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**A STUDY OF THE PERCEPTIONS OF BOTH PARENTS AND TEACHERS ON
WHETHER PHARMACOLOGICAL INTERVENTIONS ALONG WITH
BEHAVIOR MODIFICATION WORK IN CONTROLLING BEHAVIOR IN
STUDENTS WITH ADD**

By

Carol L. Gallucci

A Thesis

Submitted in partial fulfillment of the requirements of the Master of Arts Degree in the
Graduate Division of Rowan University

April 28, 1997

Approved by _____

Date Approved 5/1/97

Abstract

Carol L. Gallucci

A Study of the Perceptions of Both Parents and Teachers on Whether Pharmacological Interventions Along with Behavior Modification Work in Controlling Behavior in Students with ADD.

1997

Dr. Margaret M. Shuff

Learning Disabilities

More and more students are being diagnosed with Attention Deficit Hyperactivity Disorder and placed on medication.

This study looks at students in both private and public schools who are already diagnosed with ADD/ADHD and are on medication. Both parents and teachers of the same student filled out surveys inquiring whether behavior modification is used along with medication in controlling student behavior at home and in the classroom.

There are 25 pairs of participants in this study. Twenty pairs of respondents are from private school, with five pairs from public school.

The surveys sent out included nine questions for parents and five for teachers. Both sets of questions included a comment section. Because of the need for

confidentiality, the names of those students on medication within the school setting were known only to the school nurse and the classroom teacher.

It was interesting to note that most parents did not use any behavior modification in conjunction with medication for their ADHD child. Less than half the responding teachers reported using behavior modification strategies as well.

Results indicated that all 25 students on medication exercised greater positive control over their behavior, a factor which resulted in enhanced learning.

Mini - Abstract

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Chapter 1

Introduction

ADHD is a neurological syndrome whose classic, defining triad of symptoms includes impulsivity, distractibility, and hyperactivity or excess energy. Approximately 3% to 5% of children in the US can be diagnosed with ADHD - more males identified than females by a ratio of 6:1. There are two main classes of medication commonly used in the treatment of ADHD: stimulants and antidepressants. Dexedrine has been used in the treatment of ADHD since the 1930's; Ritalin since the 1960's. Cylert has been introduced more recently. The most common antidepressant used to treat ADHD is Norpramin. One advantage Norpramin, an antidepressant, has over Ritalin is that it can be given in a single daily dose and does not produce the jagged peaks and valleys that some people experience on Ritalin. Also, it is not a controlled substance as are Ritalin and Dexedrine (Thompson, 1996).

Smelter, Rasch, Fleming, Nazos and Baranowski (1996) contend that the rush to label school children as suffering from ADD or ADHD has reached nearly epidemic proportions. ADD is the same basic syndrome without the hyperactivity component. A diagnosis of ADD may not offset extremely negative conditions in a child's home, however, that might best be served by the intervention of a social worker. The diagnosis needs to be part of a total, wide-ranging investigation of the conditions in which the child lives. Ritalin, one of the raving successes in psychiatry, is a routinely prescribed drug

allowing children and a growing number of adults to focus their minds and rein in their rampaging attention spans. "It takes time for parents and teachers to sit down and talk to kids," says Dr. Sharon Collins. "It takes less time to get a child a pill" (Hancock, 1996, p.5).

According to Hancock (1996), many doctors are convinced that Ritalin is overprescribed. Overwhelmed school psychologists feel pressured to recommend pills first before they have time to begin an evaluation. ADHD experts now say that most children need behavior modification therapy and special help in school but most surveyed pediatricians have said they rarely recommend anything more than pills.

For many parents, having a diagnosis of a medical disorder for their acting out, unfocused youngster is a godsend. They feel relieved that their child's actions are not the result of bad parenting. Terms such as "guilty," "responsible," and "liable," have been replaced by "disorders," "afflictions," and "dysfunctions." Having a "dysfunction" carries no social stigma; instead, it evokes sympathy, feelings of compassion and a genuine desire to help the transgressor (Hancock, 1996).

Fachin (1996) describes a teacher's attempt to try many motivational, highly structured techniques as well as relaxation exercises with her students who, in the end, needed medication. The difference was remarkable. The medication helped this student achieve success in the classroom.

Focus of the Study

The purpose of this study is to examine the perceptions of both parents and teachers as to whether pharmacological interventions, along with behavior modification,

work in controlling students' behavior. The term pharmacological intervention refers to medications which may include Ritalin, Dexedrine, Cylert, Norpramin, Tofranil, and Elavil.

This study hypothesizes that: (a) teachers will see a decided difference in the behavior of students who are on medication for ADD or ADHD, along with a behavior modification program; and (b) parents will see a similarly positive difference in their ADD or ADHD child's ability to control his/her behavior while on medication and behavior modification program.

Definitions of Terms:

ADD/ADHD	an inherited neurobiological disorder which becomes evident in early childhood and usually continues throughout a person's life; ADHD is described in the same manner but with a hyperactivity component
Stimulant	medication which appears to increase the availability of dopamine, a vital neuro-transmitter carrying signals from one nerve cell to another
Antidepressant	medication used to help ADD and ADHD students fight depression and oppositional-defiant behavior frequently accompanying their condition

The study will be organized with chapter one being an introduction to the study; examining the focus and defining the terms. Chapter two, involves reviewing the literature

dealing with the topic; and synthesizing various studies. In chapter three, how this study took place (the methodology) is explained. The results are analyzed in chapter four. The last chapter presents a discussion of the findings, listing limitations and recommendations.

Chapter 2

Review of the Literature

Introduction

According to Bromfield, "Ritalin prescriptions have increased sixfold with many children now adults too being diagnosed with attention deficit" (1996, p. 32). Some researchers (e.g., Chisholm, 1996) believe ADD/ADHD is inherited. Grown ups, especially the parents of ADD children, are being diagnosed in large numbers. Obscure and poorly understood two decades ago when it was known as hyperactivity, ADD is now one of the most commonly diagnosed behavioral disorders in children.

The three main hallmarks of ADHD are: extreme distractibility, an almost reckless impulsiveness, and in some cases, a degree of hyperactivity that makes sitting still all but impossible. These traits are found in a half million American youngsters. Diagnosing those with ADD but without hyperactivity is more difficult. Such children are often described as daydreamers. They are not disruptive. Many girls with ADD are often misunderstood or overlooked. A rough consensus has emerged among ADHD specialists that, whether or not drugs are used, it is best to teach children how to gain more control over their impulses and restless energy (Wallis, 1994).

This chapter will explore some of the current literature regarding the most commonly used medication for controlling the behavior of children diagnosed with

ADD/ADHD. Parents' and teachers' perceptions of whether medication alone works in controlling students' behavior or in concert with behavior modification will also be examined.

Medication

Shima and Gsovski (1996), Cowley and Ramo (1993) and Leutwyler (1996) address the effects of the use of Ritalin. Most physicians feel Ritalin, when properly regulated, is the safest psychotropic drug available. Hall (1995) also supports these findings. Medication was tried reluctantly in this instance. Within one week, a positive, noticeable difference was obvious.

Lipkin, Goldstein and Adesman (1994) found that, of 122 children with ADHD who were treated with stimulant medication, less than one percent developed the possible side effects of Tourette's Syndrome or chronic tics. Furthermore, Gadow, Nolan, Sprafkin and Sverd (1995) studied 34 children who already had ADHD with comorbid tic disorder. They were given methylphenidate from .1 to .5 mg/kg, and a placebo twice daily, under double blind conditions. In general, the findings conclude that the majority of youngsters did not experience a significant worsening of the tic disorder with medication. This is a welcome discovery to many concerned parents. More good news on the pro-medication side was reported in a study involving 69 children with ADHD. Some were coupled with learning disabilities, and others had coexisting neurological disorders. The results confirmed the benefits of methylphenidate (Mays, Crites, Bexler, Humphrey & Mattison, 1994).

Anastopoulos, DuPaul and Barkley's study (1991) gave 42 children with ADHD several doses of medication from 5 mg. to 20 mg of MPH (methylphenidate) along with a placebo administered in random sequence. Their individual responses were noted on multiple measures of attention both in the classroom and clinic. They found that the higher the dose, the more optimal functioning. A great deal of empirical evidence indicates that psychostimulant medications significantly enhance certain behavioral cognitive and academic processes among children with ADHD, according to Barkley, Fischer, Newby and Breen, (1988) and Douglas, Barr, O'Neil and Britton, (1986, as cited in Anastopoulos, DuPaul & Barkley, 1991).

In the anti-medication vein, the most frequent side effects described are decreased appetite, insomnia, headaches, stomachaches and growth inhibition. In very rare cases, symptoms of Tourette's Disorder may be evident following treatments with stimulant medication, according to Golden, (1974) and Lowe, Cohen, Detlor, Kremenitzer and Shaywitz (1982, as cited in Anastopoulos et al., 1991).

Johnston, Pelham, Hofa and Sturges (1988, as cited in Anastopoulos et al., 1991) report that irritability and non compliance are complaints occasionally associated with Methylphenidate (Ritalin). In addition, another drawback is that the medication must be closely prescribed, titrated, monitored and withdrawn under a physician's care, according to Hechtman, Weiss and Perlman, 1984 (as cited in Anastopoulos et al., 1991). For some parents, needing to constantly return to the physician is too great a cost or inconvenience. Lee (1996) relates that Ritalin is listed by the Food and Drug Administration as a Class II controlled substance, a classification which covers medications that are essentially

narcotic, stimulant or depressant drugs with legitimate medical uses, but which require written, non refillable prescriptions.

Behavior Modification

Of all the management strategies available for treating children with ADD, cognitive training is perhaps the most intuitively appealing (Shaywitz & Shaywitz, 1991). Cognitive training (CT) includes self-instructional training, cognitive modeling, self-monitoring, self-reinforcement and cognitive and interpersonal problem solving, relate Meichenbaum (1977) and Douglas (1980, as cited in Abikoff 1991). Whalen, Hinshaw and Henker (1984, as cited in Abikoff, 1991) realized limitations in studying the effects of CT. First, the data collected was from an experimental setting only; therefore generalizability of the results to real life settings is unknown. Second, because only immediate treatment effects were assessed, maintenance over time was not established. Finally, anger control assessment was done on cue during very brief time periods; it is not known how the children reacted to unusual forms of social provocation.

Most experts stress the need for a multimodal or multidisciplinary approach to the treatment of ADD, not medication alone. Shima and Gsovski (1996) describe how a team approach involving behavioral therapy along with medication can prove to be a winning combination for children with ADD. Ciba-Geigy, a pharmaceutical firm producing massive amounts of Ritalin, agrees that a multimodal method is needed in the treatment of ADHD (Robinson, 1995).

Visualization as a behavior modification tool is an exciting, innovative idea that explores how to help ADHD students harness their hyperactivity, thus effecting a positive

change in behavior. This technique leads to internal empowerment rather than external control. Research suggests that ADHD students do better in environments that are active, self paced and hands-on as another way to modify behavior. These project based environments benefit all students (Armstrong, 1996).

Uribe (1994) believes that, in addition to medication, counseling has proven to be an effective therapy, with diet as a third consideration. Pellman (1995) agrees that reducing foods with artificial colors, flavors and heavily sugared is a more prudent way to eat, although scientific data is weak.

The Parent and Teacher Component

ADHD is a developmental disorder of attention, impulse control, and regulation of activity level that requires multiple treatment methods. One of the multiple treatment methods is the ADHD Parent Training Program. In a study involving 50 pre school children with ADHD and their families, use of the training program led to increased child compliance. While the program has not yet received comprehensive empirical assessment of its efficacy, preliminary support has been obtained (Anastopoulos et al., 1991).

Granat (1995) writes that you can always diagnose ADHD by a red eyed parent! It is important for parents of a child with ADHD to receive supportive instruction in behavior management techniques that are designed to enhance the child's attention to household tasks and rules (Thompson, 1996).

Not all teachers feel prepared to deal with an ADHD student's learning challenges. Shima and Gsovski (1996) describe how this is not a typical feeling among regular education classroom teachers. In a study conducted by Atkins and Pelham (1991), 71

elementary school aged boys were rated and observed. Although this study was focused on identification of ADHD students via the school based environment, the salient point for consideration is the statement that some teachers perceive the behavioral and academic interventions as too intrusive on classroom routine. If that's the case, then the premise is that teachers won't be actively using the interventions.

Of the literature reviewed, it is apparent that there are many issues for both parents and teachers to consider when deciding if an ADD/ADHD child should be medicated. In addition to any pharmacological interventions, behavioral management techniques at home and at school also need to be considered.

Limitations of the Study

A survey has been conducted asking both the parents and teachers of the same students already diagnosed with ADD/ADHD to participate. Limitations of the survey format are the rate of return, the time spent answering questions in depth, and the lack of universal understanding as to the meaning of the term 'behavior modification'.

Statement of the Hypothesis

This study hypothesizes that: parents and teachers will see a positive difference in their child's/student's behavior using pharmacological interventions, along with behavior modification techniques.

Chapter 3

Methodology

Introduction

A parallel - samples design within the framework of a cross-sectional design was applied to extract the data for this study. In this way, participants were polled only once, comparing the responses of two populations.

Participants

The sample included 21 out of 50 from private school, and four out of 25 from the public sector. No responses were received from the CH.A.D.D. on-line internet connection. School nurses, Child Study Team Directors, superintendents of schools, principals and counselors were contacted in this survey process.

The socio-economic background of the districts involved included both blue-collar working class families in suburban towns and neighboring affluent suburban towns.

Materials

A 13 item scale was used to measure parents' and teachers' perceptions about whether pharmacological interventions worked in controlling students' behavior with or without the behavior management component. The cross-sectional design survey also became a parallel-sample by virtue of the two populations polled - parents and teachers.

Procedure

After approval by administration, faculty members were approached on an individual basis to explain the questionnaire's directives. In addition, written directives were attached to each survey. The names of the classroom teachers approached were forwarded by the school nurse as having students within the class who were on medication. Those parents were then asked by their child's classroom teacher if they would care to participate. In that way, confidentiality was maintained.

Parents were given written directives to fill out items 1-9 and return to their child's classroom teacher by a certain date. The teachers were then to fill out their component items 10-14, and attach to the parents' survey, returning both to the researcher's mailbox by a certain date. All surveys were coded to protect the anonymity of the respondents and placed in envelopes provided.

Participants from other schools followed the same basic procedure with the exception of the collection of envelopes- these were picked up by the researcher from various contact persons. One private school principal included her own letter to the teachers.

Chapter Four

Analysis of Data

Results

This is a study using a parallel-samples design within the framework of a cross sectional design. The purpose of the study was to examine the perceptions of both parents and teachers of whether pharmacological interventions alone or in conjunction with behavior modification work in controlling students' behavior. A total of 75 pairs of surveys were given out to parents, teachers and administrators in both the private and public sectors. Twenty one surveys were returned from Catholic schools, and four were returned from public schools (see Figure 1).

Figure 2 illustrates that more males than females were represented in this sample, in a ratio of 20 to five. The mean current age for the sample studied was 8.9 years, with the mean age at diagnosis being 6.7 years. Of the 25 parent respondents, 16 claimed to have male relatives diagnosed with ADD/ADHD, and three female relatives diagnosed. In addition, five male relatives were suspect without formal diagnosis, along with one female relative. In another case, because of adoption, no relatives were known (see Figure 3).

Ritalin was the overwhelming medication of choice, as identified by 22 out of 25 surveyed. Adderall was next, with three students listed as being on this medication. Table 1 summarizes the statistics mentioned.

Table 1

<u>Parent Survey Items</u>	<u>Parent Survey Results</u>
Current Age	8.96 mean
Age Diagnosed	6.72 mean
Gender	20 males 5 females
ADHD	14
ADD	11
Ritalin	22
Adderall	3
On Behavior Modification	3
No Behavior Modification	22

Note: The current age ranged from five years to 13 years, with the SD = 2.48.

The age diagnosed category ranged from four years to 11 years, with the SD = 1.96

Parents' Survey

Parents were asked if they saw a difference in their child's behavior while on medication. Twenty three replied yes, to two no. Of the yes replies, most felt that being focused and able to concentrate was the number one positive by product. Completing tasks, remaining calm and not in constant movement were also frequently mentioned. The two who answered no difference wrote that the medication was only given in school.

Parents were also asked if their child was on a behavior modification program. Twenty one out of 25 respondents replied 'no' to this question. The behavior

modification programs of the three who replied 'yes' involved rewards, prizes, charts, positive feedback, acknowledging good behavior, consistency and use of a time out option. One parent replied the difference was positive, while two parents wrote the difference was not totally positive. The remaining response did not stipulate either way.

In addition, parents were asked if their child was receiving any other therapy. Of the respondents, nine replied yes, while 16 replied no to this question. Seven mentioned receiving individual therapy, five family therapy and three group therapy and/or a combination of the three types. The therapies included: occupational therapy, physical therapy, psychotherapy, medical and counseling. In addition, Karate was mentioned as a self discipline measure. Developing positive self esteem was a recurring theme. Students and parents were encouraged to talk about feelings and problems with coping skills being stressed.

Teachers' Survey

Teachers were asked if their student was on a behavior modification program. Eight responded yes to 17 no behavior modification programs. These results were in conjunction with medication. Teachers of students who combined a behavior modification program for students who were medicated felt that the children were better able to focus, attend to task, complete classwork and remained more calm. A variety of behavior modification strategies were mentioned with chips and tickets earning prizes as the most popular. Students in some classrooms earned stamps and stickers as well. In other settings, color coding was employed to aid in organization. Consistent rules, structure and accountability were also mentioned, along with verbal and visual cueing.

Summary

The consensus of the teachers' comments indicated that students on medication, even without behavior modification, showed improved academic achievement with on task behavior. Those students observed while not on medication weren't able to focus, couldn't attend for long, lost control, were impulsive and talked out frequently.

Chapter 5

Summary of Study

Summary

This study hypothesized that parents and teachers would see a positive difference in their child's/student's behavior using pharmacological interventions along with behavior modification techniques.

The results did not prove the original hypothesis statement because only three out of twenty five parents indicated a behavior modification program was used.

Looking at pharmacological interventions alone, all the responding teachers and all but two of the parents answered they could see a positive difference when the child/student was on medication. The two parents who answered no difference on medication did not medicate their child at home, but, rather, only while in school.

Discussion

Of the group of 25 participants, more males were diagnosed than females, at a ratio of 20 to 5. Of the population studied, fourteen were diagnosed ADHD with eleven ADD, without the hyperactivity component. Twenty two students were on Ritalin compared to only three on Adderall. Sixteen male relatives of the respondents were reportedly diagnosed with ADHD/ADD, while three female relatives were listed as having this disorder.

Parents described their child's behavior while on medication as being more calm, focused, able to listen better, not as aggressive, more settled and appropriate. In addition, being able to concentrate, better at following directions, and not in constant, erratic movement were mentioned.

Teachers reported that these same students could now complete classwork, control behavior, attend to task, as well as being focused and calm as mentioned above, while on medication.

Of the parents who did participate in a behavior modification program, giving rewards, prizes, and acknowledging good behavior were mentioned. Giving positive feedback, setting guidelines, being consistent, and using time out were listed as strategies used by some parents.

On the parent question asking whether the child receives any therapy other than a behavior modification program, nine replied yes. Five families receive therapy as a family, seven students receive individual therapy, with three being treated in a group setting. Some of the same nine children are treated in more than one fashion (e.g., attend family and individual sessions).

When describing the therapy, parents mentioned building self esteem was taking place along with talking about feelings and problems. In one case, Occupational Therapy was being administered and in a second case, Physical Therapy was being conducted. Karate was also mentioned as a form of therapy in developing self discipline.

A variety of behavior modification strategies were used by some teachers of those students on medication for ADD/ADHD. The most popular strategy was the use of chips

or tickets to earn prizes. Consistent rules, structure and accountability were also mentioned. The use of a behavior chart using stickers and stamps was described as well.

Limitations

One drawback of the study may have been the use of the term behavior modification . It may not have been completely understood by parents or teachers. Although 25 were enough to conduct this study, a larger sampling would give more credence to the results.

Recommendations

For a follow up study, the term behavior modification should be changed to behavior management, with a clear definition contained within the survey form. To engage more participants, distribution of the surveys should be considered at various CH.A.D.D. meetings. Two were returned out of five requested from the Burlington County Chapter. In the future, since no surveys were received from uploading onto the internet at only one web site, it might be beneficial to try several different web pages.

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Figure 1

Survey Participants by School

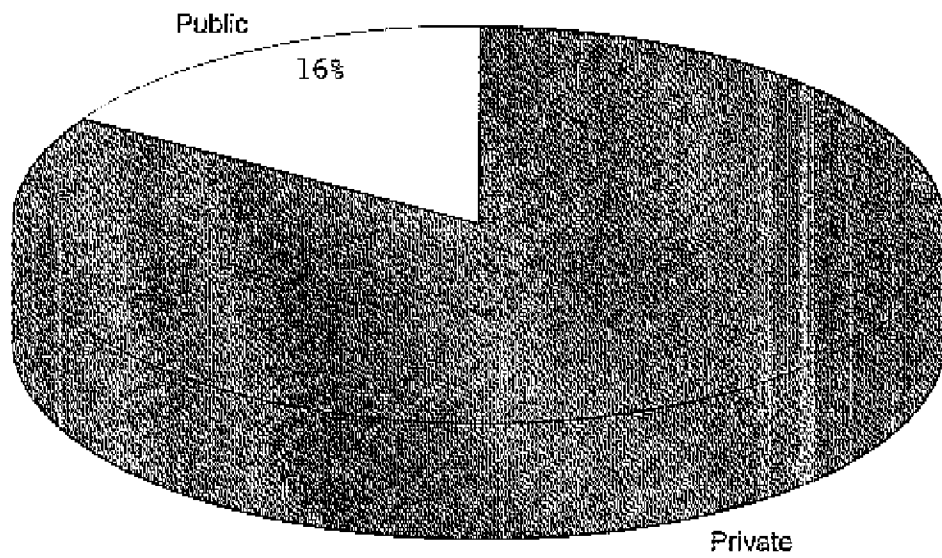


Figure 2

Survey Participants by Gender

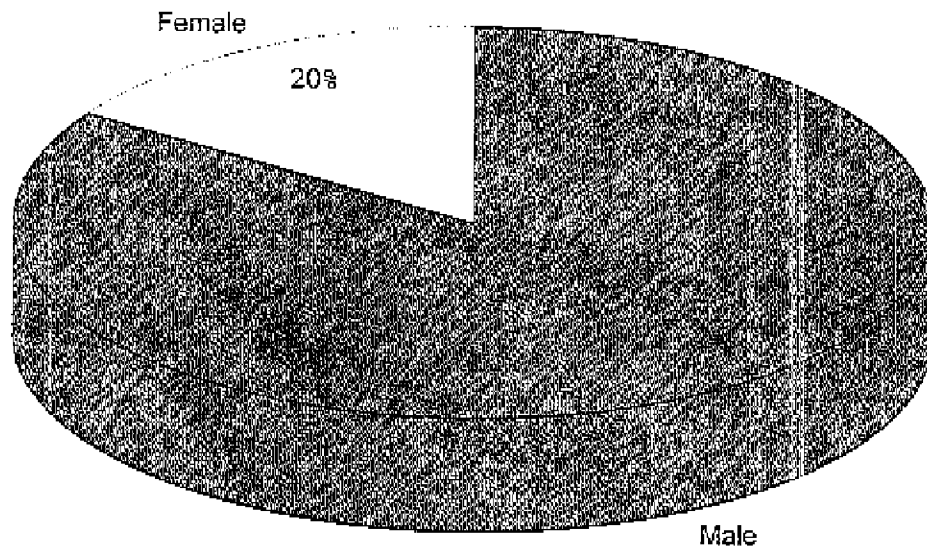
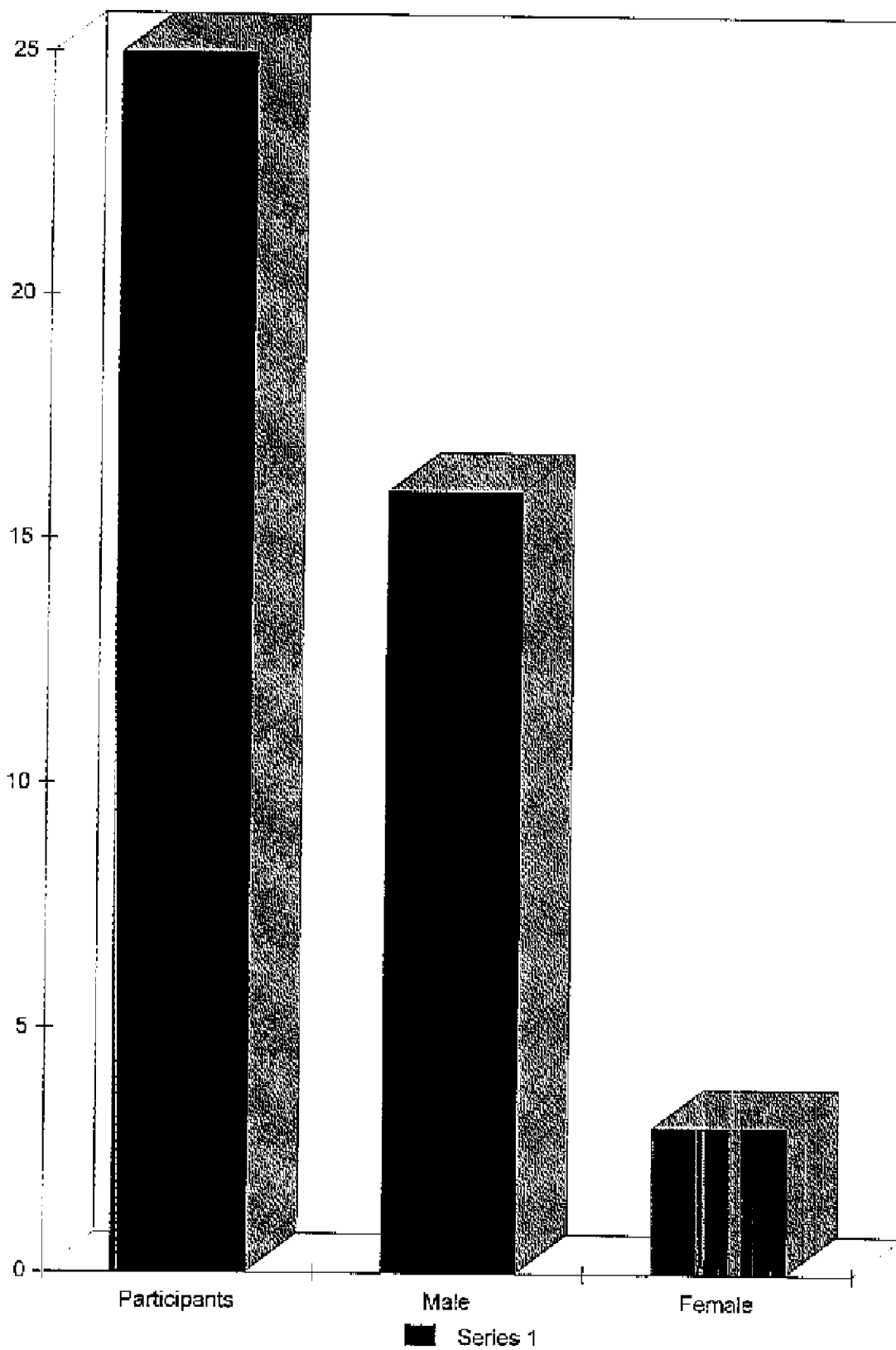


Figure 3

Participants' Diagnosed Relatives



APPENDIX A

Dear Parent/Guardian:

This survey is being conducted as part of the requirements for a thesis in the Masters of Arts Program at Rowan College of New Jersey. The study examines parents' and teachers' perceptions of whether medicine alone or in conjunction with therapy, works in controlling ADD/ADHD behaviors. All results will be treated confidentially. No names will be recorded, only code numbers to maintain the anonymity of the respondents. Please complete items 1-9, and return to your child's classroom teacher by _____.

Thank you,

Mrs. Gallucci

ADHD/ADD PARENT SURVEY

Please type or print.

Check one answer for each question, unless otherwise directed.

1 Current age of child _____ Gender: _____ male _____ female

2 Age when diagnosed _____

3 Diagnosed with _____ ADD _____ ADHD

4 Is your child on medication ? _____ yes _____ no

4.1 If yes, please name the medication _____

4.2 Child's schedule (time/dose) _____

4.3 Started at what age _____

5 Do you see a difference in your child's behavior while on medication ? _____ yes _____ no

5.1 If yes, please describe the difference

6 Is your child on a behavior modification program ? _____ yes _____ no

6.1 If yes, does this take place _____ at home _____ at school _____ both

6.2 Parents, as pertains to home, please list the important components of the behavior program

6.3 If your child is on a behavior modification program, do you see a difference ?
_____ yes _____ no

6.4 If yes, is this difference _____ positive or _____ negative ?

6.5 Describe the difference

7 Is your child receiving any other therapy ? _____ yes _____ no

7.1 If yes, is this therapy received (check all that apply) _____ individually _____ in a group _____ as a family.

7.2 Please describe this therapy

7.3 If your child is receiving therapy, do you see a difference? _____ yes _____ no

7.4 If yes, is this difference _____ positive or _____ negative?

7.5 Describe the difference

8 Are there any other family members (immediate or extended) who have been diagnosed with ADHD/ADD _____ yes _____ no?

8.1 If yes, supply the following information for all relatives diagnosed:

Gender of ADD/ADHD Relative	Age of ADD/ADHD Relative	Relationship to your child

9 Comments (Feel free to add any other information relevant to the study)

APPENDIX B

Dear Classroom Teacher:

Kindly forward this survey to any of your students who are on Ritalin or another medication for ADD/ADHD. This survey is being conducted as part of the requirements for a thesis in the Masters of Arts Program at Rowan College of New Jersey. The study examines parents' and teachers' perceptions of whether medicine alone or in conjunction with therapy, works in controlling ADD/ADHD behaviors. All results will be treated confidentially. No names will be recorded, only code numbers to maintain the anonymity of the respondents. When the survey is returned from the parents, kindly complete the teachers' section, items 10-14. The due date for return is _____.

Thank you,

Mrs. Gallucci

ADD/ADHD TEACHER SURVEY

The following information should be completed by the classroom teacher

10. How would you describe this student's behavior?

11. Have you observed the student's behavior when he/she is not medicated?

_____ yes _____ no

11.1 If yes, please describe

12. Is your student on a behavior modification program? _____ yes _____ no

12.1 If yes, briefly describe the program

12.2 What effects, if any, have you seen as a result of the behavior modification program?

13. Have you seen any changes in academic achievement as a result of : medication, behavior modification, and /or other interventions? (Please respond to all that apply)

14. Comments (Please feel free to add any other information)
