ABSTRACT

External Controls on people tend to rob them of their "personal choices." Notably, this paper presents some ideas concerning how various medications have done this, but then presents important insights regarding how Reality Therapy avoids this whole externally-controlled orientation by facilitating individuals in their efforts to find “positive alternatives.”

In North America, medication is commonly used for behavioral control of children. With the frequent diagnosis of disorders such as ADD and ADHD in children, the overuse of stimulant medication and its long-term effects are drawing criticism. Is society taking the easier path by medicating these children instead of dealing with the underlying reality of a child’s problem? The diagnosis of Attention Deficit Disorder (ADD)/Attention Deficit Hyperactivity Disorder (ADHD) in children and the common usage of stimulant medication for behavioral control has become a customary practice in North America.

ADD is a neurological disorder for which there is yet no cure. Emotional problems, vision, hearing, and intellectual impairment, family stress, and general medical issues are factors that may produce behaviors representing ADD. This condition or disorder occurs primarily in early childhood, almost always evident before seven years of age. ADD affects children, adolescents, and adults of any gender or cultural environment, and across a wide range of intelligence (CHADD, 1992).

In 1995, the International Narcotics Control Board (INCB) expressed concern that “10 to 12 percent of all boys between the ages of 6 and 14 in the United States have been diagnosed as having ADD and are being treated with Methylphenidate.” Previously, the US Drug Enforcement Administration (DEA) proclaimed an eight-fold increase in the production quotas for Methylphenidate (MPH) from 1.768 kg in 1990 to 14.442 kg in 1998 (Feussner, 1998). In addition, the brisk marketing of amphetamines, a stimulant medication, has further escalated usage (Breggin, 1998). The US DEA (1995, 1996) and INCB (1995, 1997) have both cautioned regarding the risk of abuse and dependence among youth who have recently been prescribed stimulant medication.

Medications such as Dextroamphetamine and Methylphenidate (MPH) are used to treat ADD/ADHD and other associated disorders. Cardiovascular problems have been associated with the psychostimulant, MPH, i.e., it has been shown to raise the blood pressure of children, adding stress to the cardiovascular system. This effect in adults can be a major health risk. Additional problems including arrhythmias, shock, and cardiac muscle pathology have been reported by Ellinwood and Tong (1996). Adults given MPH, in a study by Volkow et al. (1997), decreased in the metabolic rate in the basal ganglia and demonstrated other changes associated with the dopamine receptors.

Studies have concluded that children diagnosed with ADHD and treated with stimulants grow to do poorly as young adults. Early drug interventions have been used to offset these effects, with questionable results.

Helping professionals are often too quick to prescribe medications for children, and many are unaware of the risks involved with their long-term effects. Reality Therapy, in contrast, proposes a different approach to these issues, e.g., facilitating rather than retarding children’s choices to make adequate and responsible decisions. Reality Therapy helps individuals understand themselves better, communicate more effectively with others, and better motivate themselves to fulfill one or more of their five needs (i.e. love and belonging, power, fun, freedom, and survival).

Kindness, support, compassion, and protection are the kinds of treatment tools often employed in Reality Therapy, no matter what the diagnosis of the disorder. Reality Therapy simply requires intense personal involvement, rejects irresponsible behavior, and provides the opportunity for individuals to learn better ways to conduct themselves by facing reality. Since Reality Therapy doesn’t assume an external mode of treatment, it actually produces different results from treatment procedures that do. Reality Therapy is deemed to be an internal control approach that seeks to help individuals to make accurate assessments for themselves regarding responsible decision making behaviors. External control, which is often associated with medications used in the treatment of ADD/ADHD, takes the control out of the individual’s hands and restrains him/her by an outside force over which the individual has no control, bestowing the control of the individual on those who would impose an external source of constraint.

Children, adolescents and adults with disorders such as ADD/ADHD often behave irresponsibly, in order to fulfill their needs (i.e. love and belonging, power, fun, freedom, and survival), but their efforts usually fail (Glasser, 1990). Generally, these individuals are usually reaching out for help because they are missing an accurate depiction of their needs (i.e. love and belonging, power, fun, freedom, and survival), and often how to fulfill them. When prescribed medications are used to control
behavior without examining the real picture, the individuals' opportunities to act responsibly, of their own accord, is often lost. Reality Therapy requires understanding by individuals, which helps them to figure out which of their needs are not being met, and then, assists individuals in making choices that help them meet their goals.

In the home, tactics are usually used to address underlying needs through Reality Therapy, which involve dealing with the basic needs of love and belonging, power, fun freedom, and survival. Reality Therapy doesn't let the individuals act out in behaviors associated with ADD/ADHD. Reality Therapy requires others to relate to them, as well as gets them involved in appropriate, "sane" behavior that can be shared. In doing so, it helps prevent ADD from developing into behavioral disorders, such as ADHD.

A Reality Therapist/parent/teacher must have very responsible attributes such as being committed, tough, interested, humane, and sensitive. The individuals need to be able to communicate openly about their struggles so that they can see and adapt and act responsibly when going through tough times. Reality Therapists must control what they do, say, feel, think and/or value. The therapist must get involved with individuals and be able to withstand intense criticism from them while consistently providing positive techniques in dealing with their behaviors. In addition, the therapist must show that a person can act responsibly, although it may often take great effort to do so (Glasser, 1990).

Students suffering from the disorder of ADD will often lack self-esteem, complain of boredom, become distracted very easily, act and speak before thinking, have poor listening habits, fail to finish class work and tests, and many other symptoms that range from being unable to focus to engaging in destructive behavior. Strategies that a Reality Therapist may utilize in order to aid these individuals may include: extra time for support and supervision of the children on certain tasks, structure in the home (such as consistent rules and organization to help organize activities), providing attention while establishing eye contact, using auditory and visual cues, and encouraging them when they attempt to take responsible actions in their lives. What this requires is knowledge about ADD, teacher flexibility, commitment, and the willingness to work with ADD/ADHD students on a personal level. Strategies such as using communication between school and home, having good teamwork on behalf of the ADD/ADHD students, respecting students' privacy and confidentiality, and assisting with organizational and environmental modifications can help build students' supportive base by valuing them for their differences and by bringing out their strengths (CHADD, 1992).

The willingness to work with ADD/ADHD students involves many more of these critical factors that make a difference in their behaviors and learning processes. With the overwhelming time, responsibility, and commitment that it takes to deal with people who suffer from disorders such as ADD, it is understandable why parents, teachers, and helping professionals may opt to choose using medication as a short-term "easy out." After all, there are often many challenges associated with students with ADD/ADHD, e.g., Oppositional Defiant Disorders (ODD), plus when one is dealing with other things, (e.g., other children, a turbulent marriage), short-cuts are frequently welcome. However, are such medications really better for such students, especially in the long run? Will the use of such medications be able to facilitate more responsible behavior in these students, especially later on when drugs are not used and/or are unavailable? The answer is, "doubtfully." So it may be that the best choice (i.e., Reality Therapy) may require more effort, more patience, and more time, but if all are properly used, the ADD/ADHD students' actions should ultimately become more responsible, more positive, and more maturing as they do so, which is what we would hope to find.

There is a choice. Give stimulant medication and accept the health consequences, or deal with the real issues the disorder brings by understanding the basic needs and providing a natural way to deal with these challenging behaviors the individuals display. Truly, it may take great dedication and commitment to avoid medication when working with individuals with such disorders, and use Reality Therapy instead, but as we do so consistently, it should get a lot easier and more rewarding.

REFERENCES


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