

The ADHD Overdiagnosis Epidemic Is a Schooling Problem, Not a Child One

Childhood exuberance is now a liability. Behaviors that were once accepted as normal, even if mildly irritating to adults, are increasingly viewed as unacceptable and cause for medical intervention. High energy, lack of impulse control, inability to sit still and listen, lack of organizational skills, fidgeting, talking incessantly—these typical childhood qualities were widely tolerated until relatively recently. Today, children with these characteristics are being diagnosed with, and often medicated for, Attention-Deficit/Hyperactivity Disorder (ADHD) at an astonishing rate.

Early Schooling Contributes to Increased Diagnoses

While ADHD may be a real and debilitating ailment for some, the startling upsurge in school-age children being labeled with and medicated for this disorder suggests that something else could be to blame. More research points to schooling, particularly early schooling, as a primary culprit in the ADHD diagnosis epidemic.

Over the last several decades, young people are spending more time in school and school-like activities than ever before. They are playing less and expected to do more at very young ages. When many of us were kids, kindergarten was mellow, playful, and short with few academic expectations. The youngest children are the ones most often caught in the ADHD medical dragnet. Now, 80 percent of teachers expect children to learn to read in kindergarten. It's not the teachers' fault. They are responding to national curriculum frameworks and standardized testing requirements that over the past two decades have made schooling more oppressive—particularly for young children.

The youngest children are the ones most often caught in the ADHD medical dragnet. Last fall, Harvard researchers found that early school enrollment was linked to significantly higher rates of ADHD diagnosis. In states with a September 1 school enrollment age cutoff, children who entered school after just turning five in August were 30 percent more likely to be diagnosed with ADHD than children born in September who were about to turn six. Immaturity, not pathology, was the real factor.

The ADHD Fallacy

Marilyn Wedge, author of *A Disease Called Childhood: Why ADHD Became An American Epidemic*, sounds the alarm on ADHD overdiagnosis. In a *Time Magazine* article called "The ADHD Fallacy," she writes:

By nature, young children have a lot of energy. They are impulsive,

physically active, have trouble sitting still, and don't pay attention for very long. Their natural curiosity leads them to blurt out questions, oblivious in their excitement to interrupting others. Yet we expect five- and six-year-old children to sit still and pay attention in classrooms and contain their curiosity. If they don't, we are quick to diagnose them with ADHD.

According to the US Centers for Disease Control and Prevention (CDC), the percent of very young children (ages two to five) who were diagnosed with ADHD increased by over 50 percent between 2007/2008 and 2011/2012. As of 2016, data show that 9.4 percent of all American children, or over six million kids, had been diagnosed with ADHD, and almost two-thirds of current ADHD-diagnosed children were taking medication for it. A March 2019 report on ADHD by Blue Cross and Blue Shield found that among commercially insured children of all ages, ADHD diagnosis rates increased 30 percent in just eight years.

While the symptoms of ADHD may be troublesome, looking first at the environment, rather than the child, may be an important step toward curbing the ADHD diagnosis epidemic. In his book, *ADHD Does Not Exist*, Dr. Richard Saul, a Chicago behavioral neurologist, explains that individuals diagnosed with ADHD either have external factors that exacerbate normal symptoms or have some other underlying condition that should be identified and treated. In the latter instance, he finds that once the underlying condition is discovered and treated, the ADHD symptoms usually disappear. In the former instance, changing the environment is a key step toward improvement. This is true for both children and adults with an ADHD diagnosis. Dr. Saul writes:

Like many children who act out because they are not challenged enough in the classroom, adults whose jobs or class work are not personally fulfilling or who don't engage in a meaningful hobby will understandably become bored, depressed and distracted. In addition, today's rising standards are pressuring children and adults to perform better and longer at school and at work.

An Environmental Mismatch

Addressing an environmental mismatch for ADHD-diagnosed adults could mean switching one's job or field of study or pursuing a true passion. Maybe you're an accountant who wants to be a carpenter or a nurse who wants to be an entrepreneur. For ADHD children,

changing the environment could mean removing children from restrictive schooling altogether. As Boston College psychology professor Peter Gray writes:

What does it mean to have ADHD? Basically, it means failure to adapt to the conditions of standard schooling. Most diagnoses of ADHD originate with teachers' observations.

Jennifer Walenski saw firsthand how transformative removing her ADHD-diagnosed child from standard schooling could be. She shares her family's journey at The Bus Story and told me:

Our kids were actually in public school originally. Our son also was diagnosed with both ADHD and autism while he was in the school system. And they wanted to medicate him. But we said no. Then we took him and his sister out of school and began homeschooling them. Fast forward several years, he has absolutely no need at all for medication. He is just a normal boy who did not belong in that kind of environment. And most of us don't. Think about it.

Walenski's experience echoes that of other parents who removed their ADHD-diagnosed children from standard schooling. In an informal survey analysis, Gray discovered that when ADHD-labeled children left school for homeschooling, most of them no longer needed medication for ADHD symptoms. Their ADHD characteristics often remained but were no longer problematic outside of the conventional classroom.

Self-Directed Learning

Gray's analysis also revealed that the ADHD-labeled young people who fared best outside of standard schooling were those who were able to learn in a more self-directed way. He found that the

few kids in this sample who were still on ADHD medications during homeschooling seemed to be primarily those whose homeschooling was structured by the parent and modeled after the education one would receive in a conventional school.

Replicating school-at-home can also replicate the problematic behaviors found at school, whereas moving toward unschooling, or self-directed education, can give young people the freedom to flourish.

Ending the ADHD overdiagnosis epidemic depends on a societal reality check where we no longer pathologize normal childhood behaviors. Much ADHD-labeling originates from forced schooling environments with learning and behavioral expectations that are developmentally inappropriate for many children. Freeing young people from restrictive schooling and allowing them to learn and grow through their own self-directed curiosity can lead to happier and healthier families and children.