

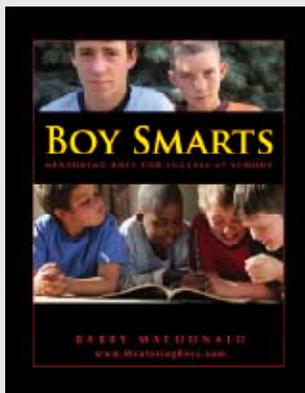
Are younger children
in **Kindergarten**
more likely to be
diagnosed with
with **ADHD**?



THIS summer's newsletter *Should We Delay Kindergarten Entry for Boys?* sparked much interest from parents, teachers, and administrators. Many readers sent me emails suggesting that there is no unequivocal answer; and that the timing of kindergarten entry depends on the needs of each boy and the type of learning environment being considered.

One question has kept recurring, however. I have been pondering whether slower to develop boys are more likely to be perceived as having ADHD. While mulling this question over, I had an opportunity to interview Karen Elkins, a Vancouver parent to a son who was misdiagnosed as having ADHD, and floundered miserably during his early school years. Karen is now a consultant to parents of children with unique educational needs; she advocates that parents of children suspected of having learning or behavioural problems to seek a thorough assessment to understand root causes before jumping to conclusions or solutions.

“Too often children who can't keep up or exhibit disruptive behaviour become loosely labelled with ADHD, or some other behaviour or learning disability,” she says. “Sadly, once kids get labelled this way, it's often very difficult to get them un-labelled. Over time, unless core



issues are addressed, these children suffer and get left behind. This is a tragedy for kids, their families, and the community, because research shows that most children are capable of learning and that those who struggle at either end of the learning spectrum have fundamental problems that can be remedied.”

Karen is not looking to point a finger of blame at the school system or teachers: “In my experience teachers are committed professionals who are working with limited resources. The system is overwhelmed and can’t keep up with unique learning challenges.”

“Teachers are under enormous pressure to get the maximum number of students through the curriculum,” she continues. “Many lack the training necessary to identify fundamental learning problems and teachers simply don’t have the time when they have a classroom full of children to teach.”

In her personal attempt to understand her son Austin’s difficulties with traditional classroom learning, Karen has become quite knowledgeable about how children are assessed for behaviour or learning disabilities. As a toddler, Austin flourished in the home, but as he got a little older, Karen began to notice subtle differences that concerned her: “As a 3 year old, he would have difficulty climbing and participating in playground activities at our local park that other kids his age seemed to find easy. At preschool he displayed hypersensitivity, especially to touch. It was as if his sensory system was overloaded. While other kids were reveling in the opportunity to play with letter shapes in the colourful **Go**, Austin cried. He was very intense. Kids gave him lots of distance and he didn’t make friends easily. Austin would become angry with other children when they wouldn’t appreciate that a particular toy airplane had special meaning for him,” explained Karen.

In Grade 1 the teacher suggested Austin might have ADHD, but when Karen’s doctor disagreed, she began her lengthy journey to learn more about ADHD in order to help her son. In her early search for answers, Karen discovered that ADHD diagnoses depend on the teacher’s and parents’ perceptions. Recently, she brought to my attention a study released this summer offering evidence that diagnoses of ADHD are driven largely by subjective comparisons across children in the same grade in school; and that slower to develop children in Kindergarten – especially



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boys– are more likely to be suspected as having ADHD. For Karen, this finding is particularly worrisome as medication is often the treatment of choice, even though “medical science has yet to determine the impacts of long-term stimulant usage on children’s health.”

Research conducted by Todd Elder at **Michigan State University** found that ADHD misdiagnosis is more common for children who are younger than their kindergarten classmates. This study takes care to avoid downplaying the existence or significance of legitimate ADHD in children, but indicates that similar students have significantly different ADHD diagnosis rates, depending on when their birthday falls in relation to the school year. Elder compared over eleven thousand students’ birth dates with those diagnosed with ADHD and found that the youngest in the class were much more likely to be diagnosed with ADHD. He determined that for students whose ages varied by one day on either side of the kindergarten cutoff entry date, diagnosis varied: “ADHD diagnoses among children born just prior to their state’s kindergarten eligibility cutoff are more than 60 percent more prevalent than among those born immediately afterward.” Elder’s evidence indicates that diagnosis variation is due to differences in age and maturity levels. “Many ADHD diagnoses may be driven by teachers’ perceptions of poor behavior among the youngest children in a kindergarten classroom,” he said. “But these symptoms may merely reflect emotional or intellectual immaturity among the youngest students.”

Elder’s study is soon to be published in the *Journal of Health Economics*. A pre-published version is available to read online on the **Toolbox** page of the **MentoringBoys.com** website.

“This study troubles me,” says Karen, “While it draws attention to just how subjective diagnoses are, it also highlights just how vulnerable some children are of being misunderstood and misdiagnosed, especially at either end – or like my son, at both ends – of the learning and behavioural spectrums. The vast majority of kids are curious and want to learn. When kids are not learning, they are crying out for help. We need to respond to a child’s frustration plea and not react by slapping on a quick or poorly thought out label. We especially need to be aware of how our perceptions of their behaviour influence the outcome.”

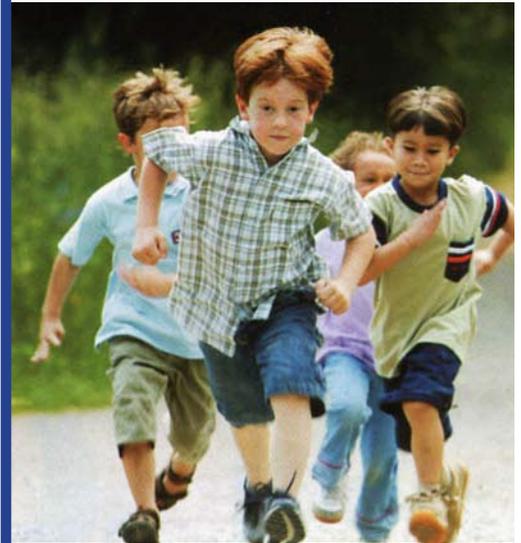
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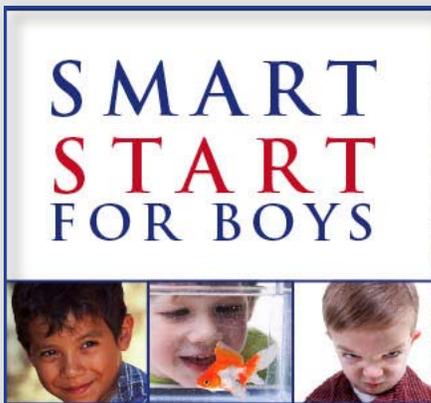
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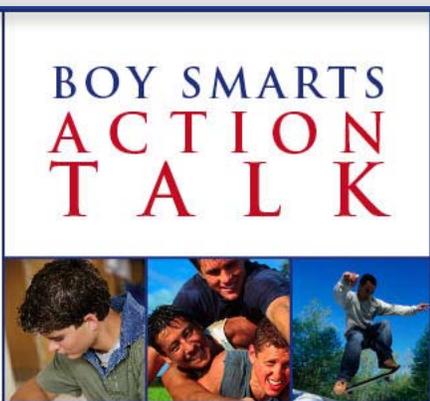
Readers familiar with **Boy Smarts** newsletters will recognize that for many years, I too have advocated that if parents and teachers are to fully understand a boy's roadblock to learning, we need to dig deeper and stay with a boy's problem longer, working collaboratively as we assess foundational needs and seek productive plans of action. Given that most working parents with children and household responsibilities do not become consultants in the field of learning difficulties as Karen Elkins has, her story is atypical. Yet, at the heart of her account is a kernel of truth and inspiration for many. Her perspective highlights the critical role parents can assume as advocates for their child, working in partnership with experts to seek answers and creative approaches. Next month's newsletter will feature my interview with Karen Elkins and her personal journey to find help for her son and many others like him. • • •

Barry MacDonald
MentoringBoys.com



		<p>Saturday mornings - 8:30 - 12:30 Vancouver, October 16 – Sold out! Victoria, October 30 – 30% full Oakville, November 6 – NEW Kelowna, November 20 – NEW</p>
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Flyers on Website

		<p>Saturday afternoons - 1:30 - 5:30 Vancouver, October 16 – 70% full Victoria, October 30 – 50% full Oakville, November 6 – NEW Kelowna, November 20 – NEW</p>
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