: Estimates of who has ADD range from 3 to 5 percent of the school age population (between 1.46 and 2.44 million children.) While boys outnumber girls by 4:1 to 9:1, experts believe that many girls with ADD are never diagnosed.

MYTH: ADD can be prevented.

FACT: While scientists are not certain they understand the causes of ADD, they have ruled out most of the factors controlled by parents. A poor diet does not cause ADD; nor does sugar or food additives. Normal quantities of lead will not cause ADD. Since the causes of ADD are genetic and biological, the parents cannot cause ADD by being too strict or too lenient.

However, actions by the parents can influence the child's ability to control his or her ADD behavior. Recently, some studies suggest a few cases of ADD may be caused by the use of alcohol and drugs by the mother while pregnant.

MYTH: All children with ADD are hyperactive and have learning disabilities.

FACT: While 10 to 33 percent of children with ADD also have learning disabilities, the two disorders cause different problems for children. ADD primarily affects the behavior of the child — causing inattention and impulsivity — while learning disabilities primarily affect the child's ability to learn — mainly in processing information.

Not all students with ADD are hyperactive and constantly in motion; many are considered to have undifferentiated ADD (Attention Deficit Disorder without hyperactivity). Because these children do not behave in the same way as hyperactive ADD students, their disorder frequently is

not recognized, and they are often considered unmotivated or lazy.

MYTH: Many children are incorrectly diagnosed as having ADD.

FACT: There are several national psychological tests that schools use to identify students with ADD. Children suspected of having ADD are referred to a child specialist (e.g., school counselor, psychologist, pediatrician) for clinical evaluation. Observations and reports from parents and teachers are critical to proper diagnosis. Sometimes, children are given intelligence, attention, and achievement tests. Doctors may also administer neuropsychological tests and neurological examinations.

Most importantly, it is a team of professionals in education, medicine, and psychology who pool test results and make a final determination. Since a child's hyperactivity, distractibility, and impulsive behavior may be due to other factors, such as a limited home environment or learning problems, the specialists check for other causes of these behaviors before making a diagnosis of ADD.

MYTH: Medication can cure students with ADD.

FACT: Medicine cannot cure ADD but can sometimes temporarily moderate its effects. Stimulant medication such as Ritalin, Cylert, and Dexedrine is effective in 70 percent of the children who take it. In those cases, medication causes children to exhibit a clear and immediate short-term increase in attention, control, concentration, and goal-directed effort. Medication also reduces disruptive behaviors, aggression, and hyperactivity.

However, there are side effects and no evidence for long-term effectiveness of medication. For example, recent studies show that medication has only limited short-term benefits on social adjustment and academic achievement. While medication can be incorporated into other treatment strategies, parents and teachers should not use medication as the sole method of helping the child.

MYTH: The longer you wait to deal with ADD in students, the better the chances are that they will outgrow it.

FACT: ADD symptoms continue into adolescence for 50-80 percent of the children with ADD. Many of them, between 30-50 percent, still will have ADD as adults. These adolescents and adults frequently show poor academic performance, poor self-image, and problems with peer relationships.

MYTH: There is little parents and teachers can do to control the behavior of children with ADD.

FACT: Teachers and parents have successfully used positive reinforcement procedures to increase desirable behaviors. A behavioral modification plan can give the child more privileges and independence as the child's behavior improves. Parents or teachers can give "tokens or points" to a child exhibiting desired behavior — such as remaining seated or being quiet — and can further reward children for good school performance and for finishing homework. Mild, short, immediate reprimands can counter and decrease negative and undesirable behaviors. Students with ADD can learn to follow classroom rules when there are preestablished consequences for misbehavior, rules are enforced consistently and immediately, and encouragement is given at home and in school.

MYTH: Students with ADD cannot learn in the regular classroom.

FACT: More than half of the children with ADD succeed in the mainstream classroom when teachers make appropriate adjustments. Most others require just a part-time program that gives them additional help in a resource room. Teachers can help students learn by providing increased variety. Often, altering features of instructional activities or materials, such as paper color, presentation rate, and response activities, help teachers hold the attention of students with ADD. Active learning and motor activities also help. ADD students learn best when classroom organization is structured and predictable.