

CHRONIC BEHAVIOR DISORDERS

Attention Deficit Disorder (ADD/ADHD)

Children are designed to be active. It is when that activity supercedes the majority of their peers and when children may have difficulty focusing that the behavior becomes a disorder called ADHD. ADD is probably the most frequently diagnosed chronic behavior disorder of students. While the number of American students diagnosed with ADD has increased more than seven times since 1990, nearly 80 percent of those students taking medication for the disorder are male ("Pay Closer Attention," 2004). The brain of the ADD child experiences difficulty distinguishing environmental (external) from mental (internal) states, moving from other directed to self-directed, distinguishing the here and now from the future, and delaying immediate gratification (Jensen, 2000b). In other words, students with ADD tend to be impulsive and have a difficult time taking care of their day-to-day responsibilities that require appropriate timing. More than 33 percent of students with ADD appear to have as many as four or more behavioral or cognitive issues. These include stress disorder, depression, oppositional disorder, learning disorder, and conduct disorder.

ADHD must be diagnosed by a licensed professional, but likely causes may include genetic transmission (70 to 95 percent of all cases of ADHD are genetically transmitted); brain differences such as reduced size and activity in the frontal lobe and basal ganglia due to decreased amounts of the neurotransmitter dopamine; exposure to environmental toxins; insufficient parental nurturing coupled with fast-paced and violent images on television shows; or poor nutrition, including excess sugar and processed foods with additives and preservatives.

Symptoms of ADD include, but are not limited to, the following:

- poor concentration and short-term memory
- messy or poorly organized desk or area
- becoming frequently distracted
- constantly moving or fidgeting
- inability to plan sufficiently for future happenings, being unprepared
- poor time management
- impatient and unable to delay gratification
- acting before thinking
- inability to learn from past mistakes and apply to future decisions
- shouting out answers in class or inability to complete schoolwork

Conduct Disorder

Often called the predecessor to psychopathic behavior, conduct disorder is probably a teacher's greatest challenge. It is an antisocial, pathological, and extremely disruptive pattern of behavior. Unlike oppositional defiant disorder (ODD), conduct disorder is highly tied to violent behavior. It is also more prevalent with male than female students and has both environmental and genetic components. Males with lower levels of the stress hormone cortisol can show symptoms of conduct disorder because they seem to be unafraid of consequences (Jensen, 2011). Some people hypothesize that increases in violence and stressors, poor nutrition, overcrowded schools, a more sedentary lifestyle, and increased *in-your-face talk* can lead to more incidences of conduct disorder (Jensen, 2011).

Symptoms of conduct disorder include, but are not limited to, the following:

- lack of acceptable social skills
- no guilt or regard for how others feel
- impulsivity without regard for consequences
- willfully bullying or hurting others
- being consistently disrespectful and cruel to teachers and classmates
- using profanity and other forms of verbal abuse
- committing random acts of violence and destruction against animals and people
- refusing to follow stated directions
- blaming others for one's own shortcomings
- perceiving classmates as hostile or threatening

Learned Helplessness

Learned helplessness, a very serious and chronic condition, occurs when students believe that a certain outcome is inevitable whether or not they respond to the situation. They are often seen as withdrawn and passive because they perceive a lack of ability to control what happens to them. In other words, students with learned helplessness believe that, regardless of what they do, they will not be successful, so why even try. Due to the lack of content relevancy and hands-on learning in the upper grades, learned helplessness is more prevalent in junior and senior high school students than elementary ones. It can also be found in students of low socioeconomic status, males, and epileptics and can often accompany signs of depression.

While serious, learned helplessness is considered a condition, not a disorder, and therefore the learned behaviors can be unlearned. Likely causes include neglect, particularly during the first few years; a perceived lack of control during a traumatic life event; teachers or parents who do too much for students and keep them from experiencing their own failures; or teachers or parents who label students as lazy or stupid, causing the students to attribute their failures to character flaws.

Symptoms of learned helplessness include, but are not limited to, the following:

- decreased amounts of dopamine, serotonin, and epinephrine in the prefrontal cortex of the brain
- believing that one has no control over one's environment
- making statements like *Who cares? So what? Why even try?*
- listlessness and inactivity
- remaining passive even when events are shocking
- lack of hostility, even when needed
- increased sarcasm
- lack of motivation
- cognitive problems
- loss of appetite and weight

Oppositional Defiant Disorder

ODD, caused by a combination of both genetic and environmental factors, is a chronic disorder of one's personality. Students who exhibit this disorder tend to be aggressive, aggravating, and confrontational and possess a seemingly utter disregard for how other people feel. Unlike students with conduct disorder, these students are not typically violent, although they can be very deceitful, hostile, and aggressive. The ODD child's opposition to all authority figures is constant and pervasive. The number of students with the symptoms of oppositional disorder appears to have increased over the last generation and usually shows up by age 8.

When paired with ADD, oppositional disorder represents the most common psychiatric concern in children.

According to Eric Jensen (2000), as society devalues respect and politeness, the number of students with oppositional disorder is likely to increase. Other likely causes are an inherent personality that is more demanding and rigid; exposure to sexual or physical abuse, neglect, divorce, or head trauma; parents who are addicted to alcohol; or a serotonin system in the brain that is dysfunctional.

Symptoms of ODD include, but are not limited to, the following:

- arguing with adults and peers
- refusing to follow adult direction, requests, or rules
- becoming angry and resentful
- intentionally annoying others
- becoming easily annoyed by others
- cursing or using inappropriate language
- possessing low self-esteem
- losing one's temper very easily
- blaming other people for the mistakes one makes
- becoming vindictive without cause

Acute Stress Disorder

Chronic stress is one of the three major sources of the lack of motivation in middle and high school students. The other two are use of marijuana and learned helplessness, which was discussed earlier in this chapter. Stress is the body's way of responding physiologically to a perceived lack of control over an aversive situation. About 18 to 20 percent of children in America have acute or chronic stress disorders. These students will experience some of the characteristics of posttraumatic stress disorder and may even experience a marked decrease in the number of cells in the brain stem. When a student's brain is in a high state of stress, it secretes large amounts of cortisol and may respond in one of two ways: either by becoming numb or desensitized to the stress around it or by becoming hypervigilant or always on alert for the next threatening occurrence. Likely causes include a traumatic life event, especially in the early years of a child's life; prenatal distress; unsafe schools; a high resting heart rate above 94 beats per minute; a dysfunction in the frontal area of the brain that regulates scheduling and prioritizing; or the disruptions and chaos often associated with low-income families (Jensen, 2011).

Symptoms of acute stress disorder include, but are not limited to, the following:

- increased irritability and aggressiveness
- numbing of responsiveness or decreased energy
- recurring recollections of the traumatic event
- hypervigilance or increased startle response
- difficulty sleeping
- loss of interest in things once enjoyed
- reduced affection
- lack of ability to concentrate on the task at hand
- increased rote or automatic behavior
- increased use of drugs such as marijuana and cocaine