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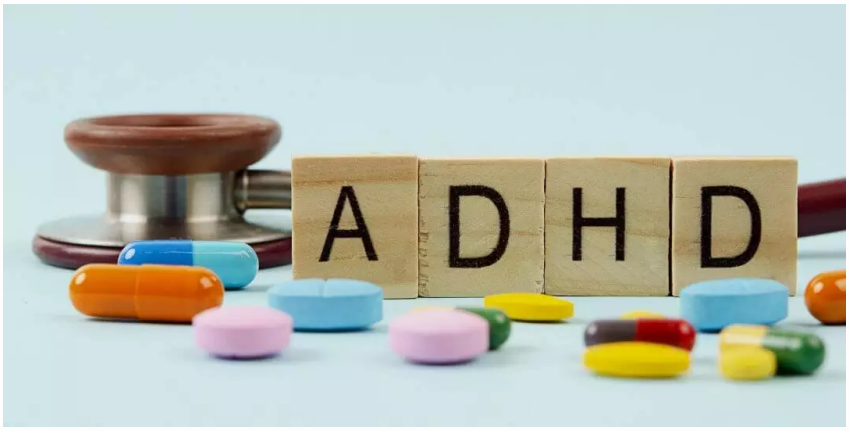


WHY PARENTS MAY FEEL OBLIGATED TO MEDICATE CHILDREN FOR ADHD

Medicating kids used to be a tough sell. What changed?

Parents, when surveyed, consistently report strong reservations about medicating kids for attention deficit/hyperactivity disorder (ADHD). Yet, at the same time, the rates of diagnosis and treatment steadily rise. How can both be true? In an earlier post, I referred to this curious correlation as the paradox of ADHD.

In seeking to resolve the paradox, I made three points. One, as the scope of ADHD has expanded over time to include more and milder symptoms, a growing number of parents are left wondering if their struggling child has a medical problem and feeling an obligation to seek medical advice. Two, professionals, and even lay people, promote a 'responsibility' that presupposes a readiness on the part of parents to orient themselves by 'scientific' knowledge and expert guidance. And three, since the experts strongly support medication treatment (with or without other interventions), even skeptical and initially resistant parents are likely to find themselves accepting the diagnosis and filling the prescription.

These reflections, based on several types of evidence, raise a deeper question I want to pursue here, a question that pertains to doctors as well as parents. Put simply, how does giving a child or adolescent a diagnosis and a powerful drug, especially in non-severe cases, come to be seen as the responsible thing to do?

Medicating kids used to be a tough sell. In their 1975 book, The Myth of the Hyperactive Child, Peter Schrag and Diane Divoky argued that a small number of children have a condition sufficiently serious to warrant medication. However, “most do not; they are being drugged…to make them more manageable.” In a historical study of popular magazine articles including Time and Forbes, from 1968 to 2006, I found a similar concern. Many article authors, while acknowledging some genuine cases of a medical condition, worried that the growth in stimulant medication use was being driven by a social need to “establish docility” and compel a narrow “conformity” at home and school. They regarded this over-use as unethical and irresponsible because, at least in the first instance, those who benefited from the drug were parents and teachers, not the children themselves.

Many ordinary citizens, as we found in our surveys and focus groups, also see the widespread medication of children in terms of improper social control and an intolerance of children's natural differences. Administering a drug is "not necessarily good for the kid," said one focus group participant, "but it's good for the people around the kid, the adults around the kid. And I think that's dangerous." Even doctors, judging from quotes in the magazine articles, sometimes shared this worry. Yet, in concrete cases, the "good for the adults" case disappears. A diagnosis and medication become the responsible thing because it is deemed 'good for the kid.' How does this happen?

The short answer is that the child's problem, however initially understood, gets redefined. The path that leads to the doctor's office normally begins with troublesome behaviors, often initially remarked upon by teachers but also observed by parents. Poor emotional control, distractible, disorganized, overactive, quarrelsome, and underperforming are among the bad behaviors—the symptoms—commonly reported. All impact relations and success at school and frequently at home and with peers. The doctor is called because something needs to be done for the sake of everyone involved. And the potential of medication is just that: to curb and control unusual and wearisome conduct, which is a benefit to all parties, including, though not necessarily willingly, the child.

Expressed in these behavioral terms, medicating kids sounds a lot like enforced conformity to social and institutional standards, the very thing that people often consider wrong and irresponsible. I doubt that skeptical parents, if this was all they knew or heard, would be inclined on that basis to put their son or daughter on an amphetamine like Adderall. To deem such a course of action responsible, parents must be convinced that the child's welfare is foremost, that taking a medication is good for the child.

This is where the 'scientific' perspective on ADHD that parents are encouraged to adopt is decisive. It used to be the case that psychiatric concerns with childhood hyperactivity and distractibility were defined in terms of maladaptive behaviors. Drug ads, for instance, that appeared in the medical journals in the 1960s, described the effects of medication as “reducing” behavioral symptoms and promoting “good adjustment.” There is some reference to improving school performance and interpersonal relations, but, as in a classic Ritalin ad, this possibility is not a direct result of the drug. The advertised drug effect is to reduce disruptive behavior, which, in turn, might make “the child more responsive” to “non-pharmacological” interventions, such as psychotherapy. These other interventions help with school and enhance relations. Not many kids were being medicated in those days.

In our age of mass diagnosis and prescriptions, the conception of ADHD is quite different. In the widely influential Executive Functions (EF) theory, the disorder is not defined in terms of specific behaviors or even cognitive deficits in attention. “It’s not really attention that’s the problem,” according to prominent EF theorist Russell Barkley.1 The notion of attention deficits was prominent in the 1970s and 1980s. That idea led to the name “attention-deficit disorder” and to the theory that, by somehow normalizing brain processes, “stimulant medication helps reduce these deficits,” to quote Virginia Douglas, a pioneer of this perspective.2

But now ADHD is conceived in relation to self, a “self,” says Barkley, that, compared to others, is inadequately “controlling, regulating, or executing behavior.” The sufferer has a deficient capacity to self-manage, be goal-oriented, and project a future. Not particular behaviors but the very organization of behavior is at stake. Symptoms might include any contextually problematic behavior that suggests a lack of individual motivation, self-control, or self-interest regarding future goals or consequences. And the stimulants—still the main drug of choice—are defined as directly producing a better self, one with self-discipline and drive.

Consumer ads promoting drugs for ADHD perfectly demonstrate the "self" theory of ADHD. In an Intuniv ad, for instance, the better self is depicted by a little boy, who, on medication, can remove the monster costume that was all that anyone could see. In a Concerta ad, a mother tells us that now that her son is on medication, she can "see Jason, not his ADHD." The touted benefits suggest new motivation and self-application to demanding tasks —"helps improve academic productivity," "more chores done at home"—which lead to better social relations: "already done with my homework dad," "friends that ask him to join the group," "makes teacher proud." The drugs empower by helping a child to "reveal his potential," produce "schoolwork that matches his intelligence," puts him "on the path to success," and even, as in one Adderall ad, "adds new meaning to [his] life." By happy coincidence, what is good for the young person also brings peace to mom, dad, and teachers. A win-win all around.

No new scientific discovery or pharmacological innovation brought about this changed interpretation. What it reflects, instead, is a logic of self that has become a dominant organizing principle in our society. So much of the structure that previously organized life and growing up—traditions, social roles, rites of passage, moral codes, everyday rituals—has receded or disappeared. Now, choices in every area of life must be made about what to do and whom to be. Though typically thought of as liberating, having to choose everything is more difficult and demanding. As a body of social research shows, despite talk of our society as "permissive," expanded choice means that more self-steering is required from the individual, not less.3 And all this with far fewer signposts by which to steer Now each child has a responsibility, increasing with age, to be the sort of person who can "manage herself," find her own motivation, and handle herself in a wide range of social situations. The sort of person who can "make" herself into the child she somehow knows her parents want her to be. The sort who can stand out, live up to her potential, and "meet the challenges the future is throwing at her." All this self-making and regulating and motivating might sound daunting for a teenager. But, according to Barkley, it is perfectly natural. The properly functioning adolescent is an internally motivated and strategic self-optimizer. She knows what she wants and she knows how to get it. With little in the way of incentives or inducements, she navigates the uncertain and ever-changing environment, evaluating and choosing those courses of action that contribute to achieving success in every area of life. Distractions, immediate gratification, and boring and unrewarding tasks do not deter her.

The properly functioning child is undeterred because she is under the control of a properly functioning brain. The two functionalities—of self and brain—match. This equivalence of norms, made in fact by analogy, is what makes the theory plausible and seemingly scientific. Executive functions (neurocognitive processes), Barkley claims, underlie the powers of self-control and future-directed behavior. They guide individuals, according to a review article,

in making "optimal" decisions. In any situation, EFs keep "information about possible choices in working memory," integrate "this knowledge with information about the current context" and so "identify the optimal action for the situation."4 If an adolescent's neural circuitry is firing normally, she prioritizes and carries through with her own best (natural) interests; Those who operate differently, then, very likely have a brain dysfunction. The way to find out, as has always been the case, is with the medication. When ADHD is suspected, a visit to the doctor is likely to result in a diagnosis and a recommendation to try a course of drug therapy. If the drug "works," if it improves behavior or increases productivity, the evidence for the brain pathology, now conceived in terms of abnormal EF execution, is presumed to have been supplied. As people so often said in interviews and focus groups, they knew the problem was "real" (biological) because they could see the difference.

The responsibility to try medication logically follows. Confronted with confident assertions of a biological deficit, parents, whatever their initial reservations, are likely to see their obligation as trying to put it right. Their own challenges with the child's behavior and performance or ideas about providing a more suitable environment are likely to appear quite secondary by comparison. Although the functional person in EF theory only does what is socially appropriate and only strives for what is socially approved, there is no mention of social norms or conformity. The promise of treatment is on a higher plane: your son or daughter realizing a better, more successful version of themselves. It's hard to argue with that.The responsibility to try medication logically follows. Confronted with confident assertions of a biological deficit, parents, whatever their initial reservations, are likely to see their obligation as trying to put it right. Their own challenges with the child's behavior and performance or ideas about providing a more suitable environment are likely to appear quite secondary by comparison. Although the functional person in EF theory only does what is socially appropriate and only strives for what is socially approved, there is no mention of social norms or conformity. The promise of treatment is on a higher plane: your son or daughter realizing a better, more successful version of themselves. It's hard to argue with that.

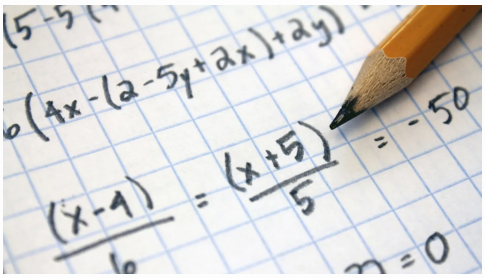
ADHD Can Affect Math Performance, but Support Can Make a Difference

Attention deficit hyperactivity disorder (ADHD) is a neurodevelopmental condition that can affect your ability to focus and make decisions.

This condition is fairly common. According to estimates from the American Psychiatric Association, around 8.4 percent of children and 2.5 percent of adults live with ADHD.

A 2015 review suggests many people with ADHD have trouble in school, and math class in particular. ADHD symptoms can make it more difficult to:

- concentrate during class
- do repetitive equations
- remember formulas
- keep up with homework



If you have ADHD, you may find your academic performance consistently falls short of what you know you can do. This can feel frustrating, absolutely, but know that it's not your fault. ADHD is a mental health condition, not a sign of your work ethic or intelligence.

Having ADHD also does not mean you're doomed to fail math class. In fact, there's a lot you can do to improve your performance.

What's the connection?
So, why do people with ADHD tend to have trouble with math? A few different reasons help explain the connection.

Working memory
You can think of your working memory as your brain's copy-paste function. It allows you to hold snippets of information in your head for 15 to 30 seconds.

However, 2017 research shows ADHD can cause problems with your working memory.

This can make it harder to do math problems with multiple steps.

For example, say you get the equation (1 + 2) x 4.

- First, you'd need to solve for 1 + 2 in the parentheses (3).
- Then, you can multiply 3 x 4 to get the answer (12).

If you have ADHD, you might solve the first step of the problem, then lose your place as you try to remember the order of operations. Or, when you pick the equation back up, you might end up forgetting which number you needed to multiply by 4.

Inattention
Math, as a general rule, requires close attention to detail.

Consider, for example, minor details like negative signs. If you have ADHD, you may know perfectly well how to add and subtract negative numbers. But if you skim over a negative sign when reviewing a problem, you'll likely end up with the wrong answer, even when you solve the rest of the problem correctly.

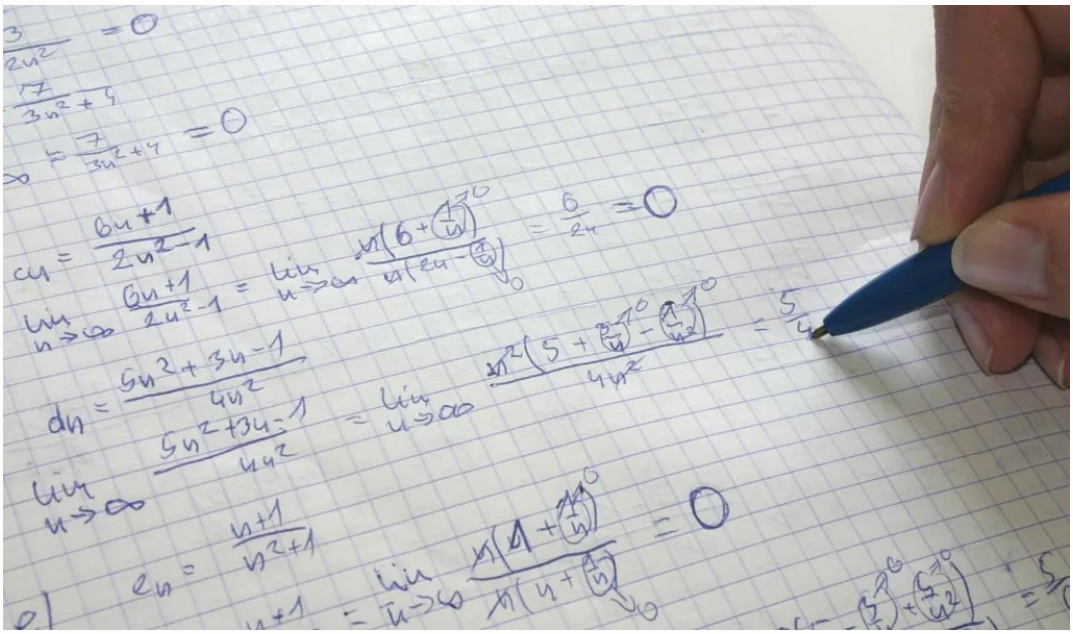
A 2015 review of studies found that people with the inattentive type of ADHD tend to be more likely to have trouble with mathematics than people with the hyperactive type. In a nutshell, the same genetic factors that affect your ability to focus may also have an impact on your mathematical abilities.

Filtering information
A small 2019 study suggests people with ADHD tend to make more errors when shifting between types of math problems.

Maybe the top half of your exam has division problems and the bottom half has multiplication problems. You might accidentally keep using division rules when the worksheet shifts to multiplication.

The issue isn't the act of switching itself, but switching quickly between similar tasks. For example, you might find it easier to transition from a math equation to a science question without the same difficulty.

But ADHD can make it difficult to determine the most relevant information for the problem at hand. As you begin to answer multiplication questions, you may still have the division rules floating around in your mind. This distraction can make it hard to remember you've moved on to a different type of problem.



Semantic language
Some people with ADHD also find it challenging to parse out phrases with multiple meanings.

Consider, for example, this question: "How many times does 8 fit into 48?"

Written numerically, this question is simply asking: "What's 48 ÷ 8?"

But according to a 2012 study people with ADHD may not always catch these kinds of meanings. After all, "times" often refers to multiplication, so you could assume the question wants to know, "What's 8 x 48?"

If you had a clear, numeric explanation of what you actually need to solve, you might find it much easier to answer the question correctly.

Where does dyscalculia fit in?
ADHD symptoms can make math more difficult. But ADHD can also increase your chances of having a co-occurring math learning disorder called dyscalculia.

Statistics from the early 2000s (the most recent available) suggest that 31 percent of students with ADHD also have a math disability. This rate is 5 times higher than the general rate of math disabilities, which falls between 6 and 7 percent. Among students with a math disability, roughly 25 percent also have ADHD.

ADHD can affect your math performance for the reasons noted above. Dyscalculia, on the other hand, makes it more difficult to understand math concepts.

- If you have ADHD, you might know how to add fractions but get distracted as you work through the steps involved.
- If you have dyscalculia, you might have trouble learning how fractions work in the first place.
- If you have both ADHD and dyscalculia, you might find all parts of the process challenging: learning the theory behind fractions and staying focused as you try to solve problems.

Could ADHD be affecting my math skills?
Wondering how to tell whether your math issues relate to ADHD?

Consider the following signs:

- You understand the basic concepts on your homework and know how to solve the problems. Still, you often get them wrong because you miss small details.
- You tend to mix up basic operations (+, -, x, ÷).
- You often don't understand what word problems want you to solve for.
- You sometimes lose your place in the middle of a problem and have to start over.
- You often run out of time before finishing all of the questions on a test.

If most of these apply to you, it's possible ADHD could factor into your math performance.

A mental health professional who specializes in ADHD can offer more support with recognizing key signs and creating an effective treatment plan.

Keep in mind, though, that these issues don't automatically translate to ADHD. You might notice many of them also pop up during exams if you experience test anxiety.

A 2021 study suggests that test anxiety can also affect your working memory and attention, which can have a negative impact on your performance.

Taking steps to address test anxiety can leave you sweating less over your math exams, whether you have ADHD or not.

Is it possible to improve math skills?
If you have ADHD, certain accommodations and interventions could help improve your performance, both in math class and at school overall.

Accommodations
Accommodations refer to changes to the academic environment that aim to help offset the effects of ADHD symptoms. For example, a teacher may let you take a test in a different room to reduce distractions.
Common accommodations include:

- Extra time. You have extended homework deadlines and more time to complete tests.
- Reminders. Your teacher reminds you about homework due dates.
- Calculator access. You can use a calculator on certain portions of a test.
- Separate settings. You can take a test alone in a distraction-free area.
- Oral presentation. Your teacher reads test items aloud to you.

Some accommodations may help more than others. For example, a 2020 review suggests oral presentation can have benefits for kids under the age of 14. The benefit was unique to students with ADHD.

Other accommodations, like extra time, can boost test scores for students with ADHD. However, these accommodations can also boost test scores for neurotypical students.
Interventions

Interventions refer to strategies that aim to help improve both ADHD symptoms and math skills.

Unlike accommodations, they can help improve your overall relationship with math, not just your performance on a specific assignment.

Examples of interventions include:

- Tutoring. If you're having trouble with math, one-on-one attention from a trained tutor can help.
- Skills training. This intervention can help you learn to study and take tests more effectively. Your trainer may have you highlight important terms in math problems, like "greater than" or "denominator," so you can better focus on relevant information. You might also go over word problems to practice recognizing what you need to solve.
- Treatment. Professional treatment for ADHD, including therapy, medication, or a combination of the two, can often help improve inattention along with other symptoms. According to a 2020 literature review, ADHD medication appears to help improve academic outcomes overall.

The bottom line

Math doesn't come easily to everyone, and many people dislike the subject. But if you have ADHD, you might find math particularly challenging, especially if you also have a math learning disorder.
Consistent trouble with math can easily leave you frustrated and distressed, especially if you're already trying your best. But that doesn't mean you have to give up, either. You do have options for getting support and extra help.

HOW TO ADDRESS OPPOSITION IN YOUNG CHILDREN

"No!"

It might have been endearing as your child's first word, but dread often kicks in when that word starts to follow parental requests. Experiencing resistance to small or big asks? Stuck in arguments that seem to go in circles and leave you exasperated with unmet requests? The good news is that this pattern can be disrupted. First, you'll need to identify reasons behind the opposition. Then you can apply relevant strategies to see more helpful behaviors instead.

Below are some examples of opposition drivers and tips to address them.

Difficulty with transitions

If you find that your child resists a request right after engaging in an activity, it might be that your child first needs time to transition. This can be a common experience when parents make requests while children are playing video games or another stimulating activity. One way to manage this is to give your child a five- or 10-minute heads-up (whichever they might need) that you will be asking for the game to stop. This gives your child time to find a place to pause if playing a video game and to transition.

Some families find it helpful to talk with their children before playtime begins to learn what game or activities will be taking place, and how much advance notice might be helpful before the activity would need to stop. This invites collaboration and shows that you respect that not all moments are ideal for stopping a game.

Independent streak

Children almost never are in control, and resistance can show up when that wears on them. Try to fold in elements of choice and control throughout the day for children (that are within a framework you determine) to create more of a balance with your requests. Perhaps you let a young child know that they will need to wear long sleeves and pants because of the weather, but they can pick which top and pair of pants to wear that day. Another idea is to invite your child to pick a side dish for a future dinner from a premade list of a few options.

It also helps to create opportunities for your child to practice being independent. This fosters mastery and offers experiences of feeling in control. This could look like your child preparing any parts of meals that are age-appropriate (for example, a three-year-old could pour cereal into a bowl; a five-year-old could measure ingredients for baking). The kitchen counter may be extra sticky as your child learns new skills. With time, your child will be more adept, and your counters will be cleaner.

Hunger and tiredness

We need both food and sleep to recharge our batteries. When we run low on either or both, it's extra difficult to be our best selves. If you find that your child is crankier than usual, reflect on when your child last ate and how your child slept the night before (or napped if your child is of napping age). If it's been a while since your child has eaten and/or your child did not sleep as much as usual, your child may need to recharge before being more receptive to requests. Have your child grab a healthy snack or meal if needed. If sleep is the issue, validate to yourself that this is frustrating that there is no quick fix. Acknowledge privately they are not their usual self at this moment and may be more receptive tomorrow.

Resistance also may crop up when children are coming down with a viral illness, so keep an eye out for any symptoms that may emerge.

Mental health challenges

Everyone has off days, but a persistent pattern of resistance to requests and distress following them may suggest that a child is experiencing mental health difficulties. For example, if a child appears oppositional every morning before school, it could be that they experience anxiety about going to school and are trying to avoid the distress they experience when there. In this case, it is important to ignore the "no" bait and focus on the emotion behind the refusal. Validate or acknowledge how your child is feeling to open the door to learn more. For example, you could say, "You seem really worried about going to school. What about school has been so tough lately?"

Use a similar approach for symptoms of depression, such as withdrawing from and refusing to engage in activities: validate your child's feelings and invite your child to share more to help you understand their experiences. Discovering what is driving the resistance can allow you to develop a collaborative plan to support your child's needs and get extra help if needed. Cognitive behavioral therapy is an evidence-based treatment for children experiencing anxiety and/or depression. Your pediatrician can be a helpful resource for mental health treatment referrals. The Anxiety & Depression Association of America also provides treatment resources.

Sometimes, oppositional behavior is pervasive. It can include a frequent loss of temper, irritability, difficulty following the rules, defiance of authority figures, spitefulness, and more. If these behaviors occur at home and also show up in other settings, such as at school, a child may be experiencing symptoms of oppositional defiant disorder. Parent training programs such as parent management training, along with problem-solving skills training, are evidence-based treatments, and pediatricians also may be able to provide relevant referrals.

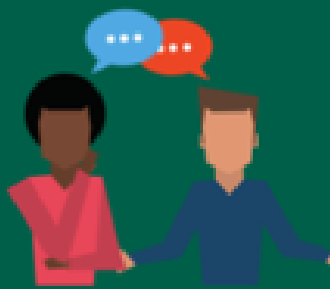
Your patience understandably can wear thin if you find yourself facing repeated resistance. That experience, though, does not have to continue. You can help shift these patterns once you discover what is driving the "no."

IMPORTANT NUMBERS

IF YOU NEED HELP, PLEASE MAKE THE CALL

GET THE SUPPORT YOU NEED

YOU ARE NOT ALONE



National Suicide Prevention Hotline: 1-800-273-8255

National Domestic Violence Hotline: 1-800-799-7233

Runaway and Homeless Teen Hotline Help: 1-800-246-4646

Coalition for the Homeless: 212-776-2000

Drug and Alcohol Hotline: 800-622-2255

Food and Hunger Hotline: 866-888-8777

Homeless Services Hotline: 212-533-5151

Rape Crisis Hotline: 212-227-3000

National Child Abuse Hotline: 1-800-422-4453

National Teen Dating Abuse Helpline: 1-866-331-9474

Crisis Lifeline for LGBTQ Youth: 1-866-488-7386

Boys Town National Hotline: 800-448-3000

American Pregnancy Helpline: 866-942-6466

Behavior Management Consultants believes that, “No Child is Born Bad”. Our mission is to educate, mentor, and assist parents, caregivers, and professionals to cope with, socialize, and identify values important to today’s youth.

The goal is to serve public and private social service organizations including, but not limited to:

- Residential Treatment Facilities (RTFs)
- Juvenile Detention Centers
- Residential Treatment Centers (RTCs)
- Public Schools
- Community Based Organizations (CBOs)

We are confident that we will meet our goals thereby ensuring that our clients are being kept abreast in the ever-changing landscape of Human/Social Services.

Quote of the Month

“The most common way people give up their power is by thinking they don’t have any.”

– Alice Walker

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