

The Right Prescription

Neither neurological testing, behaviour therapy, nor drugs are indicated
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The number of children referred from the schools for medical evaluation and treatment of Attention Deficit Disorder (ADD) and Learning Disability (LD) has been increasing substantially each year. In assessing these children, I have become aware that, for a large proportion of these children, the cause of their problem is the failure of the school's instructional program to teach reading rationally and effectively.

This astonishing conclusion is all the more tragic because authorities and teachers in the schools do not acknowledge this fact and refuse to make the appropriate changes for the individual child. Instead, there is vehement denial that the instructional program could be at fault. Corrective measures are not taken, and the child is made to suffer continuing blame and humiliation.

Parents are told that their children have disabilities which in fact they do not have. Families are subjected to misperceptions of their children's abilities and behaviour: they are told that they do not provide enough attention to the children, that family stresses are causing the child trouble, that the child lacks self-esteem, that psychological or social services are necessary. They are told that medications are required to correct the child's ability to "focus" or "stay on task". In many instances, this is simply false. The child merely needs to be taught to read.

An eight-year-old boy near the end of the second grade was brought in to my office by his mother at the prompting of school staff who were convinced that he had ADD. He had been generally healthy and had always been considered to be a bright, intelligent

boy. His behaviour at home was typical for a child his age.

We suspected that he could not read. The mother was shocked. He was tested outside the school, and it was determined that he was reading only at an early first-grade level. He had virtually no phonetic skills. In fact, he had been explicitly told by his teacher not to sound out words. When the teacher was asked if a systematic phonetic method could be used, the answer was an emphatic "no". After discussion of alternatives with the parents, a direct and systematic phonetic approach was provided by private tutoring twice weekly.

Within three months, the boy was reading at a late four-grade level and all of his behaviour problems were resolved. School personnel were happy at his progress but, when the mother disclosed that he had had phonetic tutoring, the teacher remarked that this fact had nothing to do with his change!

Another child was brought at nine years old, at the end of fourth grade. He had attention problems in school but his behaviour was not terrible. He was particularly disruptive, however, and hyperactive at home. When asked, "If you are in reading class and the teacher calls upon you, how does it make you feel?" he started to cry. He left the examination bench, went over to his mother and cried on her shoulder. He looked at her and said, "Mommy, I can't read."

After two months on a phonetic program, he showed marked improvement. In fifth grade, he enjoys school much more and is reading above grade level. His after-school anger and hyperactivity are totally resolved.

Even when I have indicated that a child has been identified as having a serious deficiency in phonetic skills, the school refuses to address this problem with a systematic phonetic teaching program. This attitude is virtually implacable. Teachers and committees who insist that a doctor put a child on drugs, or have the child undergo expensive medical evaluations, refuse to react to the finding that the child cannot read with a systematic program of instruction!

Many families have to address these problems on their own, thorough home programs or private tutoring. One of the most disheartening things I have seen is the response by the school when the child improves. After one child had improved his reading skills to grade level and was no longer exhibiting disruptive behaviours in class, the mother disclosed in a teachers' conference that he had had private phonetic instruction for several months. She was told that he simply and coincidentally had "matured into reading."

When I began to identify these cases two years ago, I was reluctant to talk about them. I was skeptical that phonetic reading failure could explain apparent attention deficit disorder. But I continued to encounter more cases, and reading about reading has made them understandable.

The response of the children to proper reading instruction is rewarding and convincing. It is up to the school boards to assure that children get an opportunity to solve these problems in the school with expediency and to correct the instructional program so that the schools stop producing children with reading and behavioural disorders.

(excerpted with permission from "Valley News", March 28, 1996)