Calming the Chaos

By Tahra Johnson

Disparities and gaps in the treatment of hyperactivity in children has caught some lawmakers' attention.

Living around Luke is exhausting. “It’s like living inside a tornado,” says June Cleavers, Luke’s mother. Luke is 6 years old and was diagnosed with attention deficit hyperactivity disorder (ADHD) a year ago. He has difficulty staying focused, paying attention and controlling his behavior—all classic symptoms of this neurobehavioral disorder.

“Luke often will raise his hand and start asking a question at the same time,” says his first-grade teacher, Kira Sonberg. “Kids with the disorder have trouble planning, breaking down multistep projects and speaking in turn. Their brains are wired in a way that makes it extremely challenging to wait in turn to speak.”

Luke causes constant interruptions in the classroom and is so fidgety he can’t sit still long enough to finish his homework. Cleavers says many of the adults in Luke’s life “wish they could just give him something to calm him down.”

Luke is one of about 6.4 million children between the ages of 4 and 17 who have been diagnosed with ADHD—one of the most common childhood disorders in this country. Between 2003 and 2011, the rates of diagnosed cases increased about 5 percent annually, according to the Centers for Disease Control and Prevention.

Medication, together with behavior therapy, is the recommended treatment. As the kids get older or when their symptoms worsen, however, the use of behav-
ioral therapy tends to decrease while the use of prescription drugs increases. And that has some parents, doctors and lawmakers concerned that the drugs may be overused.

Lawmakers, specifically, have been questioning whether state policies could be inadvertently hindering access to other treatments, like behavioral therapy.

**Why Medicate?**

“Medication is incredibly effective for many students with ADHD,” says Sonberg. According to the National Institute for Mental Health, for many children, medication reduces their hyperactivity, helps them focus and even improves their physical coordination. “For many children,” she says, “once they take medication, they are able to focus and learn the content easier. Even for some children with substantial behavioral therapy, medication is still needed to show progress and to function in the classroom.”

Several studies have shown that kids with the disorder do better on standardized math and reading tests while taking medication.

“We do not know what the long-term effects of psychotropic medication are on the developing brains and bodies of little kids,” says Ileana Arias, with the CDC. “Because behavioral therapy is the safest ADHD treatment for children under the age of 6, it should be used first, before medication for those children.”

But that doesn’t always happen. At least a quarter of preschoolers with ADHD receive only medication, according to a recent study cited in the Journal of the American Medical Association. The study showed that a little more than half received just behavioral therapy and another quarter received medication and therapy.

“Research indicates that overprescribing and abuse of medication is a growing concern as the rates of diagnosis and treatment continue to increase sharply,” says Louisiana Senator David Heitmeier (D). With his state already having one of the highest

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**A Focus on Foster Care**

Nearly 80 percent of children in foster care have significant mental health issues, compared with between 18 percent and 22 percent of the general population, according to the National Resource Center for Family-Centered Practice and Permanency Planning. As a result, foster kids are prescribed psychotropic medications at a much higher rate than other children, costing the states, mostly through Medicaid, millions of dollars a year.

A study published in the Journal of Child and Adolescent Psychopharmacology found that atypical antipsychotics (shown to produce fewer symptoms and risks compared with typical antipsychotics) were used to treat nearly one-third of foster care kids in the assessment between the ages of 2 and 17 who had been diagnosed with ADHD.

“Our poorest, most vulnerable children, lacking access to evidence-based care, are receiving potentially harmful treatment with little oversight,” Dr. Harold Koplewicz, journal editor-in-chief and president of the Child Mind Institute in New York City, stated in response to the study.

California lawmakers enacted at least four bills last year to improve the treatment and care of foster children. The state is one of just a few that require a judge to approve psychotropic drug prescriptions. The package of bills will increase the use of nurses and group home monitors, require foster care public health nurses to receive training on administering medication and require a specified examination before the court can order psychotropic medications.

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**Medication and Behavioral Therapy Rates**

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<tr>
<th>Portion of children surveyed who had taken ADHD medication in the previous week.</th>
<th>Portion of children surveyed who received behavioral therapy in the previous year.</th>
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<tbody>
<tr>
<td>&lt;70%</td>
<td>&lt;40%</td>
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<tr>
<td>70–76%</td>
<td>40–46%</td>
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<td>77–80%</td>
<td>47–51%</td>
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<tr>
<td>&gt;80%</td>
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*Source: CDC website. Data are from the National Survey of Children with Special Health Care Needs, collected in 2009–10.*
rates of prescription drug abuse in the nation. Heitmeier felt it was essential to look into the use of ADHD drugs as well.

In 2014, to raise awareness and reduce any inappropriate or unnecessary use of medication, Heitmeier and his colleagues passed a resolution directing the Department of Health and Hospitals to study the use of these medications in children.

The task force found inconsistent rates of drug use across the state despite age, race or gender. Specifically, there was a large variation (from 8.8 percent to 19.7 percent) in the prescription of drugs for Medicaid recipients in Louisiana’s nine administrative regions as compared with the state average.

The task force also reported that younger children were diagnosed with the disorder more frequently than the older children in the same grade. The task force recommended policies aimed at increasing the accuracy of diagnoses and improving the availability of behavioral therapies, among other things. It also called for aligning the treatment guidelines for using these prescription drugs with evidence-based research.

What Is Behavioral Therapy?

Behavioral therapy, also known as behavioral supports, helps kids and the adults in their lives acquire the tools and techniques needed to help them focus and pay attention. Classroom tools might include letting kids use a stand-up desk or a squishy ball for a chair, or allowing students to draw during a lesson. Giving these kids leadership opportunities in the classroom has been shown to improve their behavior as well. Therapists may help children decrease their negative behavior and improve their social skills by teaching them how to read a person’s facial expressions, or how to share or what kind of response works best against teasing.

The use of behavioral therapy and medication varies by state and region. The percentages of children with ADHD between the ages of 4 and 17 who were treated with prescription medications ranged from a low of 57 in California to a high of 88 in Michigan, in 2009-10, according to the National Survey of Children and Youth with Special Health Care Needs. The portion of kids receiving behavioral therapy for that same age group ranged from 33 percent in Tennessee to 61 percent in Hawaii.

So why isn’t behavioral therapy used more often? One reason is that it’s not always covered by health insurance. And in many areas of the country, there are too few licensed specialists such as counselors, psychologists, psychiatrists or social workers who offer the therapy.

What States Are Doing

Legislators in Minnesota and New York introduced legislation similar to Louisiana’s last year. Minnesota’s bill would require the state health department to gather data and report on the treatment of pediatric ADHD, the use of behavioral therapy and medicines, hospitalization rates, demographics of children diagnosed with ADHD and their treatment, and the costs to public and private insurers for the medications.

Minnesota Representative Glenn Gruenhagen (R), one of the bill’s co-sponsors, says he’s most concerned about the long-term effects these drugs might have on children, not to mention what being labeled with the disorder might do. “There are no long-term medical studies on the side effects to labeling and drugging our young children … this is a travesty.”

Following a recent review of ADHD medication use with young children by the New York Department of Health, the Legislature is considering a bill to widen the review to include school-age children as well.

“Whether it is ADHD, Asperger’s or other mental health issues, if they go unaddressed they become a public health issue,” says Illinois Representative Camille Lilly (D). She co-sponsored a resolution urging members of the General Assembly to have discussions and forums with their communities to promote awareness of mental health and learning disabilities in general. The U.S. Senate and some states have established ADHD awareness days or months to increase the public’s knowledge and understanding of the disorder.

The positive effects of medication on children and youths with special health care needs are undeniable. But Illinois Representative Carol Ammons (D) believes it is important to maintain “an ongoing dialogue between policymakers and care providers to ensure that the needs of [these students] can be met.”