ADHD
ATTENTION DEFICIT HYPERACTIVE DISORDER
An Overview of Government Regulations, Colorado School Policies And a Review of Professional Opinions Regarding its Validity and Treatment

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Abstract: This paper is written to clarify information about Attention Deficit Hyperactive Disorder around federal and state regulations and the concurrent school policies that are being implemented in the classroom as a result of these regulations. It also addresses policies that have sprung from court decisions which impact the responsibilities of parents and society.

Professional opinions on both sides of the medication issue as advocated by parents, teachers, psychiatrists and the impact on educational advancement, behavioral change, emotional feelings and physical conditions experienced by the students are addressed. As an alternative to medication, the theoretical and applied methods of Educational Kinesiology (Brain Gym ®) which are used by professional counselors and teachers in the classroom are offered.

ADHD

State and Federal Governments Regulations concerning ADHAttention Deficit Hyperactivity Disorder, (ADHD), as it is now identified, is the fastest progressing disorder of children in the educational system. Uncommon in European, Asiatic and South American countries, this disorder in America, has grown to over 2 million children, or according to figures cited by the Council for Exceptional Children report, (1992), 3 to 5% of the population (Adams 1994). One of the most researched maladies of our time, over 3,000 articles have been written about ADHD (Barkley 1990). Prolific coverage on television and radio has made this one of the most widely debated topics in education today.

For example in December of 1996, as I turned onto to Highway 25 to begin the journey from Colorado State University in Fort Collins to my home in Evergreen Colorado, I listened to an advertisement on the radio from one of the Denver stations:

> "Does your child have a hard time focusing in school? Does he or she exhibit behavior problems at school or at home? Does he feel out of control of his or her emotions? If you answer yes to any of these questions your child may have Attention Deficit Disorder and may need help. Call 1-800 695-0285 (305-587-3700)for information from (C.H.A.D.D.) the National organization for Children and Adults with Attention Deficit Disorder."

Today, many more children in Colorado are being diagnosed ADHD. According to information released by the Colorado Board of Education, 3 out of every 25 students in a classroom will be eligible for services under the criteria defined for the disorder. (Adams 1994)

Parent Perspectives

As an educator and a parent who has had 6 children go through the school system over the years, I have been aware of the increase in the number of children being diagnosed with these symptoms. In my clinical practice with children who have learning challenges, more and more parents are coming to me because their children have been diagnosed as possible ADHD by the educational system.

Many parents will use medication to alleviate the condition, but then there are other parents who are looking for other answers. They wonder about the use of and the long term problems associated with stimulant medications such as Ritalin, Prozac or Cylert, prescribed by doctors for the disorder. Problems occur when parents feel pressured by the schools to use medication for their children so they may stay in the regular classroom and not be put into special education programs

For example, Diane Drieling, Director of Special Services in the Douglas County , Colorado school district calls ADHD a "garbage pail" term. She explains that because teachers would often tell parents "Your child has ADHD," she is teaching a class entitled "Focus for Success" for teachers, teaching assistants and interested parents. In this class they identify problem behaviors and behavioral management techniques. She believes doctors and psychologists are too quick to prescribe stimulants for problems that can be managed in the classroom with assistance from parents.

Where Did It Begin?

Though recently named and popularized in the last 20 years, the history of this disorder reaches back to the 1800's. At that time, hyperactive and inattentive behaviors were identified in patients suffering from serious brain traumas but it wasn't until 1902 that a researcher, G.F. Still diagnosed a childhood disorder known as "Defect in Moral Control" which included impulsive action, inattention and difficulty in benefitting from life experiences. This condition, he said, occurred more in males than in females and he believed it was related to heredity, trauma and learning history. He felt there was little to be done in remediating this condition (Adams, 1994).

The neurological connection began to be developed in the early 1900's when an outbreak of encephalitis caused the affected children to become restless, impulsive, and overactive. This disorder was then called and continued to be referred to until the 1950's as "Minimal Brain Disorder" (MBD). Further and more involved investigations led to many sub-labels throughout the 1970 and 80's . The latest criteria for a child to be labeled Attention Deficit Hyperactive Disorder (ADHD) was established and printed in 1994 in the Diagnostic and Statistical Manual of the American Psychiatric Association.

What Federal Regulations Have Been Implemented?

The main federal regulations around ADHD stem from the 1994 revisions of the (IDEA) Individuals with Disabilities Education Act P.L. 94-142. Interestingly, it is worth noting that Congress did not include ADD (as it was then known) in the re-authorization of the act. Under pressure from advocacy groups, the U.S. Department of Education reviewed public comments and issued a memorandum clarifying responsibility of state and local school districts for children with ADD under the federal law (Davila, Williams and MacDonald 1991). ADD was now covered under Section 504 of the Rehabilitation Act of 1973 (P.L. 94-112) which established new criteria for physically handicapped disabilities. This law which is commonly known as the "civil rights law for the disabled" states that *no person with a disability that substantially limits one or more of the person's major life activities (such as learning) can be discriminated against.*

In the light of federal regulations, increased activity in the political arena advocated by special interest organizations consisting of families and health care groups has led to legislation which puts students diagnosed ADHD under the label of physically handicapped as part of Colorado special education regulations. Colorado, unlike other states does not contain an "other health impaired" category of the disability as defined in the federal law. To fill this category, in 1992, Colorado chose to include ADHD under Special Education and classify it as a physical disability if it prevents a child from receiving reasonable educational benefit from regular education (Adams 1994).

In addition to the physical disability category, students may qualify for special education if they have significant "Identifiable Emotional Disability." In this category, in order to cover ADHD, the words "to pay attention" were added to the phrase "significantly limited self control." ADHD students can now be covered under this category because the definition now reads "significantly limited self control which includes an impaired ability to pay attention."

Also, students may be covered under the category "Perceptual or Communicative Disability" in which ADHD is referred to as "a basic disorder in the psychological processes affecting language and or learning that may manifest itself in an impaired ability to listen, think, attend, speak, read, write, spell or do mathematical calculations" (Adams 1994).

To fulfill the standards set by Section 504 and IDEA for ADHD students, they are put into a "protected class" status. One of the challenges of putting students into this status is that it be accomplished in an objective manner lest the student carry a negative stigma of being labeled and have long term implications for future life choices.

In Colorado for the purposes of obtaining special education services it is not necessary to have a medical or mental health diagnosis. As a result of the staffing which includes school professionals and parents, four possible results may occur:

1. The child may qualify as being physically disabled.
2. The student may qualify as having a perceptual communicative disorder.
3. The student may qualify as having a significant identifiable emotional disability.
4. The student is not eligible under any of these categories in which case he is referred back to the teacher.

Any reference to the first three qualifiers indicates that a student is eligible for special education services which can continue until the student is 21 years old. The school must then prepare an individual educational plan (IEP) for the student detailing the procedures for "appropriate education" for the student (Adams 1994).

Medications --- Approval and Disapproval

Ritalin, the most common drug prescribed for ADHD is classified as a stmulant which has a subduing effect on children. According to the National Information Center for Children and Youth with Disabilities (NICHCY) policy briefing paper of 1994, the drug acts to stimulate the action of the neurotransmitters of the brain to better regulate attention, impulse and motor behavior(Fowler, 1991). Classified under schedule 2 of the Controlled Substances Act along with cocaine, morphine and opium, this drug is labeled as most restrictive and must be closely monitored by a physician.

One of the questionable effects of taking the drug is the side effects which range from loss of appetite, loss of growth, depression, and the negative effects on the immune system. Doses of the drug usually range from 5 to 20 mg and last for 4-6 hrs. Other side effects include

stomach pains, weight loss, irritability, and social withdrawal. Over medication can cause tic disorder, hypertension, and rapid heartbeat. Withdrawal symptoms include depression,, exhaustion, withdrawal, irritability, and suicidal feelings. The drug affects the basal ganglion, and the corpus stratum, the brain areas responsible for motor control and the sense of time (Bosco 1975, Hannaford 1994).

The use of a drug to change behavior in the classroom is the crux of the controversy among professionals concerned with children. One of these well known professionals is Dr. Peter Breggin who is regarded as the psychiatrist who has raised the most controversy against the "drugging of our children." His books *Toxic Psychiatry* and *The War Against Children* are part of his ongoing work to raise awareness about this issue in our country. Breggin, who has written eight books on the topic and appeared on national television many times debating the victimization of children by labeling them diseased, calls ADHD not a disorder but a manifestation of conflict (Breggin 1994).

Stressed Out Survival Oriented Humans

If ADHD is not a disease, then what are the factors that cause this increase in inappropriate behaviors in the classroom and at home? Neurophysiologist Dr. Carla Hannaford in her book *Smart Moves -Why Learning is not all in the Head* (1995) calls these children SOSOH, "Stressed Out Survival Oriented Humans."

Neurologically, she explains that stress causes an overemphasis on survival oriented brain processing at the expense of the rational limbic and cortical functioning in the frontal lobes of the brain. This lack of ability to process in the frontal lobes leads to excessive activity and difficulty in maintaining attention and focus on a task. The frontal lobe functioning controls the fine motor movement, inner speech, self control and reasoning. This may cause the student to be erratic, non graceful, unbalanced, and have poorly coordinated movements. She also states that ADHD is a label with no proven genetic or pathological background. She advocates non-intrusive child centered common sense approaches that allow children to take charge of their emotions and physical activity (Hannaford 1995).

Creative Classrooms

Creative classrooms who use these methods look at strengths rather than labels. Some classroom teachers use unique methods of keeping all their children involved in learning without the use of drugs. One example is Candis Mowery, a 20 veteran in the Denver Public Schools, who teaches at Godsman Elementary School. Godsman, located in the south east part of Denver with 474 students including ECE (4 year olds) and Kindergarten through 5th grade. Her personal feeling is that there are less students labeled ADHD at her school because the parents do not have the money to buy the medication for the students. Therefore, it is not considered and other interventions are given priority. Godsman has only two students labeled ADHD. In total there are nine students in the adaptive functional classroom.

Mowery also believes in specific kinesthetic movements to keep her class focused and to release learning blocks. As a graduate of the Brain Gym® program of kinesthetic movements developed by Dr. Paul Dennison who founded the Educational Kinesiology Foundation she uses the focusing and cross motor patterning exercises daily in her classroom. She feels these methods were instrumental in the world class success of her "Oddessey of the Mind" team in 1995 and 1996.

Since 1990, Brain Gym® has been selected annually by the National Learning Foundation (the private sector branch of the White House Task Force on Learning) as one of today's leading technologies for education (Dennison 1989).

Brain Gym® grew out of clinical studies started in 1969 by Dr. Paul Dennison, an educational therapist who was looking for ways to help children and adults who had been labeled learning disabled and ADD. His research led him to the study of kinesiology and the relationship of muscles and posture to brain function. Through this research, he developed patterning movements and specific activities which allow integration of the whole brain for learning.

In a recent article in the Dec.1996 issue of the *Brain Gym Journal*, he described his study of the relationship of kinesthetic movement to learning.

> "I began the life long-long study that included discussion with leading behavioral optometrists, a review of the literature on brain dominance and an investigation with each of my students of how to modify the traditional educational program to meet a student's specialized needs." (Dennison 1996)

He found with the inclusion of more movement processes and multi-sensory approaches to learning, his students began to succeed in areas of learning they were not succeeding in the traditional program. His work which is now called Brain Gym® is being used internationally by educators and health professionals.

One of these professionals is Kathryn Jensen M.Ed., who has developed a business providing alternative services for people labeled ADHD. An educator for more than 20 years for the past 10 years, she uses methods in varied areas of Specialized Kinesiology. She has traditional training and experience in Special Education and Counseling and uses these skills to integrate with Specialized Kinesiology.

Her typical clients are school age children who have been labeled or are threatened with the label ADHD. Many of them have taken Ritalin or are currently on Ritalin. But the majority of the parents seeking her services observe Ritalin and similar drug treatments are not effective. Side effects are a frequent complaint. Usually the students dislikes the way the drug makes them feel.

Her typical clients are unsuccessful students and behavior problems. Many of them are right brain dominant and love kinesthetic activities. She also finds these students are acutely stressed. To dissolve the stress and remove the learning blocks, she uses Educational Kinesiology which brings attention to parts of the brain used for thinking and learning. She believes that stress is diffused through the specific movenment exercises that allow the body to develop a whole -brain approach to learning with the student taking charge of his /her needs.

Conclusions

Labels stick. And we as educators know that these labels which cause our children to feel they are victims lacking a locus of control or they are perpetrators of a "disease" are the blocks that inhibit the discovery of potential and strengths of the individual. As parents and as teachers, when we begin to celebrate the unique learning capacities of each child, we will understand that our job is to respond as facilitators of individual learning.

I personally think we have created a "Mammoth": a huge creature that must be fed in order to maintain its existence. Children are its fodder. They form a large population that cannot run away or protest, and are fed to maintain the outdated primitive educational culture where no one is responsible. Children aren't responsible -- they have a disorder. Parents aren't responsible for being home and creating a supportive environment. Breggin (1994) discusses the D.A.D.D. disorder. (Dad Attention Deficit Disorder) Dads aren't responsible -- they aren't there. The teachers

aren't responsible -- they have ADHD children in their classroom. By looking for labels what we have created is a giant business for the drug companies, for government agencies, for doctors, psychologists and psychiatrists.

Beyond All the Labels, Irresponsibility and Limitation

However, there is a way out of the quagmire of labels and victim mentality. Through innovative methods such Brain Gym® which seek to draw out the unique intelligence's of each person , teachers and parents appreciate and applaud differences in each person. Thomas Armstrong, trainer of practical application methods to use all intelligence states in his book, *In Their Own Way,* that children who are stimulated to learn through each of form of intelligence do not have learning disabilities.

He discusses the importance of bodily movement in learning when he quotes Arnold Gesell who frequently said "the mind manifests itself in everything the body does." He quotes Einstein who described his thinking process as having elements of visual and muscular type. The "Dean" of American psychology, William James, talked about the "tactile" quality of his learning, saying that he could not visualize any letters of the alphabet but had to trace over the outline of the letters in his mind to remember them (Armstrong 1987).

Finally to celebrate the uniqueness of each learner, I would like to share this poem Digby Wolfe, an emmy award winning writer, wrote for Golde Hawn who recited it on a TV special.

Kids Who Are Different

Here's to the kids who are different,
the kids who don't always get A's
the kids who have ears twice the size of their peers ,
and noses that go on for days...
Here's to the kids who are different, the kids
they call crazy or dumb,
The kids who don't fit,
with the guts and the grit,
Who dance to a different drum.
Here's to the Kids who are different,
The kids with the mischievous streak,
For when they have grown,
as history's shown,
It's their difference that makes them unique.

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* This paper has been summarized from the original document. If you are interested in the complete manuscript, please call me at 303-526-0335.

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Joan Spalding of New Options for Learning is an educational consultant. She has a masters degree in experiential education and is doing research in the doctoral program at Colorado State University in Special Needs in Education. Professionally. As a volunteer in Russia, she has been involved in developing educational materials and working with individuals and professional groups, teaching methods to release learning blocks and to access individual strengths.

She works with Colorado State University teaching in the Outreach program and also for Carlson Learning Company. As an instructor for the Educational Kinesiology Foundation., She's received over 300 hours of training to teach specific movement methods which integrate all parts of the brain for effective learning. In this capacity, she works one on one with clients developing purpose and balance within the brain-body system. As an educational consultant, she uses techniques from the Seven Dimensions of Intelligence, Behavioral Profiles, Brain Dominance, Vision Training and Brain Gym.

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