Is Childhood an Abnormal Condition?

Issues in the DSM Diagnosis and Medication of Children relevant to Educational Psychology

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Is Childhood an Abnormal Condition?

- A humorous 1980's paper characterised childhood as a "disorder" identified by short stature, "legume anorexia", tantrums, poor sphincter control, childishness, imaginary friends and deficits in language and reasoning.
- Psychiatry appears to have taken this seriously, increasingly pathologizing a broad range of child behaviours and also applying DSM labels once reserved for adult "disorders" to children.
- The Pharmaceutical industry is a major financial beneficiary and there is some evidence that it influences, encourages and supports researchers, medics and special interest groups who promote childhood behavioural pathology and, of course, medication.

What is the Evidence?

- **Increasing numbers of children being diagnosed with ADHD, ASD, Attachment, and Mood Disorders.**
- **Large increases in prescription of psychotropic medications for children reported internationally in recent years (e.g., USA 1997-2001 250% increase)**
- **Diagnoses and medications are being introduced earlier and earlier in childhood (e.g., US data show: Bipolar diagnoses of infants under 2 years; 170% increase in Ritalin scripts for 2-4 year-olds, 580% increase in antidepressant scripts for under 6-year-olds.)**

Evidence-Based Medicine?

- It is assumed that many “deviant” behaviours have biological causes, e.g., “neurotransmitter deficits” or “neurological” bases, that can be “treated” with psychotropic medications.
- “Side-effects” may be ignored or minimized in prescribing and when parental consent is obtained.
- Most psychotropic medications prescribed for children have not been evaluated for use with children or adolescents using randomized case-controlled studies, “open-label” studies are the most common. The evidence-base either is absent or flawed.
- Little, if any, data exists on the effects of these medications on developing brains or on learning.

Evidence-Based Medicine? (cont.)

- Where are the data that demonstrate that many of the "disorders" of childhood actually are medical disorders?
- Where are the data showing that assessment and diagnosis of "disorders" is both valid and reliable when applied to individual children by child psychiatrists, paediatricians and GP's?
- Where are the data that show a functional and positive relationship between diagnosis, medication and beneficial changes in child behaviour and learning for individual children?
- Where are the data that show that multiple drug prescribing is justified and that cumulative benefits result without risk of additional harm to the child from such "chemical cocktails"?
- Where are the data that show that no developmental harm is being done to a medicated child in either the short-term or long-term?

Why should we be concerned?

- Local experience points to increases in diagnosis of behaviour "disorders" and prescription of medication for young children that are similar to those in international reports.
- Some labels appear to be "fashionable" and some children end up with multiple diagnoses and on multiple medications.
- There is little evidence of initial application of alternative, non-medical interventions or of combining these with medication for children who receive diagnostic labels from paediatricians or child psychiatrists, even though "best practice" advises this.
- Consultation with non-medical professionals already working with a child prior to or during medical intervention is rare.
- Little cognizance is given to potential impacts of medication on learning, brain development, etc., despite warnings.
- Teachers and parents often seek "magic bullets" to quickly remediate behaviour "problems" in school and/or home.
- Parents sometimes are unaware of alternatives to medication or of a drug's possible harmful effects on their child.

What can we do about it?

- Identify and publicize alternative, evidence-based modes of intervention and educate medical professionals about them.
- Question the common assumptions of child psychiatry and paediatrics regarding diagnosis and causation of childhood behaviour “disorders” since these medical disciplines have no functional theories of behaviour and learning of their own.
- Challenge diagnostic labelling and medication of young child clients when we consider these are being used inappropriately or ineffectively.
- Request consultation and co-operation when children on our caseloads are referred for medical diagnosis and treatment.
- Consistently practice and demonstrate use of evidence-based ecological assessments and interventions ourselves.