



**Resilience
Counseling
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*Providing counseling, training and
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When What We Know, “Just Ain’t So”!

There is an old saying that “*What you don’t know can’t hurt you*”. But, Mark Twain offered a much more accurate perspective when he said, “*The problem is never that we know too little, but rather that we know so much that just ain’t so!*” The latter statement is particularly applicable to the mental health and education fields, Over the past few decades, it is amazing how many myths have come to be widely accepted and now guide common practice.

Myths are particularly problematic because, unlike untruths, they often possess a modicum of fact. As a result, we accept the myth and stop questioning and exploring for better ideas and practices. Eventually, myths tend to descend into the domain of dogma. Dogma is characterized by the refusal to accept new information or evidence questioning one’s beliefs and instead ignoring or twisting the new information to make it fit one’s existing convictions.

Myths can only persist if there is an uninformed consumer base. In this month’s RCTC newsletter we’ll examine a few of these myths,(i.e., things that “just ain’t so”) regarding children’s behavior and school success. In the next newsletter, we’ll explore several more widely popular myths regarding mental health issues; things that, “just ain’t so...”!

3 Popular MYTHS Re: Children & Education

1. Retaining Children in Grade will help the struggling learner catch up . Research overwhelmingly indicates that nothing could be further from the truth. Indeed, the practice of retaining the struggling learner and repeating the grade has been found to more often lead to poorer academic progress or no differences when compared to peers with similar learning difficulties who were promoted to the next grade (aka: social promotion).. Indeed, the research is so persuasive that several professional education associations have published policy statements calling for the elimination of the practice such as the National Association of School Psychologists and, the Association for Curriculum & Development. Further, the cost of this failed approach is substantial. School system costs per retained child is estimated at about \$9000 (i.e. cost of an extra year of schooling, with no benefits). Further, the drop-out rate for retained students increases dramatically with an estimated 50% of retained children never completing high school and, if retained twice the drop-out rate rises to 90%.

There is a great deal of discrepancy in the rate at which children learn. How we might more effectively assist, encourage, motivate, and empower struggling students is a complex problem. The solution can only be found by first re-thinking of our assumptions, methods, policies, and practices. Many factors have been identified which adversely impact children's academic skill acquisition, including, among others, developmental differences, stress factors, organizational structures, curricular expectations, classroom climate, and school culture variables. The "retain vs social promotion" debate is overly simplistic. The fact is that neither is beneficial. It is clearly time to re-think our understanding of the complexities of children's learning and to seek new, more comprehensive and evidence-based strategies for assisting the student who struggles academically.

2. Learning Disabilities are neurologically based deficits. This myth arose in the mid-1960's to replace the "slow learner" explanation for why children of normal intellectual ability sometimes struggle in school. The theory is that some, as yet undetermined neurological "disability" adversely effects a child's ability to learn.. However, as noted by Dr. Waber in her book, *Re-Thinking Learning Disabilities*, despite over 50 years of extensive research, no neurological marker has ever been identified that leads to learning difficulties, no consensus exists as to what a learning disability is, no valid test exists for diagnosis, and no effective methods have been identified for resolving such difficulties.

Clearly, some children struggle with specific academic skills. But, the LD explanation has failed to live up to its original expectations. The current state of the art in the education field is much akin to the book, *Who Moved My Cheese?*". Rather than continue futile efforts to find the answer within the same old neurological-based paradigm, perhaps it is time to move on and rethink our fundamental assumptions. One suggested alternative is to move away from explaining learning difficulties through a biological lens (i.e., what disability lies within the child) and consider assessing via a more broad, developmental, and ecological perspective of the child in interaction with his/her social environments and developmental process.

3. Misbehaving children have ADHD: Probably no childhood (and now adulthood) diagnosis has found its way into the general public's discourse more so than that of ADHD. Indeed, since the 1990's the rise in the diagnostic rates of Attention Deficit Disorder has been at a rate that normally would be termed an epidemic. Today, it stands as the second most frequent childhood diagnosis behind only asthma. Estimates are that the rate of children diagnosed as ADHD has increased 300-400% or higher over the past 25 years. Though in some countries the rate is as low as 0.5% suggesting cultural rather than biological factors may be involved.

The validity of the ADHD diagnosis, and efficacy of the treatment, remains quite controversial. No scientific data currently exists supporting a neurological (i.e. Brain) basis for ADHD behaviors. Furthermore, despite, requests to have a child 'tested' for ADHD, the fact of the matter is that there is no such "diagnostic test". An ADHD diagnosis is completely subjective! It is based solely upon adult (parent and teacher) reports on child behavior. Indeed, as noted by Dr. Breggin in his book, *Talking Back to Ritalin*, the 1998 National Institute of Health Consensus Development Conference panel, upon investigating the 'state-of-the-art' in ADHD research, concluded that: a) there are many questions as to the actual existence and validity of the ADHD diagnosis, b) no data indicating a neurological basis currently exists and, c) the research on treatment risks/benefits of medications raised many serious questions. Furthermore, In his 2010 book, *The Making of an Epidemic*, Robert Whitaker notes that long term studies have failed to find any beneficial effects for medication (stimulants) treatments and long term use appears to be associated with deterioration, not improvement!

Perhaps of even greater concern is that, to date, there is still no research as to the long term effects of stimulant medications (i.e. amphetamines) on a child's developing brain. However, as noted by both Dr. Breggin and Dr. Allen Frances (former chair of DSM-IV Task Force and the Dept of Psychiatry at Duke University) researchers have long noted the adverse effects of psychoactive medications on children. Such medications are designed to alter the normal functioning of the brain, not to correct abnormal brain function.

As the saying goes, if you want to understand a problem don't ask who "suffers" from the problem but rather, seek to discover who "profits" from the problem. The sale of stimulant medications (i.e. amphetamines) for children has grown from \$1.7 billion in 2000 to over \$10 billion today. The overwhelming percentage of ADD medications are sold in North America but marketing efforts are now aimed at international markets to increase sales and profits. Indeed, the pharmaceutical companies are now advocating for new diagnoses such as Adult ADHD and Sluggish Cognitive Tempo, SCT, (aka: daydreaming & lethargy) to expand the market for stimulant (amphetamine) profits.

In their book, "The ADHD Explosion", Drs. Hinshaw and Scheffler argue that the rise in ADHD diagnosis appears to also be, at least in part, explained by misguided educational policies and the push for job and school performance. Moreover, they note, the average time taken by health practitioners in their offices to assess, diagnosis ADHD and prescribe stimulant medications for children is 10-15 minutes, far too short for a thorough evaluation. The new American Academy of Pediatrics guidelines call for behavioral counseling/therapy to be the first

line of treatment for children displaying ADD like symptoms. Yet, stimulant medications continue to be, by far, the most common initial treatment strategy.

Clearly, it is time to stop and re-think our rush to diagnose children with supposed biologically based “disorders” and prescribe medications that change brain functioning. Often the behavioral symptoms are the result of normal developmental variation, other social environment factors (e.g. stress), or even other medical conditions. Medication needs to be, at best, a last resort. Other, less intrusive options are available and showing very encouraging results.

Interested in learning more? Contact RCTC for information on child/family counseling, parent coaching, and school consulting/training services to learn about better strategies for working effectively with children and adolescents.



Monica A. Nicoll, Ph.D., LCMHC

Individual, Couples/Marriage, Child/Adolescent & Family Counseling services.

Learn to achieve a more fulfilling personal, marital, and family life

24 Reporter Court - Eastern Slope Plaza

North Conway Village

(603) 730-5467

[insurances accepted]

Thought for the Day:

“Service to others is the rent we pay for our room here on earth”

Muhammed Ali

Parent Coaching Workshops:

“Raising Resilient Children”.

A series of four educational sessions involving small groups of parents meeting weekly for 4 X 60 minute learning sessions.

(Cost: \$99 per/family; includes workshop manual)

Instructor: William G. Nicoll, Ph.D.

Contact our RCTC office to register one of our upcoming sessions!

Tel: (603) 730-5467 or Email: resiliencectc@aol.com

Seminar Series for Teachers

[Beginning Fall 2016]

Resilience-Based Classroom Behavior Management:

A 4-week seminar series for teachers

Statistics indicate that 30% of new teachers will quit teaching after their first year in the classroom and 50% will have quit within the first five years. The single most common reason cited for those leaving the teaching profession is frustration in handling classroom behavior and motivating children to learn.

Avoid Burn-Out! Enroll in one of our upcoming 4X 60 minute seminar sessions on a positive, research evidence based practices for “winning children over” to learning. (Cost: \$99 p/p)

Instructor: **William G. Nicoll, Ph.D.**

Call RCTC for further Information @ (603) 730-5467 or, email: resiliencectc@aol.com

International Association for Counseling 50th Annual Conference

Bill & Monica Nicoll have been invited to present a pre-conference workshop at the International Association for Counseling's 50th Annual Conference to be held in Qawra, Malta July 7-11, 2016.

Title: *“Counseling for Client Resilience & Wellbeing: An Adlerian Psychology Based Approach”.*

Social Emotional Learning International Conference – ENSEC 2017

Interested in learning more about how schools can promote social-emotional learning (SEL)? The European Network for Social Emotional Competence (ENSEC) will hold its 2017 Conference in Gothenburg, Sweden, July 7-9, 2017. ENSEC has grown from a European based organization to a worldwide effort to bring together educators and researchers interested in the development of social emotional competencies in youth. For information: www.enseceurope.org

SPECIAL NOTE: RCTC serves as the USA Coordinators for ENSEC.

RCTC Speakers Bureau

RCTC provide speaking services to groups and organizations on topics related to children, families, marriage, schools & organizational wellbeing. In addition, RCTC can provide professional development training programs tailored to meet the specific needs of schools, teachers, mental health professionals and business/organizations.

Call for Information @ (603) 730-5467 or email: resiliencectc@aol.com



Free Articles for School Counselors & Family Counselor



Dr. Bill Nicoll has recently published an invited two-part series of articles for the International Journal for School-Based Family Counseling:

- 1. A Resilience-Focused Conceptual Framework for Working with School-Related Problems*
- 2. Resilience-focused family counseling and consultation: Applications with school related problems.*

Both articles are now available to be downloaded free from our RCTC website:

www.resiliencounselingcenter.com/publications.html