

## A Red Flag About Medicating Young Children

World-renowned Harvard child psychiatrist and director of the research team at Mass General Hospital, Dr. Joseph Biederman, has been found out by Senator Chuck Grassley of Iowa to have failed to report millions of dollars he has received over the years from the drug companies that make the drugs he prescribes for ADHD and bipolar disorder. Biederman and his research team are responsible for putting the diagnosis of bipolar disorder, previously thought to start in young adulthood, on children as young as three.

The reported diagnosis of bipolar disorder has grown 40-fold between 1994 and 2003. And that was five years ago. Dr. Biederman is the number one influence on doctors nationwide who diagnose and medicate children with bipolar and attention-deficit disorder. Those for bipolar are anti-psychotic drugs previously prescribed for adults now being given to children as young as three—one of whom, died at age four from an overdose her mother gave her desperately trying to control her behavior. According to Medco, a pharmacy benefits manager, 500,000 children and teenagers were given at least one prescription for an antipsychotic in 2007, including 20,500 younger than 6 years old. Dr. Biederman claims, "The average age of onset is about four....It's solidly in the preschool years."

Another three year old was reported by his mother to have violent and explosive outbursts. After a year of treatment, his mother says a psychiatrist told her he thought her son was bipolar. As the boys mother reported, "He would tell us, you know, 'You don't love me.' 'You don't like me.' 'I don't like myself.' 'I hate myself.' 'I'm stupid.' 'Nobody likes me.' 'I wanna die.' Four-year-olds don't talk like that." After the boy was put on a fourth medication, the family decided it was enough and took their son to Seattle Children's Hospital, where they were told he was not bipolar. He now takes medication for hyperactivity and a sleep disorder. And he's learning to deal with his explosive moods through a behavioral program. The family claims there is no comparison to the child they are parenting today compared to the one diagnosed as bipolar.

Dr. John McClellan, familiar with this boys case, says the children's psychiatric hospital he runs in Washington state is filled with kids who have been misdiagnosed as bipolar. He says it has become a catchall for aggressive and troubled children.

Please, let this report be a red flag to all who have children too quickly diagnosed with ADHD, Bipolar Disorder, Oppositional Defiant Disorder and others. A young child claiming that no one loves him, that he's stupid, hates himself, or wishes he could die is *often* a child who is crying out for acceptance and attention from the influential adults in his life who have yet to understand him and his problems. With that understanding, adjusted expectations, removal of

damaging behavior modification techniques such as punishment, many children, even those with chemical imbalances and disorders can have appropriate behavior without medication. So many children in today's world react strongly to being told what to do and how to do it, to feeling disrespected with regular criticism and punishment, to not fitting in to a schoolroom full of other children who seem to be able to "get it" more easily, to being easily overstimulated or misunderstood for the reasons beneath their behavior. Children who feel misunderstood are capable of highly inappropriate behavior that is trying to signal their need. They don't know how to say, *Hey, this isn't working. My needs are not getting met.* So they act it out—louder and more dramatically the longer the misunderstanding. One of the children diagnosed with bipolar disorder had a father who had been accused of abuse. This factor was not part of the equation of the diagnosis.

We must look to the reasons—the root causes—of why our children don't, won't or can't do what we ask. Diagnoses often feel validating and relieving when our attempts at control don't work to get our children to comply. We can shift the blame onto to the "problem" and we don't have to change how we parent.

Let me be absolutely clear that I do not consider the parent to blame. It is the culture in which we live that does not support parents to support their children. We are still in a children-must-do-as-we-say mentality and if they don't—well now we can medicate them and we don't have to deal with it. Let me also say there are many cases in which medication is helpful and necessary.

But PLEASE lets start to put more effort into understanding children, their temperaments, the reasons for their behavior, their need for acceptance and compassion, their desire to get it right and their frustrations when they can't. Let's not medicate those frustrations before thorough evaluations can be conducted by several professionals looking at the behavior from different perspectives. And PLEASE let's take some responsibility for what we, their parents and teachers, are presenting to our children that become triggers for disruptive behavior.