

FAMILY

What's new for parents and children

Psychologist cautions against rushing to diagnose ADD in children



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FAMILY AFFAIRS

ten big problems for kids or families. He doesn't dispute that medication — most often Ritalin is prescribed — can be of great benefit to some children. (He says it "in fact may be very good and very helpful.")

He takes issue, though, with what he calls the "ADD myth, a certain set of beliefs offered up as basic truths about why some children won't behave or pay attention." The problem with the paradigm, Armstrong writes in "The Myth of the A.D.D. Child" (Dutton, \$23.95), is that it does not take into account "the broader social, political, economic, psychological and educational issues that have surrounded this term — and others like it — from its inception."

The paradigm, Armstrong says, holds that ADD is strictly a medical disorder and that children who fit the diagnosis are abnormal. He asks: Is different always abnormal?

"People will say, 'This has always been around,' and it has, in one form or

another. But it's taken with each new incarnation a larger and larger group of kids in its scope," Armstrong says. "And so now they're talking up to 10 percent, in some of the literature, of all kids. And that's when you have to ask, when are we moving from medical disorder into the sorts of traits people have that are within normal bounds?"

There sometimes is a rush to medicate children, he says, but "when people move too quickly to medication, they move away from focusing on more complex issues."

Armstrong says that ADD may be seen as a "social invention" by defining as deviant the behavior of kids who are not as orderly as we expect. It may be an incorrect diagnosis for some children who are anxious or depressed due to any number of problems.

The diagnosis, he says, may be a "product of a short-attention-span culture," with children being exposed early and heavily to the media. It may have

something to do with putting children in boring classes. It may be a "reflection of normal gender differences" — boys, as a group, have a harder time acting as schools expect. It may owe something to a "bad fit" between a child with a difficult temperament and his or her parents. ADD, he says, may be a label for children who simply learn differently from most others.

"I'd like to see fewer kids rushed into this diagnosis," says Armstrong, who is emphatically outside what he calls the "ADD establishment." Rather than move quickly to medication, he says, parents would do well to work on behavioral strategies — a view, it should be noted, that is shared by many doctors who work with these children.

"The Myth of the A.D.D. Child" includes dozens of methods designed to help regulate children's behavior. A sampling: finding out what really interests the child; providing stimulating

learning activities; providing hands-on activities; giving instructions in attention-grabbing ways; teaching focus activities; offering real-life tasks; considering biofeedback training; considering individual or family therapy.

Those aren't wacky propositions. Armstrong still expects a lot of flak. At the end of on-line chats, he's "been through a battle and a half, but out making much headway."

"I've found that the ADD community has been so heavily locked into a diagnosis that they're hostile," he says.

In conventional treatment for ADD, Armstrong says, "there's so much emphasis on external control — medication, behavior modification."

Instead, what kids need, says Armstrong, is "internal empowerment."

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