

# Just What the Doctor Ordered

*A highly-structured school turns out to be the salvation of a troubled boy.*

By Lawrence H. Diller

When Sam Maynard\* came to see me, he was ten years old and in pretty bad shape. Sam had been having problems since first grade. He tended not to finish his work at school, instead switching his attention to things he liked doing, such as building with Legos or working on art projects. Mildly impulsive, he was less of a problem at home, though often he would not do as his parents asked unless his father became quite stern or even physical. He generally ignored his mother, though not in a mean or spiteful way.

About four years before we met, Sam had developed a throat-clearing habit that would wax and wane but never go away completely. He sometimes demonstrated repetitive hand-wringing, which increased under stress. Both habits greatly annoyed his parents. Sam struck me as rather a sad child. In our early meetings, when we would mostly talk and play, his eyes would dart around, never meeting mine directly.

Where Sam's problems most interfered with his life was in making and keeping friends. Though his language skills were okay, he was socially awkward and often misread social cues. He had begun to spend more and more time alone in his room, and his parents, seeing his self-image deteriorate, had become deeply worried.

I was not the first doctor they had consulted; rather, I had inherited Sam from several other physicians. By the time I met him, he had already been diagnosed with attention deficit disorder (ADD) and another psychiatric disorder, and was taking three medications simultaneously.

Sam was a classic example of a child whose symptoms seem to span several different disorders of childhood. The second diagnosis he'd received after ADD was obsessive-compulsive disorder (OCD). He was already on Rita-

lin, and at that point began taking large doses of Anafranil, a drug originally developed to treat depression but now used most often for OCD.

Still another doctor felt Sam might be suffering from Tourette's syndrome, a condition of uncontrollable muscle and vocal twitches. As a result, he had added to his regime a drug called Clonidine, originally developed to lower blood pressure and now used for children's psychiatric problems.

Observing the way Sam acted with his parents, I thought he could meet criteria for yet another diagnosis: oppositional defiance disorder. Sam's parents had some problems providing consistent and immediate rewards and discipline in response to his behaviour, which we worked on in counseling to some extent. But Tom and Susan seemed more committed to finding a chemical solution to Sam's problems.

And we're still not done with Sam's diagnostic smorgasbord. His social problems seemed more severe than the usual childhood struggles to keep friends. This might be attributed to Asperger's syndrome, a communications disorder that is much milder than autism. It is another behavioural condition whose causes are thought to be inherent, neurological in origin, and not necessarily learned behaviour.

Concern about Sam's sleepiness led me to recommend discontinuing his Anafranil. In response to considerable pressure from Susan, who read up on the latest medical wonders and would roam the Internet looking for helpful herbs and vitamins, we replaced it with Prozac.

Sam continued to slide downhill, and at age 13 he hit bottom. For the first few months of seventh grade, he tried hard, but he was soon failing in several subjects and admitted to me that he'd given up. The work was harder in middle school but, more than that, he

was overwhelmed by the increased need for self-responsibility and the intense seventh-grade social scene. I started seeing him every week and he made it through the school year — barely.

It was clear that school was destroying Sam, but by law he had to be educated. And he actually could learn pretty well at times; he was an avid reader and explored the Internet on his own. His parents' situation wasn't suited for home-schooling, but another possibility emerged.

Sam's older brother had successfully attended a small Christian school known for its strict rules and high academic standards. Tom and Susan worried that the school's behaviour and academic requirements might be impossibly hard for Sam to meet. Sam, however, declared that he wanted to go. Sam wasn't their usual kind of student, but the director of the school was sympathetic and willing to give him a try, with some special accommodations to his needs.

A month after Sam started at the new school, he and his parents came for an appointment, and the change in him startled me. He sat straighter and spoke enthusiastically about how well he was doing. The routine of daily homework, with next-day checks and immediate consequences, helped him get his work done, he said. And he got along better with the kids. I think he really wanted to succeed and was thriving off the pride of attending this rigorous school.

His parents and I held our collective breath for a few months, hoping the change wasn't just a honeymoon. But Sam continued to do well.

*(Dr. Diller is a pediatrician in Walnut Creek, California. From **Running on Ritalin**. Used by permission of Bantam Books, a division of Random House, Inc.)*

\* The name has been changed.