

# From the CEO

## Explain the Reality of AD/HD to Your Legislator

by E. Clarke Ross, D.P.A.

*"Now that the election is over, let's hope the White House can focus on the issue of the overmedication of young people with psychotropic drugs. . . For starters, there is no scientific basis for the diagnosis of AD/HD. If a child is bored, distracted and/or boisterous in the classroom, he is often believed to be suffering from AD/HD, as opposed to, say, childhood."*

—ARMSTRONG WILLIAMS, November 2004 (<http://www.townhall.com/columnists/armstrongwilliams/aw20041102.shtml>)

THE ORGANIZED CAMPAIGN by anti-psychiatry groups<sup>1</sup> has combined with politically "conservative" action groups<sup>2</sup> and politically "conservative" social and media commentators, such as Armstrong Williams, to more aggressively advocate public policies based on the premise that mental disorders, and AD/HD, do not exist.

This campaign—frequently based on deliberative distortions of facts and situations while simultaneously taking advantage of well-publicized situations of abuse by some governmental officials and treating professionals—is succeeding in gaining supporters and advocates in legislative bodies, including the U.S. House of Representatives. It is important that all persons who believe, based on the published science,<sup>3</sup> that AD/HD is a brain-based disorder communicate during the coming year with their legislators—local, state and federal. This communication should not be by e-mail or letter, but as a direct telephone call to the legislator's staff with a request to meet face-to-face when your legislator is next in your community.

There is no need to be alarmist about this. As a citizen whose family is impacted by AD/HD and possibly co-occurring disorders, you just want to make the legislator aware that there is a campaign saying that AD/HD is a fraud and a lie<sup>4</sup> and that you

merely want the opportunity to inform the legislator about the reality of living with AD/HD.

By way of example, on September 9, 2004, Representative Ron Paul (R-TX) introduced an amendment on the floor of the U. S. House of Representatives to the pending Department of Health and Human Services annual appropriations legislation.<sup>5</sup> The amendment would prohibit any federal government funding of any mental health screening program. Rep. Paul argued that mental health screening programs—programs intended to identify the possible existence of mental health problems—lead to the forced drugging of our nation's children. The amendment was defeated—95 for and 315 against. Although overwhelmingly defeated, 94 members of the House agreed with Rep. Paul's premise. Ten years ago it would have been unheard of for the House to be considering legislation to ban mental health screening programs. The organized anti-psychiatry campaign is succeeding.

Rep. Paul has subsequently introduced legislation, H.R. 5236, the "Let Parents Raise Their Kids Act of 2004."<sup>6</sup> The bill proposes "Congressional Findings" that state, "Because of the subjectivity of psychiatric diagnosis, it is all too easy for a psychiatrist to label a person's disagreement with the psychiatrist's political beliefs a mental disorder" and "Further research is necessary to firmly establish AD/HD as a brain disorder. This is not unique to AD/HD and applies to most psychiatric disorders, including disabling diseases such as schizophrenia. Although an independent diagnostic test for AD/HD does not exist...after years of clinical research and experience with AD/HD, our knowledge about the cause or causes of AD/HD remains speculative." This legislation would prohibit federal funding of "universal or

mandatory mental health screening" as contrasted with the broader prohibition of any mental health screening. There are currently no co-sponsors of the legislation.

AD/HD is a valid mental disorder. Its assessment and treatment are researched and studied, and the American Academy of Pediatrics has published evidence-based guidelines to assess and treat the disorder.<sup>7, 8</sup> I am not suggesting that you call legislators to support or oppose—or to debate the provisions of—the Paul legislation or any other specific legislative initiative. Rather, I am suggesting that legislators see the face of AD/HD, that they see the reality of living with AD/HD, and that they understand that there is an organized campaign to label AD/HD a fraud and a lie. You are asking legislators to merely recognize the reality and validity of AD/HD.

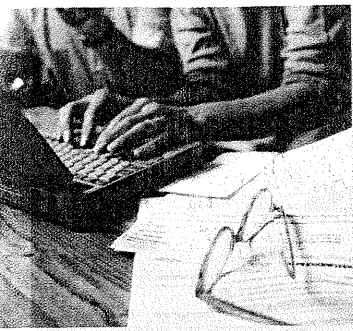
As the father of a 14-year-old son with the inattentive type of AD/HD and co-occurring challenges, I know the personal difficulties, frustrations, emotions and frequent tensions in dealing with the expectations of daily life. But each day is a new opportunity to inform neighbors and others about AD/HD. Legislators—school commission members, city and county council members, and state and federal legislators—who fund and regulate governmental services, supports and policies need to learn from you the living reality of AD/HD. Good luck to you as we educate America about AD/HD. ■

### References

<sup>1</sup> Citizens Commission on Human Rights, an affiliate of the Church of Scientology, [www.cchr.org](http://www.cchr.org); Mind Freedom, [www.mindfreedom.org](http://www.mindfreedom.org); and Alliance for Human Research Protection, [www.ahrp.org](http://www.ahrp.org).

<sup>2</sup> The following groups publicly supported and advocated a U.S. House of Representatives floor amendment by Rep. Ron Paul (R-TX) to prohibit federal government financing of any mental health screening program: Eagle Forum, Concerned Women for America, Gun Owners of America, Association of American Physicians and Surgeons, and the International Center for the Study of Psychiatry and Psychology.

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# Ask the Experts...

## about AD/HD and Co-Occurring Disorders

by Bryan Goodman

Each month the CHADD Chat Room hosts a moderated online Ask the Expert chat where CHADD members can post questions that will be answered in real-time by guest experts. Don't miss these upcoming chats. Please check the CHADD Web site ([www.chadd.org](http://www.chadd.org)) for updates. All times listed are Eastern Time and are subject to change.

February 24 9–11 p.m.

Special Education Law  
Matthew Cohen, Esq.

March 23 9–11 p.m.

Women and Girls with AD/HD  
Patricia Quinn, M.D.

April 26 12–2 p.m.

Bipolar Disorder  
Marilyn Benoit, M.D.

The following are excerpts from CHADD's monthly online Ask the Expert chat. In this issue, three top experts address questions about AD/HD and co-occurring disorders.

**Q:** Why do some people with AD/HD tend to have other disorders?

**A:** The current view is that many disorders may share similar "brain circuitry." Many different functions are regulated by the same neurochemicals and, thus, it is not surprising that several disorders occur together. For example, Tourette's Syndrome is often seen in people with AD/HD. People with Tourette's Syndrome have motor tics, such as eye twitching. If the brain's center for controlling movement is not optimal, it can impact motor actions as well as cognitive actions.

Chandan J. Vaidya, Ph.D.  
*Assistant Professor of Psychology*  
Georgetown University

**Q:** I have AD/HD and several other conditions, including obsessive compulsive disorder and Tourette's Syndrome. Is it better to get help for a single condition alone or try to tackle several conditions together?

**A:** With multiple conditions, having an experienced psychiatrist is essential. Decide what is impairing your functioning the most. Seek support for that impairment first, and address the others later. Most support groups include individuals with multiple conditions with whom you will be able to identify.

Arthur L. Robin, Ph.D.  
*Psychologist*  
*Professor of Psychiatry and Behavioral Neurosciences*  
Wayne State University

**Q:** I have a 14-year-old son who has been diagnosed with AD/HD, anxiety and oppositional defiant disorder. He refuses to get out of bed each morning and then spends a lot of time screaming and crying. He is late for school every day. I have tried everything short of buying a bullhorn. Any suggestions?

**A:** I have worked with many families with exactly this issue. In addition to whatever oppositional tendencies he has, it sounds as if anxiety about school may be contributing to his refusal to cooperate in the

mornings. For a problem this challenging, it may be really difficult to come up with a behavioral plan without the help of a knowledgeable professional. I would recommend working with an experienced behavioral child psychologist.

The psychologist will work with both of you and address your son's anxiety and behavior. You will want to learn exactly how to respond when your son screams and argues and when he cooperates.

The treatment will probably involve understanding the issues at school that contribute to his being so upset. These things can usually be improved. Although his behavior sounds very challenging, kids like him often respond to treatment, partly because the adults handle it more consistently and because school itself gets better.

Ann Abramowitz, Ph.D.

*Associate Professor of Psychiatry and Behavioral Sciences*  
Emory University

A complete listing of future chats is available at [www.chadd.org](http://www.chadd.org), under "About Us." ■

Bryan Goodman is a communications specialist at CHADD.

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<sup>3</sup> Some sources of science-based information on AD/HD include [www.nimh.nih.gov/publicat/adhd.cfm](http://www.nimh.nih.gov/publicat/adhd.cfm), [www.cdc.gov/ncbddd/adhd](http://www.cdc.gov/ncbddd/adhd), [www.surgeongeneral.gov/library/mentalhealth/chapter3/sec4.html](http://www.surgeongeneral.gov/library/mentalhealth/chapter3/sec4.html), [www.aap.org/healthtopics/adhd.cfm](http://www.aap.org/healthtopics/adhd.cfm), [www.aacap.org/publications/facts-fam/naotatent.htm](http://www.aacap.org/publications/facts-fam/naotatent.htm), [www.nichq.org](http://www.nichq.org) (click under topics and select AD/HD) and [www.help4adhd.org](http://www.help4adhd.org).

<sup>4</sup> Citizens Commission on Human Rights, "Psychiatry Betraying Families: The Hoax of ADD/ADHD and Other Learning Disorders" and "Documenting Psychiatry: Harming in the Name of Healthcare" found at [www.cchr.org](http://www.cchr.org).

<sup>5</sup> H.R. 5006; roll call vote 438; <http://clerk.house.gov/evs/2004/roll438.xml>

<sup>6</sup> <http://thomas.loc.gov> and type in "H.R. 5236" in the search field and hit return.

<sup>7</sup> American Academy of Pediatrics. (May 2000). Clinical practice guideline: Diagnosis and evaluation of the child with attention-deficit/hyperactivity disorder. *Pediatrics*, 105(5):1158–1170, available at <http://aappolicy.aappublications.org/cgi/content/full/pediatrics;105/5/1158>.

<sup>8</sup> American Academy of Pediatrics. (October 2001). Clinical practice guideline: Treatment of the school-aged child with attention-deficit/hyperactivity disorder. *Pediatrics*, 108(4):1033–1044, available at <http://www.aap.org/policy/s0120.html>.