ATTENTION DEFICIT/HYPERACTIVITY DISORDER: A MULTIDISCIPLINARY APPROACH.

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This slim volume might best be described as a ‘handy guide’ to current practice and thinking in the field of AD/HD. Its stated purpose is to ‘provide guidelines for teachers, parents and other professionals on good practice in assessment, diagnosis, management and provision’. It does this by providing a brief overview of AD/HD research, followed by information on diagnosis and assessment, medication and interventions at school and at home. There are also several appendices setting out diagnostic criteria for AD/HD, suggestions for parents and sources of further information. It is directed at a UK readership, but is not comprehensive in this respect as its policy guidelines are set within the context of the SEN Code of Practice, which is applicable only to England and Wales. Its coverage of the research is useful and up-to-date, but rather patchy. For example, the short chapter on medication makes many assertions which could helpfully have been located within the literature.

Any book on AD/HD must enter territory which is the subject of ongoing debate covering almost every facet of the subject - definition, diagnosis, prevalence, causes, interventions. In this respect the book is helpful and balanced. It acknowledges that AD/HD is ‘essentially an evolving concept’, that the diagnostic label itself is likely to change again and indeed that it is best to understand the label as something ‘determined by a committee and a political process’. Nevertheless, there is a commitment to recognising that the actual behaviours described are very real and that they often present serious challenges for parents and teachers in their efforts to support children and young people.

The strength of this book is that it seeks to represent a consensus view ‘on the disparate positions held about AD/HD in the literature and amongst professional practices’, and to promote the advantages of a multidisciplinary approach. While recognising the demonstrated value of medication (Ritalin) when used in appropriate circumstances, it adopts a model which reflects the complex interaction between biological and other factors and stresses that ‘pills are not a substitute for skills’. Suitable teaching and parenting strategies for the management of the social and behavioural problems of AD/HD are essential. This broad approach is reflected in the book’s 25 policy guidelines, although in terms of timing it is to be noted that the British Psychological Society has also recently completed a wide-scale consultation exercise on policy guidelines for AD/HD, and these are likely to serve as a standard for multidisciplinary work in this field.

Despite its commitment to an ecological and problem-solving framework for assessment and
intervention, I find this book heavily medical and psychometric in its model. AD/HD is a label applied to a widely agreed cluster of behavioural symptoms; yet it is firmly presented as ‘a medical diagnosis’ in which ‘ideally’ there should also be psychological evaluation. Certainly, this is still a very common viewpoint, no doubt maintained by a consideration of the place of biological causes and of medication as a treatment option. However, this approach must surely be overtaken for AD/HD (and to an extent already has been) just as for other special needs such as moderate/severe learning difficulties, autistic spectrum disorders and dyslexia, where either biological causation or medical intervention may be part of the picture. Identification of disorders defined by behavioural symptoms is undertaken by appropriate professionals with experience in this field, working collaboratively with other agencies where indicated, rather than being the particular province either of any medical specialism or of educational or clinical psychology.

The issue of moving away from a medical model is particularly important in the light of the prevalence figures for AD/HD which the book quotes - three percent to six percent of the population, ‘conservatively estimated’. Like dyslexia, AD/HD has been ‘mainstreamed’ from being a low-prevalence disorder as in earlier formulations to being part of a common continuum for which a more broadly-based approach is required. It is these prevalence figures which also render inappropriate the full-scale psychometric approach proposed for psychological assessment. Are we seriously saying that this percentage of the childhood population requires cognitive profiling to determine capacities in the ‘various domains of cognitive functioning’? The necessary psychometrics are said to include tests of ‘cognition, perception and language development as well as tests of achievement and social/emotional adjustment’.

Apart from its impracticality for a conservative six percent of the population, the limits of the psychometric approach have been well documented. The author acknowledges that ‘to date, no individually administered test or group of tests has demonstrated an acceptable degree of ecological validity in the diagnostic process’ and that there is ‘no particular intelligence test profile to discriminate AD/HD reliably from normal children’, even if one continues to subscribe to the idea of cognitive profiling (see Bray et al., 1998).

Nevertheless, these are areas of wider debate (see, for example, Lokke et al., 1997), and overall this book provides an interesting synopsis of material in a developing area of practice. The section on interventions at home is likely to be of particular value to parents and those who advise them, and demonstrates a positive approach to establishing routine, structure and clear expectations and building self-esteem. Together with its contact addresses, websites, references and bibliography this book will be useful to professionals and parents who are looking for information on AD/HD in a convenient and economical form.

References


Tommy MacKay