Social Work as Change Agent
Challenging Medicalised Understandings of ADHD

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Introduction

Foster children designate a particularly vulnerable group of children, as their biographies are often shaped by violence of various kinds. Different risk factors may affect their development, including dysfunctional families, early parental separation and institutionalisation periods in possibly overcrowded institutions with frequent caretaker replacements (Abrines et al., 2012). While it is often difficult to ascertain exactly what might have happened during the life course of foster children, it is easier to acknowledge that their experiences are often a complex picture of institutional and social violence. Displacement and insecurity are amongst the main determinations, constituting lives that are 'uncertain at best' (Karnik, 2001: 762).

Literature clearly highlights that the prevalence of mental health diagnoses amongst children involved in the apparatus of child protection services and particularly foster care is significantly higher than in the general population of children (McMillen et al., 2005; Schmid et al., 2008). Bronsard et al. even hold that 'a prevalence rate of approximately 50% for at least one psychiatric disorder could be reasonably assumed' (2011: 1887). Amongst all these diagnoses, Attention Deficit Hyperactivity Disorder (ADHD) is one of the most common to be found in the population under investigation (Abrines et al., 2012).

In spite of the many controversial issues and uncertainties surrounding ADHD and its therapy, this 'mental disorder' is increasingly being used to control the behaviour of children, particularly in context of the educational system. Although non-pharmacological treatments have also been reported as being highly successful interventions, they remain rare exemptions. This paper tries to trace contemporary hegemonic discourses around ADHD by pointing to the ways that a risk based approach together with a medicalisation tendency serve

to manage ‘inadequate’ behaviour of children. It then goes on to introduce human rights as guiding principles for Social Work practice. Drawing on sociology of the body and emotions, this paper highlights how anger may be understood as the suffering in the present caused by past experiences. Finally, some intermediate findings of a case file based study that may guide Social Work practice are being highlighted.

Risk approach and medicalisation

The state increasingly monitors and controls the development of children through standardised health care and educational measures, which contributes to a worldwide standardisation and harmonisation of childhood (Zeiher, 2009: 112). This approach, which views children as being under permanent danger, may be perceived as what Pupavac calls the ‘risk-management model of childhood’ (2001: 101). It **emphasises the individuality of problems** and calls for interventionist measures. Furthermore, this approach seeks to be universally applicable through the creation of an individualistic method. While it is to be appreciated to take into account the individual needs of a child, interventions should also consider the wider social context, as reducing the focus of interventions to the individual child may **ignore the complexity of human ecological interrelations** (cf. Bronfenbrenner, 1979). While children in general are being increasingly monitored and their development controlled, this is particularly true for children that are under the auspices of child welfare systems. A particular important institution to realise these intentions designates the educational system, which therefore may be perceived as a site of social control.

The school as a site of social control

According to Foucault, the school can be understood as ‘moral technology’, as a way governments seek to shape the behaviour of human beings (cited in Wells, 2009: 111). This technology, among others, is ‘concerned with behaviour and with adopting and internalising ideas about how a moral person should think and feel’ and is particularly relevant regarding the socialisation of children (ibid.). In order to use education as a tool for social reform, school education has been promoted through the separation of labour and learning, and children have been increasingly expected to attend these institutionalised forms of formal education. This coerced attendance of school education through free, compulsory education has been criticised by scholars as a violation of the individual rights of the child. For example, Liebel argues that compulsory school attendance undermines the fundamental idea of democracy (2007: 117). Indeed, having in mind the important role school plays in the lives of

children, this institutionalised form of education reduces the subjectivity of the individual child to some extent, as there is often little room on the part of children to freely choose how to claim their right to education.

Discipline through medical intervention

As a site where the conduct of children becomes monitored and assessed on a daily basis, the school also contributes to an increasing tendency of medicalisation of certain behaviour. Bühler-Niederberger argues that the **emphasis on standardised development** causes an exaggerated sensibility to even the smallest of **deviations**, and that this leads to an increased amount of intervention carried out by professionals (2005: 176). For example, she problematises how vague definitions and findings regarding dyslexia have been used to generalise approaches to treatment and how this has been affecting growing populations of school-aged children (ibid., p.186). Among the mounting cases of dyslexia there are to be found many other patterns which tend to **pathologise pupils** and to produce a wide range of special needs services, including but not limited to school Social Work, school counselling, medicinal treatment of ADHD, speech therapy, and play therapy. This standardisation of procedures of diagnosis and therapy leads to **stigmatisation** of a growing number of children (Zeiher, 2009: 112).

While the prevalence of mental health diagnoses amongst children that are on the radar of special needs services is generally growing, foster children are particularly affected by this trend. Amongst all these diagnoses, ADHD designates one that has seen an alarming increase in the last years. It is this diagnosis the paper now turns its focus to.

The face of ADHD

According to the Diagnostic and Statistic Manual of Mental Disorders (DSM-IV) published by the American psychiatric profession, ADHD is a brain-based disorder, whereas inattention, hyperactivity and impulsiveness constitute the core triad of symptomatic behaviours. ADHD has also been linked to a broad diagnosis called minimal brain disorder that described children with symptoms including inattention and hyperactivity, mental retardation, delinquency and learning disability. While hyperactivity continued to be the main cause of concern, DSM-III introduced a new term called ADHD, and shifted diagnostic emphasis from hyperactivity to attention as the core problem. The widening of this category allowed to diagnose children with or without hyperactivity, which became reflected by a significant increase of 57% in children meeting the relevant criteria (Baumgaertel et al., 1995). Against the backdrop of the

advent of DSM-V, ADHD is believed to become even more inclusive (Frances, 2013). In an acknowledgement of the growing body of literature that challenges the validity of the diagnosis and the positivistic assumptions it is based upon, it appears to be worthwhile to be critical about the hegemonic biomedical explanation. Although one of the most widely researched disorders in psychiatric as well as psychological accounts, the cause(s) of ADHD remain elusive. Regarding evidence of a neurobiological base for the disorder, research is far from conclusive, or even inconsistent, leaving this hypothesis unconfirmed (Cooper, 2001).

In contrast to a simplified biomedical model, Thomas Szasz suggested that since there is no demonstrable biological pathology, mental illness such as ADHD is a metaphor for culturally disapproved thoughts, feelings, and, particularly, behaviours (1974). In a similar vein, Singh, drawing on the work of Conrad and Schneider (1992), argues that **ADHD 'modifies, regulates and eliminates deviant behaviour with a diagnostic label and a punishment in the form of drug treatment**' (Singh, 2002: 362).

While the hypothesis of a neurological base of ADHD remains unconfirmed, the fast growth of the application of this diagnosis is well documented by evidence. For example in Germany, the number of children diagnosed with ADHD raised from 5'000 in 1995 to 380'000 in 2008 and are expected to have reached 600'000 in 2012 (DGSP, 2013: 8). As Abraham holds, this tendency may contribute to an erosion of 'normality': 'over the last 40 years, diagnostic criteria for ADHD have consistently widened, making it virtually impossible to disentangle increased identification of ADHD sufferers from increased medicalisation, and leading to **concern that the threshold between 'normal behaviour' and ADHD has been set too low'** (Abraham, 2010: 608). While this pandemic growth has been observed in the general population of children, those living in foster care arrangements appear to be particularly affected. Zito et al. found in a study carried out in the U.S. that 37.9% of foster children were being prescribed psychotropic medication. Out of these children, 55.9% received ADHD drugs. The study concluded that 'concomitant psychotropic medication treatment is frequent for youth in foster care and lacks substantive evidence as to its effectiveness and safety' (Zito et al., 2008: 157).

Against this backdrop, it appears to be worthwhile to take on a broader view in order to tackle this issue in more depth. The paper now goes on to introduce human rights as a framework to act in line with ethical standards.

Human Rights as a Framework

Social Work as a human rights profession

In order to challenge contemporary conceptions dominated by medical practice, Social Work need to draw on its own professionalism, legal base and defining power. As stipulated by the International Federation of Social Workers (IFSW), the universal definition of Social Work asks Social Workers to draw on scientific knowledge and to act in accordance with fundamental principles of human rights and social justice:

> 'The Social Work profession promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being. Utilising theories of human behaviour and social systems, Social Work intervenes at the points where people interact with their environments. Principles of human rights and social justice are fundamental to Social Work' (IFSW, 2014).

Social Work as a profession is in no way subordinated to the hegemonic medical profession. As Staub-Bernasconi (2007) postulates, social work as a profession is constituted by a 'triple mandate' that asks for scientific methods as well as ethical standards. These chartered standards are the regulative ideas, after which problem definitions, explanations, assessments and processes of change on the part of Social Workers as well as the addressees must be assessed. As they relate to human dignity as a base of justification, they also prevent the devaluation of assistance to individuals in favour of structural or professional political work.

Enshrined in the Statement of Ethical Principles is the call for 'respect for the inherent worth and dignity of all people, and the rights that follow from this', which means that 'Social Workers should uphold and defend each person's physical, psychological, emotional and spiritual integrity and well-being' (IFSW, 2012).

Therefore, Social Workers should challenge contemporary tendencies of medicalisation and pharmaceuticalisation (cf. Abraham, 2010) that tend to ignore human rights principles. There is a need for a joint situation analysis, assistance and, where appropriate, multi-disciplinary treatment planning. This is particularly important when it comes to the prescription of psychotropic drugs, as they raise 'important **moral and ethical questions** about the potential **role of psychopharmacology in shaping the individual**' (Singh, 2002: 365). If these prescriptions are not based on sound diagnoses, they may collide with human rights requirements, since human enhancement by means of psychotropic drugs 'considerably curtails children's freedom and impairs their personality development' (Swiss National Advisory Commission on Biomedical Ethics, 2011: 1646). And even if they are based on an

ADHD diagnosis, it is fundamental that other approaches than psychotropic drugs are being explored and applied beforehand. As proposed by the German society for social psychiatry (DGSP), measurable and attestable interventions including familial, educational, social and psychotherapeutical supporting measures need to be planned and offered for at least one year before any drug therapy is taken into consideration. They even propose that if this principle being neglected, prescription of psychotropic drugs may be regarded as a 'bodily injury' (2013: 22, translation by author).

Of particular importance in this respect is also the United Nations Convention on the Rights of the Child (issued 1989, hereafter Convention). Since the adoption of this treaty, there has been an emergence of global activity to promote its stipulated principles. It designates the most important instrument of an international body of law that seeks to 'regulate childhood at a global scale' (Wells, 2009: 18). Comprising 41 articles, this legal instrument entitles the child to be a rights-holder on its own.

Subjectivity and dignity

The preamble of the Convention, although not legally binding, is instructive as it contextualises the rights of the child within the broader human rights framework and describes the child as understood by contemporary international law. Furthermore, the inherent dignity of the child as well as the equality and inalienability of his/her rights are emphasised therein. Following the preamble, which captures the contours and spirit of human rights, 41 articles entitle the child to be a rights-bearer. While all these rights are equal, there has been a consensus on the importance of four core principles: (i) non-discrimination, (ii) best interests of the child, (iii) right to life, survival and development, and (iv) respect for the views of the child (UNICEF, cited in Grugel & Piper, 2007: 112). These principles are often used as a means to interpret all other articles and to understand the spirit of the rights in question. In other words, those articles that describe inalienable rights can only be fully recognised and understood in the light of these core principles (Kerber-Ganse, 2009: 72).

A basal value of the spirit of children's rights is the inherent dignity of the child. While previous human rights law reserved mention of 'dignity' to the legally non-binding subject matter of preambles, the Convention explicitly emphasises this core idea in several articles. This concept entitles human beings to an 'essential, irreducible morality and dignity independent of the social groups to which they belong and the social roles they occupy' (Donnelly, 2003: 27). The Convention always relates to dignity in situations where the danger of its violation is regarded as to be particularly high. These include detention, rehabilitation

after abuse, and exploitation, as well as **procedures regarding discipline in schools**. As discussed above, schools may be perceived as a site of social control. It is against this backdrop that the significance of experienceable dignity in the educational system has been discussed by scholars (Rudin, 2011) and became problematised through the means of this body of law. Furthermore, this obligation has also been put forward in the 'Guidelines on the alternative Care of Children'. Therefore, 'all disciplinary measures and behaviour management [...] that are likely to compromise the physical or mental health of the child, must be strictly prohibited in conformity with international human rights law' (SOS Children's Villages International, 2009: 21).

Participation and citizenship

As one of the four core principles of the Convention, participation takes a prominent place in children's rights debates. Although it cannot be found explicitly in the Convention itself, there has been an increasing consensus on the importance of Article 12 in terms of participation. The understanding of the child and his/her right to participation has undergone significant development since the adoption of the Convention in 1989. To address this phenomenon, the committee on the rights of the child dedicated its most recent issue of general comments the significance of this particular principle. Therefore the term participation

> 'is now widely used to describe ongoing processes, which include information-sharing and dialogue between children and adults based on mutual respect' (Committee on the rights of the child, 2009: 5).

This applies also to very young children, including those not capable of expressing themselves through spoken or written language (Woodhead, 2009: xxi). Based on these human rights principles, the paper now goes on to explore how a sociological approach may be used to dig deeper into foster children's case files. These insights then provide a basis to act in accordance with ethical principles discussed beforehand.

Moving forward: a case study

The remaining part of this paper designates an intermediate, short epitome of an ongoing study that focuses on sensitising Social Workers about the usefulness of analysing existing case files. By acknowledging the individual child's history, the proposed approach seeks to put the wider social context, over the life course of a child, into context. It points to the necessity that 'Social Workers should be concerned with the whole person, within the family,

community, societal and natural environments, and should seek to recognise all aspects of a person's life' (IFSW, 2012). After briefly describing the sociological body of knowledge the study relies upon, the paper goes on to discuss some of the (intermediate) findings.

Sociological framework

Drawing on the sociology of emotions (Denzin, 1990; McCarthy 1989) and the body (Turner, 1997), Karnik (2001) offers an approach to examine case files recorded by various actors involved in child welfare. This framework offers a valuable way to overcome the dichotomy of cultural and biomedical understandings of ADHD by exploring the way that emotions mediate our everyday lives. Emotions are understood as a medium through which foster children try to make sense of the world around them. Furthermore, these emotions may serve as evidence of the inability of these children to behave in a way institutions around them expect. This is particularly true in a repressive educational setting, where pupils are expected to sit still, concentrate on tasks and achieve defined results. The framework allows for a critical approach towards a critical case file analysis by means of searching for expressions of anger and their relatedness to ADHD.

Challenging simplifying conclusions and recommendations, this approach asks to dig deeper into recorded case files. As an institutionalised form of diary, the case file passes among all decision makers involved in the case. As such, this approach 'provides an alternative means for interpreting the lives of foster children using the same limited, although illustrative, source of information that case workers rely on' (Karnik, 2001: 763). As described before, foster children often experienced violence in their past, whereas the complex interrelated dynamic of their biography is hidden by a simplified diagnosis of ADHD. Nevertheless, this dynamic 'serves to reinforce aspects of institutional authority that are responding to expressions of anger by foster children' (ibid.). As Karnik further suggests, long-term traumas may not be overcome by referring to a simplifying biomedical model. Rather, practitioners, particularly Social Workers, should take up a broader view and acknowledge the cultural dimension surrounding the phenomenon of ADHD.

Intermediate outcomes of case study

(a) Taking into account the history of every child

After examining the case files, it became apparent that one of the main issues to be problematised is that ADHD diagnoses are, with almost no exception, **based exclusively on**

the present. Deviant behaviour displayed in institutionalised places, most prominently the educational system, served as a base to legitimate the diagnosis. The history of the child remained disregarded, leaving room to immediate action, mostly drug therapy based on Methylphenidate (prominently known as Ritalin). This 'crisis outlook', to use the phraseology of Karnik, serves to focus exclusively on 'the immediate, the present, or the now' (Karnik, 2001: 769). While Ritalin therapy may alleviate pain and stress of the individual child and his/her environment, it does not serve to unmask the significance of past experiences to the present suffering. Against the backdrop of different forms of social violence, including frequent placements into different foster care settings, separation from biological parents, physical, sexual and emotional abuse and neglect, it appears to be hardly surprising to find children acting in a socially and culturally inappropriate manner. This raises the question whether the symptoms described by ADHD are 'an abnormal response to a normal environment, or a normal response to an abnormal one' (Rafalovich, 2013: 348). Since psychodynamic discourses stress the idea of the latter, practitioners from a variety of disciplines need to be sensitised on the possible value of taking into account the history of every individual child and carefully drawing out a social biography before taking up any action. The importance of multi-disciplinary approaches has also been emphasised by the implementation guidelines on the alternative care of children. Therefore, state parties should 'ensure that there are multi-disciplinary approaches to meeting the needs of children from health, education, child welfare, housing, social protection, justice and other services as required' (Cantwell et al., 2012: 69).

(b) Understanding 'deviant behaviour'

Another finding was that the terms 'hyperactivity' and 'inattention' serve as key words in order to legitimise a fast response through the vehicle of ADHD diagnosis and subsequent drug based therapy. Case workers tend(ed) to reiterate only selected aspects of the information that has already been recorded in the relevant case files. Although these terms remain important in contemporary clinical discourses around ADHD, there has been a recent shift towards the term 'self control' (Prout, 2005: 137). It might well be that this term will emerge as the new key wording in future case files. Furthermore, behaviour recognised as being hyperactivity might well be the expression of frustration or anger. As Karnik points out, '**the difference between anger and hyperactivity is most certainly a subjective distinction**' (2001: 771). From this perspective, 'inappropriate behaviour' may represent a projection of anger towards a world that has failed to be protective rather than towards a

targeted person or object in a specific situation. Therefore, Social Workers should try to look behind the possible meanings of 'deviant behaviour' in order to understand and help these children.

(c) Building solid relationships

What became obvious when examining the case files is the **absence of permanence in relationships** of many (if not most) foster children. Due to frequent changes in care arrangements, these children often suffer from a lack of good relationships to both adults and peers, which became acknowledged in a growing body of academic literature. For example, as a promising approach to the understanding of human problems, attachment theory holds that psychological problems derive from disturbances, deprivations, or disruptions in early care-giving relationships. As a result, distortions or limitations grow in internal representations of self, others and relationships. These internal representations are believed to guide feelings, thoughts, and expectations in later relationships (Hazelton & Stalker, 2007). As Atwool suggests, as a means to understand human relationships, 'attachment theory is pivotal to social work practice, offering a framework that assists with assessment and intervention in a range of family situations'(2005: 236). Furthermore, it is 'compatible with other key theoretical perspectives such as the ecological, strengths, narrative, advocacy and empowerment models, providing an essential focus for effective social work practice' (ibid.).

Present-day Social Work seems to increasingly take into account that attachment theory has something to contribute to the understanding of all clients. However, the populations most suited are those of all ages dealing with bereavement and loss, and children, for whatever reason, who have been separated from parents, or have experienced maltreatment (Hazelton & Stalker, 2007). Becket even concludes that anyone interested in child and family Social Work should be familiar with attachment theory and should be able to avoid some of the elementary mistakes that are sometimes made in its application (2006). It is in this context that Social Workers should try to establish a 'healing relationship' in order to help these often 'homeless' children.

(d) Taking into account the child's view:

Children that are under the auspices of child welfare institutions are generally a very vulnerable population, as described above. They are facing general patterns of **disempowerment and stigmatisation**, often amplified through the means of an uncritical, simplified drug therapy approach. Frequently, these children are on a drug therapy against

their will. Although rare, some of the files under investigation contain some scarce information about the child's view on the issue of (drug based) therapy. As stipulated in the Convention, **children are to be generally involved into decision making** concerning their health, particularly if psychotropic drugs that are prescribed on a long-term basis are involved. In a recent study, Leuzinger-Bohleber & Haubl (2007) asked children how they perceive their own behaviour and how they think people around them perceive their conduct. In particular, the study was intended to examine whether children possess their own patterns of interpretation or if they adopt those of their environment. The results are both impressive and seminal as they highlight how children actually try to make sense of drug therapy by externalising the 'problematic aspect' of their life that has become medicalised. Answers included that they take Ritalin only to please their parents, to reach enhanced school performance or to deal better with peers. Statements like 'my father loves me even if I don't take the medication' (ibid., 2007: 52, translation by author) highlight the social dimension of psychotropic drug based therapy.

Involving the child in all these processes therefore becomes crucial. Social Work and other professions are asked to align their action with the demands of international human rights principles and to always take into account the best interest of the child. Particularly Social Workers should see themselves as child advocates and side with the child in order to prevent that the child becomes marginalised. Doing so will lead to respecting the right of the child to self determination by acknowledging and promoting the right of the child to make his/her own choices and decisions. Furthermore, it will serve as a means to 'promote the full involvement and participation' of children and to 'enable them to be empowered in all aspects of decisions and actions affecting their lives' (IFSW, 2012).

Conclusion

This paper sheds light to the high prevalence of ADHD diagnoses amongst foster children. Drawing on a human rights framework, it asks Social Workers to act in line with ethical standards. Acknowledging stigmatisation and disempowerment that frequently arises in the context of medical intervention, it argues that practitioners should try to unmask the complex picture of institutional and social violence that often surrounds these children. Against this backdrop, present suffering may be perceived as an expression of feelings and thoughts stemming from past experiences.

Drawing on sociology of emotions a well as the body, case file analysis, although based on the same limited information, may contribute to new insights and understandings. As

intermediate research findings, the following principles may be used in order to guide Social Work practice in the field of foster care and mental health:

Taking into account the history of every child: Social Workers need to take into account the history of every individual child and carefully drawing out a social biography before taking up any action.

Understanding 'deviant behaviour': Social Workers should try to look behind the possible meanings of 'deviant behaviour' in order to understand and help these children and to avoid simplified medical approaches that ignore the wider social and cultural environment.

Building solid relationships: Social Workers, while acknowledging findings from attachment theory, should try to establish a 'healing relationship' in order to help these often 'homeless' foster children.

Taking into account the child's view: Social Workers should see themselves as child advocates and side with the child in order to prevent that the child becomes marginalised. Doing so will lead to respecting the right of the child to self determination by acknowledging and promoting the right of the child to make his/her own choices and decisions.

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