



Educational Exchange - August 2008

Does My Child Have ADHD—and Does He Need Medication?

Susan Schapiro, a local educational diagnostician and consultant, answers a common question about whether behavior is due to ADHD.

"My son's teacher has complained that his behavior is disrupting the class. Both she and the principal strongly suggest that he be given medication to treat hyperactivity. I'm not convinced, however, that my son needs medication. What should I do?"

[This parent is wise to question the opinions of her son's teacher and principal. While a child's behavior may be disrupting the class, ADHD (or attention deficit-hyperactivity disorder) may not necessarily be the culprit. I always encourage parents to investigate attention and behavior-related issues very carefully.

There has been some controversy associated with the over-identification of ADHD and the use of medication treatment options. Research suggests that ADHD—a neurobehavioral disorder often associated with inattention, hyperactivity, and impulsivity—affects between 3 to 7 percent of the population.

The *Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (better known as the DSM-IV)*, published by the American Psychiatric Association, includes three subtypes of ADHD: *predominately inattentive; predominately hyperactive-impulsive; and combined inattentive and hyperactive-impulsive.* In other words, children with ADHD don't all look the same. Their behaviors may present in a variety of ways.

Parents frequently ask me, "How can I tell if my child has ADHD?"

While you really seem to notice the child who can't sit still, follow directions, and constantly blurts out answers to questions in class, it may be more challenging to spot the quiet, inattentive student, who finds it hard to focus or stay on task.

A few common behaviors of ADHD are:

*easily distracted from a task;
doesn't pay close attention to details, makes careless mistakes;
disorganized and has difficulty finishing tasks;
avoids tasks that require sustained attention;
fidgets, squirms, and has trouble sitting still;
talks excessively;
interrupts conversations and tends to blurt out answers; and
demonstrates a low tolerance for frustration.*

Children with behaviors that "look like" ADHD should be evaluated by a professional such as a psychologist, neuropsychologist, or psychiatrist before medication should be considered. I recommend checking with your pediatrician for a referral in your area. Once a diagnosis has been made, a variety of interventions from medication to behavior modification techniques can be investigated.

Roughly 80 percent of children taking stimulant medications have a positive response—that leaves approximately 20 percent who do not. Since not all children have a favorable response to medication for ADHD, behavioral therapy and social skills training, applied by trained therapists, are options certainly worth considering.

In some cases, a clinical diagnosis of ADHD may qualify your child for special services or classroom accommodations. If your child has been diagnosed with ADHD and you want accommodations for him or her, you should write your principal and request a meeting to develop a 504 plan outlining those accommodations.

It is important to keep in mind that inattentive and disruptive behaviors may also be associated with anxiety, an oppositional defiant disorder (ODD), and conduct disorders as well. These disorders may require different behavioral and medication options other than those usually associated with treatment for ADHD.

Nearly all children are restless and inattentive from time to time. However, if you or your child's teacher suspect these behaviors may be due to ADHD, talk to your pediatrician. Having ADHD can prevent your child from being an efficient learner. Careful investigation and appropriate intervention strategies may make the road to success a little easier. **BC**

A Forum for Educational Advice

Do you have a concern about your child's learning abilities? Would you like some advice on an issue you have with your child's school? Perhaps you'll find some answers here.

Susan Schapiro, M.S., of Educational Evaluations & Get Set To Read Consultations in Towson, answers questions from readers about their children's education—no matter the children's skill level or ability.

So, if there's a concern you'd like to see discussed, please write to us—your answer could be published in this column. Send your questions by email to Dianne@BaltimoresChild.com and label it Educational Exchange. We will notify you if and when your question will be addressed in an upcoming issue.

Mandatory Medication Is Prohibited by Law

By Nancy Knisley

Parents, particularly those with children with ADHD (attention deficit hyperactivity disorder), sometimes may feel that they are being required, or at least pressured, by school personnel to medicate their child before the child may attend school, be evaluated to determine whether the child is eligible for special education, or receive special education services.

The Individuals with Disabilities Education Act (IDEA) of 2004 expressly prohibits state and school system personnel from requiring a child to obtain a prescription for a controlled substance—which includes many of the medications typically prescribed for children with ADHD—as a condition of attending school, receiving an evaluation, or receiving special education services. (The law is silent about other types of medications and what authority, if any, schools may have to require students take them.)

However, the law does not prohibit teachers and other school personnel from consulting or sharing classroom-based observations with parents or guardians regarding a student's academic and functional performance, or behavior in the classroom or school, or regarding the need for evaluation for special education or related services.

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