

Young children's mis/understandings of the ADHD label

Beryl Exley

Dr Beryl Exley, a lecturer and researcher within the Faculty of Education at the Queensland University of Technology, reports on research that examines young children's understandings of the Attention Deficit Hyperactivity Disorder (ADHD) label. Alarming, separate case study interviews conducted with two infant grade boys and three of their non-labelled peers found that these students believed drugs to be the 'answer' to behavioural issues. Furthermore, these students believed that ADHD was a 'contagious disease'. These findings highlight children's mis/understanding of the origins and management of ADHD behaviours and should be of immediate concern to those involved with the care of young children. *All children's names are pseudonyms.* Contact details: <b.exley@qut.edu.au>

By all reports, we seem to be in the grip of an ADHD 'epidemic' in Australia. Never before have so many young children been labelled as ADHD, nor have so many prescriptions been written out for the range of psycho-stimulant drugs that are purported to help an increasing number of young children 'manage' their behaviour (Mackey & Kopras, 2001; Miranda, 2005). Yet, most of the literature from the last two centuries that reviews the aetiology of ADHD, drugs to 'manage' the condition and therapy programs to promote the self-regulation of the 'disorderly child' and more effective parenting and teaching have failed to bring about significantly effective change (see Cooper, 2001). Furthermore, much of this literature only offers contradictions. Even in recent years, the medical researchers themselves admit to still being not able to prove that the 'condition' exists, how the stimulant drugs work, nor the long term affects of regular drug taking (Kollins, Barkley & DuPaul, 2001; Hall & Gushee, 2002; Demaray et al, 2003). Despite the inconsistency and controversy, record numbers of young children are being labelled as ADHD and, for many of them, this also means being subjected to a lengthy period of drug experimentation. This article reports on the findings of an interview-based study conducted with infant grade children from an Australian capital city primary school. The study explored young children's understandings of the ADHD label. Two alarming mis/understandings were revealed from children labelled as ADHD and their non-

labelled peers: drugs are needed to change behaviour; and ADHD is a contagious disease.

Mis/understanding One: Drugs are the 'best' solution for changing behaviour

Due to the children's ages, and to ease into the discussion about inappropriate behaviour with the two infant grade boys labelled as ADHD, I brought along my toy puppy. Puppy is a soft cuddly toy, medium brown in colour, with long floppy ears. I told the children about the fun times Puppy and I had together. I then turned the discussion to his at-school behaviour. I said, 'Puppy has been getting into trouble at school. His teacher said he was calling out in class, not finishing his work, and fighting at playtime. I just don't know what to do with him.' I waited for any impromptu responses. In separate interviews, both boys spontaneously suggested that Puppy could have ADD [sic]. Anthony advised me to take Puppy to a doctor to have the diagnosis of ADD [sic] confirmed. He also suggested that Puppy was behaving the way he was because he's forgotten his tablets. On two occasions, I asked Benjamin to nominate strategies a teacher could use to assist Puppy to control himself. On the first occasion Benjamin said, 'Maybe ask his Mum and Dad to give him four tablets.' On the second occasion Benjamin said, 'Like a big tablet that will make him have self control.' However, the amount of medication that Benjamin suggests is in excess of the dose that he was taking as part of his



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'management' of ADHD - two 10gram tablets each 24 hours.

In the small group interviews with the young children not labelled as ADHD, Thomas and Elizabeth both view drugs as the solution to changing behaviour.

Extract One:

Thomas – *I think that probably he got a bit crazy at the start and he's a bit mad too...Because he didn't take his tablets.*

Beryl – *And where do you think the craziness came from?*

Thomas – *The way he was born.*

Elizabeth – *Well I don't think that way at all. It's probably just that he didn't take his tablets sometimes. Wilson needs to take his tablets at 10.45 - that's for morning tea - and he takes one for lunchtime, at 1 o'clock. He takes this letter [to the office] from Mr H to tell him to take his tablets.*

Elizabeth speaks with certainty about the significance of drugs in response to Thomas' supposition that ADHD could also be a genetic condition. Elizabeth's belief could be developed through the teacher's unwitting public promotion of drugs for affecting change in the behaviours of students labelled as ADHD.

Mis/understanding Two: ADHD as a Contagious Disease

In an interview with Benjamin, a child labelled as ADHD, we were talking about playground friends for my Puppy. I asked Benjamin what he thought Puppy would do at playtime. Our discussion continued as follows:

Extract Two:

Benjamin – *Just play by himself and that.*

Beryl – *So what would Puppy do if he wanted to go and play with another group of Puppies?*

Benjamin – *Ask.*

Beryl – *What do you think the group would say?*

Benjamin – *No.*

Beryl – *Why would they say no?*

Benjamin – *Because they might be able to catch the ADD[sic].*

Beryl – *Oh, they can't, can they?*

Benjamin – *I just think so, because how did Puppy catch it? ... Because it's a bad disease and it makes him get out of his seat and do bad things like call out.*

In a separate interview with children not labelled as ADHD, another infant grade girl, Ferguson, spoke about another student who she deemed as exhibiting inappropriate behaviour.

Extract Three:

Beryl – *And where do you think he gets the bad behaviour from?*

Ferguson – *His brother, [who] was born with a disease to make him bad.*

Beryl – *What disease?*

Ferguson – *It's this kind of disease, I don't know what kind but he's got a disease and it made him sick and his brother got even worse and now they're two bad boys together.*

This research highlights young children's mis/understandings of the origins of ADHD and their belief in the primary role of drugs in changing behaviour. These findings should be of immediate concern to those involved with the diagnosis and support of children labelled as ADHD. Care should be taken to ensure ALL young children have adequate and reasonable understandings of the origins of behavioural labels, realistic understandings of the role of drugs, and knowledge of alternative strategies. Misunderstandings such as the ones revealed in this study should be corrected; however, doing so is easier said than done. As the introductory paragraph argued, even those involved at the forefront of research into ADHD cannot agree upon the origins, the primacy of drugs and alternative strategies.

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