

What's in a name? How labelling children can brand them for life

"We need to get back to valuing the expert knowledge of teachers and keep the doctors out of classrooms," Dr Linda Graham says



In days of old, school playgrounds often echoed with the sound of the children's chant: "Sticks and stones may break my bones but names will never hurt me." But according to Dr Linda Graham, a Macquarie University Research Fellow in the Children and Families Research Centre in Sydney, those days of innocence are long gone.

As part of her thesis for a PhD in Education, Dr Graham has discovered that labelling children with learning and behavioural difficulties can be highly detrimental to these children and to their teachers.

"Labelling a child ADHD (Attention Deficit Hyperactivity Disorder), hyperactive or impulsive can have different effects and can structure what people, especially teachers, think is 'wrong' with that child and how and what they think about that child," she explained.

"When I was a kid 30-odd years ago, we had an entirely different vernacular for describing child behaviour. And after having children myself, I became very aware that we don't talk about children in community-based ways anymore. We describe children in very clinical terms nowadays. I couldn't understand why everyone else didn't see that too."

Labelled for life

As part of her thesis to 'pull apart' ADHD and better understand it, Dr Graham analysed the de-identified records of students with behavioural problems who had ended up in special schools.

She discovered there was almost a 'dossier' on each child and told *Education Today* "every teacher who reads the reports in that dossier becomes influenced by the words and terms it contains."

Dr Graham cited an example of a boy, who had speech problems and learning difficulties from the age of six, and how several of his schools described him as having 'ADHD-like behaviours'.

"This phrase was used to describe everything about him, with the use of words like impulsiveness, inattention and hyperactivity," Dr Graham said.

"This was a big problem because his first school, as well as subsequent schools, became fixated on this label and informally diagnosed the boy.

"As it turned out, he didn't have ADHD but was speech and language-impaired, which would explain some of his difficult behaviours. However, because of the red-herring effect of the ADHD label, his behaviour was misinterpreted as impulsivity, with terrible, long-lasting consequences."

Dr Graham doesn't doubt there are children who are difficult and exhibit difficult behaviour, but she believes that when a child comes attached with a label like hyperactivity, it is all too easy to jump to conclusions about ADHD.

Medical approach

"The natural progression from an ADHD diagnosis is medication and not more holistic methods, because that's the route society has taken," Dr Graham said.

While Dr Graham's thesis didn't set out to find the best ways to handle children with behavioural problems, she believes many children who are labelled 'difficult' have incredible strengths and, if looked after in the right way, might not be such a problem.

"We often hear teachers saying: 'I am not qualified to teach children with special needs'. But I don't think that's true," Dr Graham said.

"It's just good teaching, using methods you would use for any child. And it's simple things, like not using use long complex sentences, using short instructions and lots of repetition.

"Teachers are the experts in the classroom, yet these days they are not often treated that way. Instead we patronise them with tips and tricks for the children who don't fit our shrinking notion of the 'normal' child."

Dr Graham thinks that teachers need more time and more space to recapture the art of teaching, to be able to think about problems and gain knowledge through different teaching methods. She also feels the current system of schooling with a jam-packed curriculum does not give teachers that time and space.

"We need to get back to valuing the expert knowledge of teachers and keep the doctors out of classrooms," she added.

Of course, doctors often vary in how they define ADHD in individual

children and some even argue it is not a medical problem but a behavioural issue. The trouble is that when a child is diagnosed with ADHD, they are usually treated with psychostimulants – drugs considered addictive and dangerous for adults. These drugs have side effects and not much is known about the long-term effects on a child's brain, according to Dr Graham.

The Finnish model

In a recent article on the ABC's Health and Well Being website, Australia is listed as the third highest consumer of psychostimulants in the world, behind the United States and Canada; 500,000 of the nation's children are now allegedly on drugs for ADHD.

"There are no more children in Australia with a disability or hyperactivity than there are in Finland for example, but [in Finland] they talk about child behaviour completely differently and the use of medication is very, very rare," Dr Graham said.

Citing from her fellowship research, Dr Graham noted that schooling is organised differently in Finland too. She told *Education Today*, Finnish children start formal schooling at seven years of age and lessons are in 45-minute blocks. Between these blocks children have 15 minutes of free-play and this is in addition to recess and a free, hot lunch. The school day also finishes at 2 pm.

"Imagine what impact all of that has upon behaviour?" Dr Graham asked.

ADHD draft guidelines

Another issue worrying Dr Graham and 15 other leading researchers from some of Australia's major universities, are draft guidelines by The Royal Australian College of Physicians (RACP) recommending teachers should be trained to look for evidence of ADHD in students.

In response to the proposal, this group of academics wrote letters of protest to the RACP to warn the College that the number of schoolchildren with ADHD would increase exponentially if the proposed guidelines were to be accepted.

Dr Graham and her colleagues say that such an approach would encourage teachers "To act as proxy-diagnostics by looking for evidence of particular deficits and perhaps miss vital signs, which may indicate other difficulties at home or with learning."

They added: "Children with learning difficulties and poor social skills will be diagnosed with a psychiatric disorder that may remain with them for the rest of their lives." They also argued that equipping teachers to teach in increasingly diverse classrooms is sustainable, but training them in an ad hoc manner on what to do in response to an individual diagnosis is not.

Prof David Forbes, paediatrician and chair of the ADHD Guidelines' working group, told *Education Today* the group was formed because the National Health and Medical Research

Australian Education Union position

When asked to comment on the proposed ADHD Guidelines, Mary Bluett, Deputy Federal President of the AEU, said the guidelines be could helpful as a guide and a tool, so long as the diagnosis was left in the hands of medical professionals. Ms Bluett stressed care was needed on the expectations placed on teachers, whose ever-expanding roles sees them already acting as surrogate parents, social workers and psychologists.

"People come up with ideas that include teachers but often these ideas are not properly resourced in the terms of professional development and teachers are expected to train themselves on the cheap and their workload continues to expand," she added.

Council thought it was time to update the current 12-year-old ADHD guidelines.

"There is a real need for a 21st century set of guidelines that facilitate for our children to have the best outcomes," he stressed. "The prime purpose of the guidelines is to make it easier for children, their families and various professionals by identifying issues and evidence-based ways of solving the problems."

Set up over two years ago, the working group consisted of a range of experts – from paediatricians to psychiatrists, psychologists, educators, general practitioners and community representatives. Their aim is to improve the outcomes for children and to make it easier for teachers to do their job in a supported and informed fashion.

Prof Forbes added that teachers have been playing an essential role in identifying children with ADHD and other learning and organisational disabilities for some time and a high proportion are taking the initiative and referring students for assessment.

So, in a bid to support teachers' ongoing contribution, the ADHD guideline working group believes it is constructive to provide teachers and others with a comprehensive picture of what is involved in conducting an ADHD assessment, and also to inform medical practitioners of the issues faced by teachers.

"With teachers' daily interaction with students, it is helpful for them to have a sound understanding of the disability," Prof Forbes continued.

He stated that research suggested teachers had some knowledge of ADHD but that there were gaps in their knowledge, along with some misconceptions. He hoped education departments would be interested in rectifying that.

"Teachers are not responsible for diagnosis, nor

should they be. However, in working closely with children they play an individual role in raising concerns, which can lead to medical assessment, diagnosis and treatment."

Asked by *Education Today* if he thought ADHD was on the increase, Prof Forbes outlined detailed surveys done in Australia, the USA, Europe and the UK, which found a similar prevalence of ADHD in western countries.

He also indicated that a NSW Committee of Inquiry had found that medical practitioners who dealt with ADHD had a very high adherence to the NSW Government Guidelines.

"The objective of the ADHD Guidelines was not to facilitate the use of simulant medications in children, but to direct practice in ways that are supported by scientific evidence," Prof Forbes stressed.

"The new ADHD Guidelines will also include a recommendation that not all children with ADHD require medication," he added.

Currently being finalised by the Department of Health and Ageing and the National Health and Medical Research Centre, the new ADHD Guidelines will be launched later this year.

