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thinking children

A NEWSLETTER OF THE **Learning Resource Network**

Issues of medication are as individual as children themselves. The purpose of this newsletter is to help parents become aware of the complex issues involved when they are faced with choices of intervention for their children.

Psychiatric Drugs and Children

BY DAVID LICHTENSTEIN, PH.D.

For over 100 years, the Jewish Board of Family and Children's Services, Inc. has been at the forefront of providing help and support to New Yorkers in need through a wide range of child and family programs. The Learning Resource Network is one such program, offering consultation and support services to assist parents concerned with child development and learning issues.

If you have any questions or concerns about your child, please feel free to contact us:

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There has been no greater change in the last twenty years of childrearing practices than the increase in the use of psychiatric drugs with children. Until ten or fifteen years ago, the use of drugs with children was considered a method of *last resort*, only when behavioral problems were very extreme and when other therapeutic methods had been tried and had failed. As a result of the development of several new classes of psychiatric medications and the efficacy of some medications for certain childhood conditions, broader acceptance by both the medical and lay communities has grown. Thus, the situation has changed dramatically. A significant number of children in the United States are now prescribed such medications as the *first response* to a number of fairly common behavioral problems.

While this change in the treatment of children reflects one that has occurred in the psychiatric treatment of adults as well, there are several factors that make this trend more disturbing when children are involved.

- For one, children are in the process of growth and development and there is insufficient knowledge about the effects of psychiatric drugs on this process. We know that such drugs can affect physical development, but research is only at an early stage.
- For another, the psychological implications of giving drugs to children are numerous and complicated. Although it is adults who make decisions about children's treatment, children benefit from being involved in the process of addressing their problems. When drugs are urged on them by doctors, parents, and (increasingly) by schools one needs to consider the meaning of this intervention for children's sense of competence.
- For a third, given the restrictions on using children as subjects for drug research, the clinical use of psychiatric drugs with children often lacks even the minimal research support that adult psychiatric medication has (i.e., as when drugs are accepted for use with children younger than the patients in FDA-approved trials). The recent recommendation by British medical authorities against the use of a class of antidepressants with anyone under the age of eighteen is a reflection of these concerns. Research is more by clinical trial and error than by careful advanced study. (The FDA in the United States is convening an expert review panel in 2004 to explore these issues.)

Medication: How Confusing It Is

BY MARSHA WINOKUR, PH.D.

The use of stimulants, antidepressants, and antipsychotics among children has more than tripled in the last 15 years, sparking debate over whether children are being prescribed psychoactive medication too quickly — or whether, as some doctors contend, untreated mental illness remains a bigger problem than overprescription.

—Boston Globe, March 9, 2003

When children need medical attention, there is an obvious path that parents follow in order to help them get better — a trip to the pediatrician for a throat culture, an X-ray to see if a sports fall requires attention, an antibiotic for a bad infection. When children have trouble paying attention in school or “keeping their cool” in situations that are stressful, the path for parents is increasingly less clear. For many reasons — increasing knowledge about brain functioning, shifts in the delivery of mental health services, a changing climate of social and business priorities — the boundaries of medical attention and psychological attention overlap now as never before. And then, of course, there is the issue of *time*. The experience of “too much to do and not enough time to do it” is an almost universal phenomenon in our culture and has created a pressure to get things accomplished as quickly as possible.

Thus, as the quote (shown above) suggests, medication has become a readily available treatment path for parents whose children are exhibiting certain behavioral and emotional difficulties. All would agree that the statistics about the increase in drug prescriptions for children (even very young children) are powerful. It sometimes feels as if medication is becoming the *only* answer for children — and for their parents.

When one looks at the spectrum of professional opinion and research, however, one sees that there are passionately divergent views on the safety and efficacy of prescribing drugs for children. Given the escalating use of medication for increasing categories of psychological issues, it seems essential that we be aware of this diversity of perspective — about the etiology of these “disorders,” the general implications of using drugs and the alternate paths that still exist.

Though there are clearly many versions of the truth about helping children with behavioral and emotional problems, the overwhelming rise in prescribing medication for children often makes it feel as if there is only one truth. A

child is distractible, or anxious, or sad. A doctor says, “this pill will help”. We use antibiotics, and antihistamines...why not another pill?

To us at JBFCS’s Learning Resource Network, it depends on one’s perspective on children and development. Do we believe that behavioral difficulties are only the result of biological and genetic factors or do we believe that children’s difficulties have a much more complicated etiology having to do with one’s history, experience, competencies and relationships? Knowledge about the relationship

If respected professionals hold such radically different views on the basic issues, how confusing is it to parents to make responsible decisions about giving medication to their children?

... on whether medication is the treatment of choice for childhood depression

About 11 million prescriptions for a group of newer antidepressants were written for American children under 18 in 2002.

—Food and Drug Administration
(as quoted in the *New York Times*)

We would like in the interim for the FDA to go ahead and issue stronger warning indications to clinicians about the chance that the antidepressants might be linked to suicidal thinking and behavior, hostility or other forms of violent behavior.

—Dr. Matthew Rudofser
National Institute of Mental Health

CONTINUED FROM PAGE 2

between behavioral difficulties and brain functioning and genetics is at a very early stage, though it would often seem from the media that a much stronger body of research exists. What research has shown, however, is that there is an interactive relationship between brain development and the effect of environment; i.e. that experience influences brain development at the same time as brain development influences experience.

Medical problems and psychological problems are not identical. Understanding our children's difficulties demands our simultaneous attention and interest in all facets of their development. Because of the inherent ambiguity of psychological diagnoses and the wish to make them less so, there is often the rush to prescribe a pill as an alternative to understanding the more complicated story. Medication should never replace solid comprehensive thinking.

Professionals must take the time to understand your child (the range of his capabilities, style of learning and pattern of behaviors) as well as the environment in which your child lives (expectations of his family, school, community and culture). They must take the time to listen to the knowledge that parents and teachers have about a child — and, above all, they must take the time to understand the meaning and context of your child's behavior. One should *never* accept a prescription because somebody's in a hurry!

In reality, there are many alternatives and many choices. Your conversations with professionals who know these choices will help you understand the "story" of your child's difficulties. Then — and only then — will you be able to create a process that accurately addresses them. The "antibiotic" of a psychological path may not be a drug at all.



... on the etiology of ADHD

ADHD — which affects an estimated 3-5% or 2 million young school-age children and an unknown number of teenagers and adults — refers to a family of related chronic neurobiological disorders that interfere with an individual's capacity to regulate activity level, inhibit behavior, and attend to tasks in developmentally appropriate ways.

—*Dr. Richard Nakamura*
Acting Director, National Institute of Mental Health

We have a public that has been manipulated to believe their kid has a brain disorder by the TV commercials of a drug industry. Doctors stand to be paid three times more by insurance companies to see four "med checks" rather than one psychotherapy session. Everyone is under pressure (economic and emotional) so the "quick fix" becomes attractive to all involved

—*Dr. Lawrence Diller*
UCSF Behavioral and Developmental Pediatrics

... on the advisability of giving medication to children diagnosed with ADHD

While there is no cure for ADHD, there is a very effective treatment to minimize its symptoms — through the use of stimulant medications such as Ritalin. Such drugs are by far the most effective treatment for moderating and controlling the disorder's major symptoms — hyperactivity, inattention, and impulsivity — in 75 to 80 percent of children with this disorder.

—*Dr. Jerry Weiner*
George Washington University Medical School

Let's put the question bluntly: How has it come to pass that in "fin-de-siecle" America, where every child from preschool onward can recite the "anti-drug" catechism by heart, millions of middle-and upper-middle class children are being legally drugged with a substance so similar to cocaine that, as one journalist accurately summarized the science, "it takes a chemist to tell the difference"?

—*Mary Tedeschi Eberstadt*
Hoover Institution; Editor: Policy Review

A Parent's Dilemma

BY ANIA SIWEK, PSY.D.

At LRN we hear many stories like the following...

My son Jordan is a lovely, warm, friendly 9 year old who has always been quite precocious. He has boundless energy and enthusiasm and certainly turns our household upside-down. About a year ago, when Jordan was in the 2nd grade, his teacher started raising concerns about his classroom behavior. Jordan didn't sit still, tended to call out frequently and could, at times, disrupt the class. He was, however, doing well academically and we took a wait and see attitude.

In the 3rd grade, Jordan's behavior became more problematic and the school encouraged us to get an evaluation. We had Jordan tested and the psychologist found him to be quite bright, but noted significant problems with attention, impulsivity and his ability to keep on task. He was diagnosed with ADHD and we were given recommendations regarding limit setting and structure in school. Medication was also suggested. We were given a referral for a psychiatrist with whom we set up an appointment for a medication consultation.

At our meeting with the psychiatrist we relayed his teachers' observations and shared the results of the evaluation. He met with Jordan briefly and at the end of our session, pulled us into his office to share his impressions. He informed us that Jordan would benefit from a trial of medication to help him concentrate and focus in the classroom. He explained that Jordan's behavior was impeding his ability to function in the classroom and medication would help him reach his true potential. The psychiatrist wrote us a prescription for a stimulant medication that he said is commonly used for attentional problems. We did what most parents would do in that situation: we agreed with the expert, thanked him for his time and headed to the pharmacy with every intention of

filling the prescription.

On our way out of the office, Jordan turned to me and asked, "Mommy, will the pills make me better?" It suddenly dawned on me, better than what? What exactly were we trying to fix? And why were we being told that medication was the only remedy?

That evening, my husband and I exhausted ourselves pouring over every article we could find on the internet about medications to treat attention deficit disorder. We learned that the majority of children diagnosed with ADHD are prescribed stimulants. The fact that amphetamines are used to treat children with attention problems shocked us! While side effects for most stimulants can include loss of appetite, disturbance in sleep, changing patterns of growth and, in extreme cases, psychotic reactions, we could not find convincing studies regarding the likelihood of these different side effects. We managed to find online testimonials from parents who thought medication was the panacea for all their problems. But we also found those parents who spoke of children who lost their spunk and vibrancy on medication.

My husband and I made a difficult decision that evening. Despite the advice of the experts, we decided that we did not want to use medication to "fix" our child's behaviors. We came to the conclusion that we would try to find other solutions first. Maybe we needed to reevaluate our approach and attitude towards our son at home. Maybe we needed to sit down with his teachers and collaborate on a classroom plan that included behavioral strategies tailored to suit Jordan's personality and help curb his impulsivity and distractibility. Maybe the combination of time and deeper understanding of Jordan's character through psychotherapy would bring change. We knew our decision would have ramifications. We were going against the advice of the "experts" but we were prepared for the challenge. We weren't saying that medication may not be where we end up, but we felt we owed it to Jordan to exhaust all the other possibilities first.

Despite the advice of the experts, we decided that we did not want to use medication to "fix" our child's behaviors.

CONVERSATIONS ABOUT CHILDREN: Considering Medication: Real Solution or Shortcut?

Wednesday April 28, 2004
The event will be from 7-9 p.m.
at JBFCS, 120 W. 57th Street, New York, NY
Seating limited.
Please call 212-632-4499 to reserve.

Learning Resource Network is designed to respond to current concerns and questions of parents, mental health professionals, and educators. An issue of great concern — and much talked about in the media — regards medication and children. In this newsletter, we address some of these questions about current trends. Our evening event is designed to provide a forum for further discussion of these ideas.

A Teacher's Perspective

BY DAN TARPLIN, M.A.

Recently I had the opportunity to attend a professional meeting in which there was discussion regarding the effects — and effectiveness — of treating children for hyperactivity and attentional problems with medication. There were representatives from various fields of mental health and education, including social work, psychology, and special education. Towards the end of the meeting a comment was made by one of the participants that became fodder for continuing dialogue. The comment suggested that there are many teachers who would advocate the medicating of children if the result would be a more manageable classroom. As a former first-grade teacher, I began to wonder about the role of teachers in taking appropriate action when dealing with students who are struggling and need extra support. Medication is sometimes a necessary step in ensuring the overall success of the child, as well as the class as a whole. But in order to take part in meaningful and appropriate recommendations, teachers have the responsibility of considering a multitude of factors that are unique to each individual child that they care for. They need to keep in mind that medication cannot be the quick solution to every student who is having trouble.

Sitting in front of a class of 25 children can be exciting, interesting, rewarding and challenging. As a teacher, you are at the helm of a ship full of exciting possibilities. Most of those children, especially in the lower elementary school grades, actually *want* to be there. They are hungry to learn, be intellectually challenged, and become important players in building social and emotional connections — not only with their peers, but also their teachers. Children look to their teachers for all of these things...and more. When I think of the breadth of responsibilities that teachers have, it is no wonder that at times one might want to throw their hands in the air and look for a quick fix to very complicated issues.

There are children who may not be able to embrace the exciting possibilities of a school experience. Family problems, learning difficulties, unsuitable classroom setting, physical disabilities, social anxieties, lack of proper nourishment, little or no family support, etc., have a pervasive negative impact on the school experience of a child. Any of these factors can lead to poor academic performance, emotional meltdowns, and behavioral problems that impact not only the acting-out child, but almost always on the class as a whole as well.

When these types of problems arise (and they inevitably will) it is ultimately the teacher's responsibility to come up with a plan of action that is suitable for the child and the class as a whole. Frequently — and much more often than in the past — medicating a child has become the answer to many of the problems that children are facing. Although the medications might create the desired behavioral and/or academic outcomes, at what cost to the child are these outcomes realized? I have seen children who have symptoms such as hyperactivity and attentional issues who have been placed on medication to alleviate some of their focusing issues and behavioral "problems." Before taking the medication, some had trouble focusing on their academic tasks, and very often disrupted class so much that the performance of the other students was affected in a negative way. And, as important, much of the attention from the teacher was spent on trying to control these students, rather than giving equal time to everyone in the class.

There is a problem, however, when medication is prescribed for a child merely because it has been helpful to another child with similar symptoms. The supposition that when medication is effective for a few, it will be effective for all is a disturbing conclusion. This overgeneralization is now playing a significant role in what many professionals feel is a vast overmedication of children in our country.

What needs to be carefully considered in each case is the cost and consequence of medicating children to control behavior. Teachers have a responsibility to each child to work with parents and other professionals in the process of deciding whether medication is the appropriate treatment. I have seen too many teachers advocate for the medication of children before considering other means of helping a student attain appropriate behavior. And for many children whom achieve behavioral control through medication, it often comes at the expense of the vitality, spirit, creativity, imagination, and many of the other qualities we see in children that define them as just that...children. The consequences in a classroom and school setting can range from a loss of social and emotional connectedness with peers, to a decline in interest for learning.

The issue of prescribing medication for a child is a complicated one that needs to always be evaluated thoughtfully. Balancing the needs of an individual child with the needs of a classroom adds to the challenge. A major concern is whether parents and teachers are becoming desensitized to the use of medication, relying on it too often as a method of behavioral control. Without attention to the other issues that affect a child, medication becomes a convenient first step rather than a thoughtful intervention.

What needs to be carefully considered in each case is the cost and consequence of medicating children to control behavior.



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Psychiatric Drugs and Children

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One might think that any one of these three reasons would be sufficient for extreme caution in prescribing psychiatric drugs to children; however, such caution has become the exception, not the rule. It is obvious that, as a society, we have come to believe in these drugs to such an extent that we are willing to use them for our children before all information is in.

There are many medical authorities who argue that the risks involved in giving drugs to children are outweighed by the risks involved in not giving them. This point of view is rooted in a medical model: i.e., that behavioral problems are often symptoms of a disease, one that is organic in nature, that can be treated by drugs, and that, if left untreated by drugs, is not likely to get better and may constitute a great danger to the affected person.

Essentially, the current prevalence in the use of psychiatric medication rests upon this notion of a disease model. Those who accept this view are likely to support the use of drugs; those who question this view are likely to be more skeptical. It is a difficult question to settle. There are real differences between one's understanding of behavioral problems and one's understanding of organic symptoms. A fever, for example, is an abnormal condition of the body that means some sort of illness is present. For the most part, people just don't get fevers unless they are ill. You may choose to treat the fever with medications or not, but there is little doubt that some sort of organic disease is present. Behavioral problems such as inattention, over-activity, fears or melancholy are different from fevers. They may occur for many different reasons and are not necessarily indications that organic disease is active in the body. Behavioral problems can be signs of social and interpersonal conflicts that are not essentially of an organic nature. To treat these as medical problems is to misunder-

stand them and, indeed, to mistreat them. We cannot escape the difficult task of judging whether or not a behavioral problem is essentially organic. And this is true for all the common childhood behavioral problems from hyperactivity through depression. Using psychiatric medications too readily as the first response to these complaints short circuits what must be a careful, thoughtful determination, one that must keep open the very real possibility that the problem is a symptom of a social and/or psychological conflict, that it is properly addressed on that level and mistreated if taken as a sign of an organic illness. There is no substitute for careful assessment.

In the recent critique of the use of antidepressants with children, British medical authorities pointed out that placebos had nearly the same beneficial effects on depressive symptoms as did the drugs. We should take this as a reminder of how strong the interactions are between the mind and the body. If we forget this and take an overly organic approach, we diminish our understanding of the human subject. And we lose a powerful range of techniques for helping children. The mind (including the emotions) is still a domain that deserves our respect and attention. Reducing it to nothing more than a byproduct of biochemistry is not doing it justice.



THINKING CHILDREN

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