

AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY

**Statement from the American Academy
of Child and Adolescent Psychiatry
for the
Senate
Health, Education, Labor and Pensions Committee
Hearing on
IDEA Enforcement
April 25, 2002**

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Introduction

The American Academy of Child and Adolescent Psychiatry (AACAP) is a medical membership association established by child and adolescent psychiatrists in 1953. Now over 6,700 members strong, the AACAP is the leading national medical association dedicated to treating and improving the quality of life for the estimated 7 – 12 million American youth under 18 years of age who are affected by emotional, behavioral, developmental and mental disorders. AACAP supports research, continuing medical education and access to quality care. Child and adolescent psychiatrists are the only medical specialists fully trained in the treatment of mental illness in children and adolescents.

The AACAP would like to thank Sen. Edward M. Kennedy (D-MA) chairman of the Health, Education, Labor and Pensions Committee, for holding this hearing and for his continued commitment to education for children with disabilities.

The Issue

The AACAP strongly supports the Individuals with Disabilities Education Act's (IDEA) provisions for dealing with infractions of school discipline codes. Recent attempts to amend IDEA's discipline provisions to allow expulsion without alternate education services represent a temporary fix for behaviors that could create long-term problems for the children and their families, and communities. The January, 2001, General Accounting Office (GAO) report, *Student Discipline: Individuals With Disabilities Education Act*, concluded that IDEA's discipline provisions are working effectively and provide local education agencies with adequate flexibility to address these issues. The AACAP opposes any attempts to amend IDEA, or other legislative vehicles, to allow school districts to cease educational services to students with disabilities.

The AACAP is particularly concerned about children and adolescents with serious emotional disturbances who are receiving special education services. These students may display a variety of emotions that range from depression to disruptive behavior, and many children and adolescents with these disorders too often go undiagnosed and untreated. Those with depression are overlooked and the others are viewed as "trouble makers." The stigma linking mental illnesses to violent behavior makes certain diagnosed illnesses

a red flag for removing a child from the classroom. Schools want to remove fear and violence but good intentions may result in denying an education to these students with diagnosed mental illnesses.

The Disorders

Children and adolescents with emotional disorders such as ADHD and bipolar disorder are eligible for education services under IDEA. The behavior of children with either of these disorders can be inattention, impulsivity, hyperactivity, and disruption. Even though these children often want to be good students, their impulsive behavior and difficulty in paying attention frequently interferes. Any child or adolescent may show distractibility or hyperactivity at times, but the child with ADHD shows these symptoms and behaviors more frequently and severely than other children of the same age or developmental level. Removal from the child's original placement without evaluating the reasons for disruptive behavior is not a resolution to the individual or societal problem. In either case, these children should be properly identified, evaluated, diagnosed and treated as soon as possible. Between 7 and 12 million American youth suffer from mental, behavioral, or developmental disorders at any given time. ADHD, one of the most common mental illnesses in children and adolescence, occurs in about 3-5% of school age children.

The Law

The continuation of education for these students is a basic right under IDEA that must be protected at all times for the benefit of both children and adolescents with serious emotional disturbances, and society. Denied educational services, these children will be at high risk for juvenile delinquency and substance abuse, and have difficulty gaining employment when they reach adulthood due to an incomplete education.

Ceasing educational and other services for students as a means of discipline violates the principle of leaving no child behind. Any student with violent or disruptive behavior must have their needs addressed through the provision of appropriate and effective services, such as positive behavioral supports. When education and services are denied, students are more likely to become involved in illegal activities. Furthermore, loss of progress due to lack of services is particularly difficult to recoup for students with emotional and behavioral disorders.

The Treatment Process

Effective treatment and appropriate education services can resolve the behavioral problems of students with serious emotional disturbances. A child presenting the symptoms of ADHD, bipolar disorder, anxiety disorder, or another emotional disturbance should have their pediatrician refer them to a child and adolescent psychiatrist, who can diagnose and treat this medical condition. The common symptoms of ADHD are inattention and hyperactivity. Children and adolescents with bipolar disorder may have ongoing combination of extremely high (manic) and low (depressed) moods. Some other symptoms of an emotional disturbance include:

- losing school supplies, and/or trouble turning in homework
- talking too much and difficulty playing quietly
- irritability
- persistent sadness
- thoughts of death or suicide
- frequent complaints of physical illnesses
- oversleeping or overeating or other major habit changes

Without proper treatment, a child with an emotional disturbance may fall behind in schoolwork, and friendships may suffer. The child experiences more failure than success and is criticized by teachers and family who do not recognize a health problem. Research clearly demonstrates that medication can be an effective part of treatment. Stimulant medications such as methylphenidate can improve attention, focus and organizational skills. Other treatment may include cognitive-behavior therapy, social skills training, parent education, and modifications to the child's education program. Behavioral therapy can help a child control aggression, modulate social behavior and be more productive. Cognitive therapy can help build self-esteem, reduce negative thoughts and improve problem-solving skills. Parents can learn management skills such as issuing instructions one step at a time rather than issuing multiple requests at once. Education modifications can address the symptoms of serious emotional disorders along with any coexisting learning disabilities.

The AACAP appreciates this opportunity to submit a statement for the record for this important hearing. Please contact Nuala S. Moore, AACAP Asst. Director of Government Affairs, for more information about IDEA at 202.966.7300, ext. 126.

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References:

AACAP Facts for Families #6 Children Who Can't Pay Attention/ADHD

AACAP Facts for Families #38 Bipolar Disorder (Manic Depressive Illness) In Teens

For more information, access the AACAP website at www.aacap.org.