The ADHD “Epidemic”

In 2000, The American Academy of Pediatrics stated that ADHD is an epidemic.
- The production of stimulant medications Adderall and Dexedrine increased by 4.516%, while the production of Ritalin also increased by 375% from 1991-2001 (U.S.D.E.A., 2003).
- Why is the monumental increase in medications for ADHD? Has ADHD become a sudden epidemic?
- There are criticisms of the overreliance on stimulant medications to diagnose ADHD and fewer than 37% used behavior-rating scales to assess patients.
- Diller (2002), in reviewing the literature, found “in the real world of primary care and community medicine the use of Ritalin is inconsistently linked to ADHD diagnosis” (p. 511).
- Perhaps we are medicating children for reasons other than actual biological ADHD (Diller, 2002).

Trauma, Neglect, and ADHD

In considering this possible over-diagnosis of ADHD, Weinstein, Stalbaum & Biaggio (2000) observed that trauma symptomatology resembles ADHD symptomatology.
- These symptoms include: impulsivity, attention problems, restlessness or irritability (Blank, 1994), anger, hyper-vigilance, and exaggerated startle response or jumpiness (Weinstein et al., 2000).
- Maltreated children are often diagnosed with both ADHD and PTSD (McLear, Callaghan, Henry & Wallen, 1994; Fumalano, Fenton, Kirscheff & Augustin, 1989).
- Are traumatized children misdiagnosed as having ADHD?
- This is an important question given high rates of abuse and neglect (e.g., in 2002, 896,000 children were the victims of abuse or neglect, Child Maltreatment, 2004).

Teachers’ Roles

In a 2003 study (Sinder, Busch & Arowood, 2003), 47% of teachers reported involvement in their students’ ADHD diagnoses, and 92% indicated that teachers make the most recommendations for ADHD assessment.
- Sinder et al. (2003) also found that teachers lack factual knowledge regarding ADHD and stimulant medication, with more than half of teachers (N=200) correctly answering only 5 out of 13 ADHD-related questions.
- Teachers are mandatory reporters of suspected cases of child abuse yet 84% of cases in public schools are unreported (O’Toole, Webster, O’Toole & Lucal, 1999).

Given teachers’ critical roles in the identification of both ADHD and maltreatment, the current research examines teachers’ perceptions of child maltreatment.
When teachers identify maltreatment effects do they describe actual maltreatment outcomes or do they describe ADHD behaviors? i.e., according to teachers.

Do maltreated kids look like they actually have ADHD?

Method

Participants
- N = 112 pre-k to 12th grade teachers and student teachers (N = 85 female)
- Teachers from around the world completed the online survey. U.S. (83.9%), Canada (7.1%), Asia (3.2%), Australia/NZ (1.3%), and unidentified (4.5%)
- Mean age = 33, SD = 13.03 years (range = 18 to 61 years old)
- Ethnicity: mostly Caucasian (66.5%) and Asian/Pacific (4.5%)
- Mean years taught = 9.77, SD = 9.1 years (range = 1 to 35 years)
- Grade levels taught: 42.3% teach elementary school (grades 1 to 5), 22.4% teach high school (grades 9 to 12), 19.2% teach junior high school (grades 6 to 8), 9% teach pre-kindergarten to kindergarten, and 7% are unidentified

Materials
- The Student Behavior, Skills, and Learning Survey
  - a. “How do you think that parental emotional neglect, whether it is of attention, time, or affection, impacts your students’ learning?”
  - b. “Many teachers have had children in their classrooms who are or have been physically or sexually abused by a caregiver. For children that you have known or suspected to have been physically or sexually abused, how do you think the abuse impacted their learning?”

Procedure
- Data collection occurred as part of a larger internet teacher-only survey.
- Teachers were recruited on internet teacher message boards. A link to the online survey was provided in the invitation (N = 70).
- Teachers and student teachers were also recruited through the University of Oregon Human Subjects Pool (N = 42).

Coding
- Inter-rater coding agreement was 89%.
- Items were coded as ADHD or non-ADHD symptoms. E.g., ADHD symptoms included “disruptive in the classroom” and non-ADHD symptoms included “dependent and overly emotional.”
- Categories for the ADHD effects are based on Barkley (1990, 1997).

Neglect Effects on Learning

<table>
<thead>
<tr>
<th>ADHD symptoms</th>
<th>Non-ADHD symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>74%</td>
<td>26%</td>
</tr>
</tbody>
</table>

Neglect Effects on Behavior

<table>
<thead>
<tr>
<th>ADHD symptoms</th>
<th>Non-ADHD symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>73%</td>
<td>27%</td>
</tr>
</tbody>
</table>

Abuse Effects on Learning

<table>
<thead>
<tr>
<th>ADHD symptoms</th>
<th>Non-ADHD symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>57%</td>
<td>43%</td>
</tr>
</tbody>
</table>

Abuse Effects on Behavior

<table>
<thead>
<tr>
<th>ADHD symptoms</th>
<th>Non-ADHD symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>55%</td>
<td>45%</td>
</tr>
</tbody>
</table>

Neglect is commonly described by teachers as looking like ADHD

Suggestions that teachers can identify when neglected children are exhibiting ADHD symptoms.

Physical and sexual abuse are described as having both ADHD-type and non-ADHD symptoms

Therefore, teachers may also be helpful in identifying when abused children are exhibiting ADHD symptomatology as a result of their abuse.

Teachers have key roles in identifying children with ADHD (Sinder et al., 2003).

Some teachers make direct treatment referrals for ADHD based on children’s academic performance and classroom behaviors (Sinder et al., 2003).

The present study documents that when children are maltreated, teachers describe students’ behavior as exhibiting many of the symptoms seen in ADHD.

Unfortunately much abuse and particularly neglect is undetected in the U.S. (U.S. Department of Health and Human Services, 1996).

With the rates of abuse and neglect so high, there is a likely probability that the ADHD-type behaviors observed in the classroom are sometimes the result of child abuse and neglect and not actual ADHD.

This suggests that before children are given an ADHD diagnosis, their home environment should be as important a consideration as their classroom behavior or, as a society, risk compounding that maltreatment with further neglect and inappropriate diagnosis.

Future Research

This study suggests that we have a responsibility to investigate whether we are medicating abused and neglected children for misdiagnosed ADHD.

References

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Conclusion

This study suggests that we have a responsibility to investigate whether we are medicating abused and neglected children for misdiagnosed ADHD.

Acknowledgments

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