Drugs, labels and (p)ill-fitting boxes

ADHD and children who are hard to teach

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ADHD: Emergence or Convergence?

“Attention Deficit Hyperactivity Disorder”:

• reflects a combination of medical and psychological knowledges, which
• brokers an awkward alliance between the fields of medicine and psychology, and
• serves as a condition of possibility for the expansion of the concept of child behaviour disorder.

There is a silent partner in the industry surrounding the “disorderly” child, one which remains conspicuously absent from investigations into the rise in ADHD diagnoses and the psycho-pharmaceutical control of children.

That partner is the school.
Medicine-Diagnosis-Medication

Despite being unable to point to a definitive link between specific biological regions or neurologic components and either:

- the so-called “symptomatology” of ADHD (Riccio & Hynd, 1993) or
- what psychopharmaceuticals do and how (Swanson et al., 1993),

the medical model, privileged by public policy, still posits:

- neurobiological dysfunction as the cause for behaviors said to indicate “Attention Deficit Hyperactivity Disorder” (Tannock, 1998; Efron, 2007), and
- psycho-pharmaceuticals as the solution (Kessler, 1998; Concannon, 2007).

Medicine-ADHD-Psychology

Psychological paradigms generally defer to the medical explanation of neurological dysfunction and the prescription of psycho-pharmaceuticals as a “first-line approach” (Atkinson & Shute, 1999).

However:

- because medication has failed to provide a solution to the “problem” it was meant to solve (Teeter, 1991; Hynd et al., 1991; Purdie et al., 2002),
- psychologists have been successful in arguing for a multi-modal approach to the management of ADHD (Wallace, 1999), through
- behaviour modification techniques and programs.
Again, however...

• several major studies have failed to demonstrate that psychological interventions (intensive or otherwise) provide any benefit over medication alone (Hechtman et al., 2004).

• multi-modal treatment models do not live up to either expectation or promise (Levy, 2001),

• this may be because multi-modal models tend to privilege psychological “treatments”, rather than educational interventions.
The “ADHD” Construct?

Despite the dominance of the medical model, the literature surrounding ADHD by no means reaches consensus, because:

- medical researchers have failed to find a comprehensive link between the so-called “symptomatology” and any core biophysiological or neurophysiological region
- encouraging some in the field of psychology to focus on the validity of the behavioral descriptors and the psychological aspects of “disorder”.

*Semantics aside, in relation to “ADHD” the fields of psychology and medicine come together on one crucial point – in the main, the focus remains on the “problem child”.*

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Medication and Behaviour Modification as “Perfecting Technologies”

*Figure 3: Adjusting the “disorderly” child and obscuring the pathologies of the school*
The Generic Notion of ADHD

As a concept, “ADHD” is an agglomeration of different discourses - medical, psychological and popular - which together create an anonymous conflation that almost anyone can claim to know.

This conflation dominates the media and thus, the public imaginary and decisions that affect key education stakeholders are made on the basis of how this concept is understood.

What are the effects for children who can be described in these ways?

- “RANDLE” - One of three randomly selected case-studies from de-identified student files at an alternative placement centre in Brisbane between 2000-2004.
- 10 year old boy referred by a Queensland state primary school for “ADHD-like behaviours”, violence, anger, obscene language and extreme outbursts.
- Found to have severe language impairment and significant learning disabilities for which he had not previously had support
- Despite CY&MH psychiatrist evaluation, stating Randle did not have ADHD, referring/receiving school still pushed for ADHD diagnosis and medication.
**Randle’s assessment?**

“I don’t deserve to be in this kind of world. I deserve to be in hell. I want to get a knife and kill myself… I hate myself and everyone else hates me.”

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**Placement Trends: enrolments in special schools (SSPs), support classes (SCs) and number of students in regular classes receiving Funding Support**