

Austin Shenk

Anna Zehr

Exceptional Learner Tutorial

16 December 2015

Anabaptist Advantages for Helping those with ADHD

Thesis: If Anabaptists teachers would become educated about the needs of students with ADHD they would realize the advantages they possess for helping them through their godly heritage, their supportive community, and their healthy lifestyles.

- I. Signs and Symptoms
- II. Label and Medication
- III. Anabaptist Advantages
 - A. Godly heritage
 - i. Structure with Love
 1. Movement while working
 2. Two offices
 3. Earmuffs
 - ii. Quiet time with God
 - B. Supportive community
 - i. Mentors
 - ii. Babysitters
 - C. Healthy lifestyles
 - i. Active
 - ii. 3 meals
 - iii. Plenty of sleep
 - iv. Limited Media
- IV. Fads
 - A. Detox
 - B. Computer-based
 - C. Neurofeedback

The subject of ADHD holds significance for everyone because of the great effect it has on a large number of people. An estimated eleven percent of Americans are diagnosed with ADHD. Nine percent of those diagnosed are children and four percent are adults (ADHD: Is It a Disability?). The extreme cost also provides cause for concern. “The average incremental annual cost to educate a student with ADHD is about \$4,900 more than for students in regular education . . . annual cost per student can be up to \$13,000, making it a major health problem in the U.S. and across the world” (qtd. Pfiffner 6). Healthline, the fastest-growing consumer health information site, estimates the total annual expense to Americans at \$40.5 billion. They claim this number as a conservative estimate (ADHD By the Numbers). If their estimate represents reality even closely, the cost of ADHD provides great cause for alarm. If Anabaptist teachers would become educated about the needs of students with ADHD they would realize the advantages they possess for helping them through their godly heritage, their supportive community, and their healthy lifestyles.

SIGNS AND SYMPTOMS

To the public, ADHD consists of a lot of mystery and with mystery comes misconceptions. Before Anabaptist teachers know how to use their advantages to help students with ADHD they must dispel the mystery by learning about ADHD.

Hyperactivity, distractibility, and impulsivity characterize a person with ADHD. Jennifer Anderson, an Anabaptist expert in learning disabilities, refers to ADHD as, “a mind on fast mode”(93). For a student with ADHD the part of their brain responsible for executive functioning is smaller than a child without ADHD. Linda J. Pfiffner, Ph.D., in her book, *All*

about ADHD, says this about executive functioning. “Executive functioning includes skills such as planning, prioritizing, organizing, regulating one’s own behavior, moods, and motivation, time management, and working memory” (Piffner and Glasscock 16). Therefore, a lack of executive functioning presents difficulties in academic, social, and behavioral ways and all three present difficulties at school.

In order for a child to receive an official ADHD diagnosis they must exhibit at least eight characteristics off a list of seventeen (Warren and Capehart 15-16). Items on the lists that cause academic difficulties include: poor attention span, neurotransmitter dysfunction, difficulty remembering and building cumulative memory, and can only do one task at a time. The social difficulties include: impulsive, uncomfortable in social situations, and inconsistent. The behavioral difficulties include: mood swings, argumentative and angry, and desires instant gratification. Without the official diagnosis an ADHD child may receive punishment for these characteristics that a teacher perceives as defiance. As Anderson points out, “Sometimes forcing a student to do something, such as sitting still, does more harm than good because the problem is medical and not behavioral” (96). Lack of proper awareness creates painful and unnecessary problems for both teachers and students.

LABELS AND MEDICATION

Richard Saul, M.D., an expert in the field of learning disabilities, opposes medication for ADHD as well as the label. He argues in his book, *ADHD Does Not Exist*, that the label, *ADHD*, is a problem. He believes the hyperactivity and distractibility that are currently labeled, *ADHD*, are symptoms of other root causes not causes in themselves. He believes the label produces harmful results for everyone. The high number of misdiagnosed patients and severe side effects

of medication moved him to search for a better solution. His experience taught him that the *ADHD* symptoms mostly disappear when the root causes are treated (Saul). He devotes one chapter to each of the sixteen causes he believes deserve our attention and treatment instead of ADHD.

Doctor Saul provides a perspective against official diagnosis for ADHD that compels Anabaptist people who oppose medication. Many people oppose medication because, “in many cases, children have been given medication simply as a means of doping them to keep them less active,” and they want to avoid this at all costs (Anderson 98). Other side effects of medication, “can include reduced appetite, headaches, elevated blood pressure and heart rate, nausea, insomnia, tics, twitching, anxiety, shakiness, agitation, mania, paranoia, and a lost sense of identity” (Anderson 98). The number of children on medication also alarms some. “[A]n estimated three to four percent of children in the U.S., or between 1.5 and 2.5 million children, take stimulant medication” (Pfiffner and Glasscock 162). The number might not alarm people as much if it were more effective. “Positive effect are limited to the time period in which the medication is taken. Medication doesn't cure ADHD; long-term effects and effects during non-medicated hours are not typically found” (Pfiffner and Glasscock 163).

Even with the best alternatives some people only find relief with medication. This happens because, “the purpose of medication for attention disorders is to provide students with a chemical balance to help them ‘connect the dots’” (Warren and Capehart 4). On the topic of medication, Dr. Pfiffner has this to say to teachers, “Medication is prescribed mostly for school-related problems. Therefore, your role in communication with parents and physicians is a critical one” (Pfiffner and Glasscock 163). In this important role the Anabaptist teachers should

not hid in ignorance. An official diagnosis does not necessitate medication and parents and teachers have the right to do what they want with the information they receive from a diagnosis. The choice to medicate or not to medicate does not lie in the teacher's power, but helpful information such as the following should be passed on to the parents. "Medication should be considered only when the child cannot function adequately in life . . . Medications do not have to be used throughout life, yet it is extremely important that the child not go on and off the medication" (Anderson 98).

Another reason people avoid an official diagnosis comes from the fear of a label. Dr. Warren replies this way, "Every child in every school gets a label . . . If we don't talk to them honestly, their assumptions about what's going on will be far worse than what the truth is" (Marching to the Beat of a Different Drum). An official diagnosis from a loving, trustworthy professional may provide answers to a child who feels helpless and alone. "The children do not need to face ridicule because of their condition. Many of them do not understand the conflicting thoughts and feeling they are experiencing. They can become as frustrated as their authorities, pulling them into a negative cycle of disliking themselves" (Anderson 96). The desire of parents to avoid labels and medication comes from hearts of love, but whenever possible an official diagnosis should be performed to give clarity to the team of people working towards success for a student with ADHD.

SOLUTIONS

After an official diagnosis the decision about what to do with the information becomes important. Parents and teachers who lack experience with ADHD may feel at a loss of how to proceed. One teacher described the challenge as a mountain, "The mountain was hard to climb,

but reaching the top deepened my relationship with the student and my sense of being a teacher in a way that wouldn't have happened if the mountain had not been there" (qtd. Pfiffner and Glasscock 26). For Anabaptists the mountain exists, but the advantages they possess help make the journey easier.

The advantage of a godly heritage provides structure with love. For students with ADHD structure with love makes a huge difference. Students with ADHD need a "Benevolent Dictator," who believes, "it is never in their best interest for things to not be structured," and accepts the job, "to provide what they can't provide for themselves." (Marching to the Beat of a Different Drum).

For a student with ADHD this structure should include loving modifications. The ability to move or stand while doing seat work helps expend energy in a profitable way. Dr. Warren suggests providing the option of two offices for students with ADHD. A desk close to the teacher serves as office one, to be used during class, and a designated spot other than their desk serves as office two. This provides a loving and structured way for the ADHD student to move while studying (Warren and Capehart 4). Earmuffs serve as a simple but effective modification for blocking out distractions. Anabaptist teachers have the blessing of a godly parents who had to use creativity in providing structure and love to them and are therefore well equipped to pass that blessing on.

The practice of daily quiet time with God is another blessing that has twofold benefits for students with ADHD. "Not only does this help the child grow spiritually, but is also has calming benefits" (Anderson 97). Anabaptist teachers must bring this aspect of their godly heritage with them into the classroom.

The advantage of supportive communities allow non-teachers to make an positive impact on the classroom. The effect of a mentor on a student with ADHD is unmeasurable. Many students with ADHD grow up to be great leaders and they benefit greatly from a mentor who cares enough to help them build on their strengths and minimize their weaknesses. Supportive communities also provide the blessing of babysitters for parents of students with ADHD to take much needed breaks. The supportive communities help bear the burdens of both students and parents as a result help the teachers out as well.

The advantage of the healthy lifestyles Anabaptists enjoy cannot be overstated. The students with ADHD benefit greatly from active work and play outside. “In your class you don’t want to take recess away from an ADD/ADHD kid” (Marching to the Beat of a Different Drum). The practice of three healthy meals a day helps the student with ADHD as well as plenty of sleep. The Anabaptist practice of limiting media has helped to stop the increase of ADHD in their circles. “Long term engagement with [video, television, and computer screens] has a three-fold impact on the increasing ADD-related disorders in children: it decreases time for exercise, over-stimulates the senses, and decreases social interaction” (Anderson 94).

FADS

Because the current medication for ADHD causes such undesirable side effects there are many people who would like to try other routes. Dr. Mark Hyman in his book, *The UltraMind Solution: Fix Your Broken Brain by Healing Your Body First* promotes the idea that good gut health equals good brain health. He suggests detoxification and healthy eating as the solution to the ADHD problem.

Some promote computer based solutions such as: Pay Attention!, BrainTrain, and Cogmed. They “attempt to train better attention and working memory”. Currently the results are positive, but “very modest”(Piffner and Glasscock 164).

Neurofeedback is a promising new technology that has not yet been given enough rigorous scientific research. The goal is to increase arousal in the frontal lobe of the brain from where the ADHD symptoms stem. The frequency of frontal lobe arousal is monitored by attaching electrodes to a child’s head. The child receives stimuli that increases the frequency to the proper amount and the child’s brain is trained to maintain this frequency of arousal. The case studies produced positive effects.

Works Cited

“ADHD By the Numbers: Facts, Statistics, and You.” *Healthline*. Web. 10 Dec. 2015.

<<http://www.healthline.com/health/adhd/facts-statistics-infographic#6>>

“ADHD: Is It a Disability?” *Healthline*. Web. 10 Dec. 2015.

<<http://www.healthline.com/health/adhd/is-adhd-a-disability#overview1>>

Anderson, Jennifer Lee Frentz. *Helping Children with Special Needs: a Guidebook for Teachers and Parents of Anabaptist Christian Schools*. Print.

Marching To the Beat of a Different Drum. Perf. Paul Warren, and Jody Capehart. Sampson Educational Resources, 2003. DVD.

Pfiffner, Linda Jo., and Sarah Glasscock. *All About ADHD: the Complete Practical Guide for Classroom Teachers*. New York: Scholastic Professional Books, 2011. Print.

Saul, Richard. *ADHD Does Not Exist: the Truth about Attention Deficit and Hyperactivity Disorder*. Print.

Warren, Paul, and Jody Capehart. *Marching To the Beat of a Different Drum*. Dallas, TX: Sampson Educational Resources, 2003. Print.