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### **Journal Article Summary:**

#### **“ADHD: A critical update for educational professionals”**

Meerman, S., et al. (2017). ADHD: A critical update for educational professionals. *International Journal of Qualitative Studies on Health and Well-Being*, vol. 12, no. 1, 2017, doi:10.1080/17482631.2017.1298267.

The research team headed by Sanne te Meerman sought to investigate six scientific inquiries surrounding the clinical diagnosis of ADHD in children. In their research, the team wanted to look at misconceptions in both the teaching and the medical communities with regard to behavior and attention. The ultimate purpose of the research was to find grounds to shift current diagnostic practices away from a pathologized viewpoint of attention and behavior, and see if there was credible justification in recommending socialization and behavioral techniques in the classroom as appropriate methods of support.

Meerman and his fellow researchers studied six factors affecting children with ADHD; birth month, cause, brain size, genetic factors, medication outcomes and diagnostic labelling. The results of the study found that relational age does matter; younger children in a classroom were twice as likely to suffer from attention issues as their older peers; the attention issues may be a function of age and maturity level rather than ADHD. The researchers also found that ADHD does not have a single causal factor, and that genetics plays less of a role in the development of ADHD than commonly thought. Brain size was not found to be a factor in ADHD, medication was effective only for relatively short periods of time, and labelling a child with ADHD was correlated with negative stereotypes and outcomes, and can lead to lowered expectations from teachers and parents in relation to the child.

The conclusion of the research team was that ADHD is an over diagnosed childhood disorder. While some children with severe attention disorders need medication, most can be helped more effectively through behavioral modification supports and differentiated instruction in the classroom. The benefits of not stigmatizing children with attention issues, and rather seeing difficulty with impulse control and mild to moderate attention deficits as subclinical, have a more favorable educational and psychosocial outcome than the current model of widespread medication treatments and diagnostic labels.

### **References**

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