

# The Self-Reg View on Series.

by Dr. Stuart Shanker

## The Self-Reg View of ADHD

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The first question that we need to ask is perhaps the most important: are we, in fact, witnessing an ADHD epidemic? The data certainly seems to indicate that this is the case. The percentage of 4-17 year-olds in the U.S. diagnosed with ADHD has risen from 7.8% in 2003, to 9.5% in 2007, to 11% in 2011-12 [Hinshaw & Scheffler]. Two-thirds of them are boys, but girls are starting to catch up. Between 2003 and 2011 the growth rate was 55% for girls as compared to 40% for boys [Nadeau, Littman & Quinn]

The very fact that the growth rate has exploded in this fashion is obviously a cause for great concern; but by the same token, it raises the important question as to whether what we are actually seeing is an epidemic of "over-diagnosis" [Newmark 2015]. The danger here is that many of the symptoms used to diagnose ADHD are, in fact, behaviours that are quite typical in young children. So what might be happening is that we are "pathologizing" a large number of children whose brain maturation is simply a bit slower than their peers, or who are being subjected to academic pressures before they are developmentally ready.

The problem is that we can't diagnose ADHD with something like the sort of blood test that we use to diagnose diabetes. Diagnosing ADHD is more of an art than a science: one that requires, not just considerable expertise, but careful observation over time under different conditions. And the truth is that in a disturbingly high number of cases, children and youth are being diagnosed with ADHD without anything like this kind of methodical approach.

What's more, even if a child or youth should display a number of the symptoms used to diagnose ADHD that does not signify that he has one of the neurodevelopmental features that are associated with (and we assume are the cause of) "true" ADHD. There are so many other physical or psychological reasons as to why a child might be displaying these symptoms: e.g., the child might have deficits in visual and/or auditory processing; have suffered from abuse or trauma; an attachment disorder; a head injury; depression; anxiety; familial stress. Each of these conditions – and this is just a short list of the many possible causes of the suite of symptoms seen in ADHD proper – requires its own unique type of intervention, and in far too many of these cases, subjecting such children to a stimulant medication can seriously exacerbate rather than alleviate their problems, as well as expose them to a number of further risks.