ADD/ADHD Alternatives in the classroom

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LIMITATIONS— AND ASSUMPTIONS— OF THE ADD/ADHD PARADIGM

Over the past 20 years, a new way of thinking about children with attention and behavior problems has gained widespread acceptance from all quarters of society. I am speaking of attention-deficit disorder (ADD) or attention-deficit-hyperactivity disorder (ADHD). Sparked by recent best sellers (Hallowell & Ratey, 1994a, 1994b) and coverage by the popular press (Glusker, 1997; Hales & Hales, 1996; Machan, 1996; Wallis, 1994), ADD/ADHD has become a household term for millions of Americans. Numerous popular guides for parents and teachers have appeared explaining what ADD/ADHD is, what causes it, and how it can be diagnosed and treated (e.g., Barkley, 1995; Cohen, M. W., 1997; Green & Chee, 1998). Researchers have published thousands of scientific papers in the past 20 years on a wide range of issues related to ADD/ADHD (Resnick & McEvoy, 1994). The disorder has received the support of mainstream psychiatry (American Psychiatric Association, 1994) and general medicine (Goldman, Genel, Bezman, & Slanetz, 1998), the stamp of governmental approval (Viadero, 1991), and widespread acceptance in U.S. schools (Smallwood, 1997).

What is ADD/ADHD? Or, more properly, *What is the structure of the ADD/ADHD paradigm* or world view? Although ADD/ADHD

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proponents may disagree on certain matters connected with the paradigm, such as whether ADD/ADHD is overdiagnosed (e.g., Ingersoll, 1995; Gordon, 1995), many professionals, parents, and other proponents of ADD/ADHD seem to have arrived at a consensus concerning the existence of a discrete disorder (or disorders). This consensus includes several basic assumptions:

- ADD/ADHD is a biological disorder (most probably of genetic origin).
- The primary symptoms of this disorder are *hyperactivity, impulsivity,* and *distractibility*. A person can have certain of these symptoms and not others (for example, ADD doesn't include hyperactivity as a symptom, whereas ADHD does).
- This disorder affects 3–5 percent of all children and adults in the United States (and presumably the world).
- ADD/ADHD can be assessed in many ways, or in a combination of ways: a medical history; observations of the child in a variety of contexts; the use of rating scales to document these observations; performance tasks to assess such traits as vigilance; and psychological tests to assess memory, learning, and related areas of functioning.
- The most effective approaches for treating ADD/ADHD are medications and behavior modification.
- Many children will continue to have ADD/ADHD throughout their lives.
- A child can have ADD or ADHD and also have other disorders, such as learning disabilities and anxiety or mood disorders.

In this chapter, I consider each of these assumptions and describe specific anomalies in them which, when taken as a whole, tend to call into question the essential credibility of the ADD/ADHD paradigm.

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