

July 6, 1997

Focus on the Family
P.O. Box 35500
Colorado Springs, Colorado 80935-3350

Attention: Dr. James Dobson

Reference: Your Shows On Attention Deficit Disorder, Number CS778/10052
ADD/ADHD and the Christian

Dear Dr. Dobson,

Focus on the Family did a series of shows on Attention Deficit Disorder (ADD)/Attention-Deficit Hyperactivity Disorder (ADHD) in early 1997. In the course of the shows, you proposed that there is a syndrome known as Attention Deficit Disorder which afflicts both children and adults with an inability to focus...even on the family! Your guests included Dr. Grant Martin (a psychologist), Dr. Jean Lesch (a psychologist), Sandra Thomas (past president of CHADD and mother of a child diagnosed with ADD), Carol Wilkerson (a nurse and mother of a child diagnosed with ADD), Linda Graham (a special education instructor and mother of a child diagnosed with ADD) and Dr. Patrick McCaffree (a physician).

I found the radio broadcast to be very disappointing. There are eleven areas related to your discussion of ADD which I have addressed:

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Most of the quotations in this note are from Focus on the Family tape number CS778/10052 of the ADD broadcasts. Also quoted frequently is your recommended printed resource, Dr. Grant Martin’s book, *The Hyperactive Child: What You Need to Know about Attention Deficit Disorder—Facts, Myths, and Treatment*. Of this book you said,

Dr. Martin...[has] written a book entitled, *The Hyperactive Child: What You Need to Know about Attention Deficit Disorder—Facts, Myths, and Treatment*. I think this is the best book on the subject [of ADD] that’s out right now.¹

Following Dr. Martin's lead, I will use the terms "ADD" and "ADHD" interchangeably.

The Physiology Of An ADHD Individual

You opened a discussion of the cause of ADHD as follows:

What I was taught was that in normal birth process there is an insult, an injury to the brain that is not measurable, you can't see it except at autopsy, but it's there and it has an influence. Now there's more talk of a chemical influence.²

You stated that an autopsy reveals if a person had ADD. As I am certain you now know, Dr. Dobson, an autopsy cannot distinguish the brain of an ADD person from the brain of a "normal" person. In fact, the only time an autopsy reveals a difference in the brain of an ADD person is when the deceased had been taking Ritalin or other stimulant medications. Those individuals drugged with stimulant medications may have cortical atrophy.³

On the subject of the physiological indications of ADD, medical Dr. Patrick McCaffree made several statements. Following are three of his comments:

You can measure the chemical influence of these things [the causes of ADD]...⁴

You can measure blood flow and you can measure the benefit of the drug which is given to these children [with ADD].⁵

You can measure electrical impulses [in a person with ADD]...⁶

Dr. Dobson, all of these statements are misleading at best. Chemical tests are not given to a child suspected of having ADD. Neurotransmitter level tests are not given to a child suspected of having ADD. Blood flow tests are not given to a child suspected of having ADD. Electrical impulse tests are not given to a child suspected of having ADD. Autopsies tell us nothing about whether the deceased had ADD. Under the heading **Medical Evaluation**, Dr. Martin said,

Neurological tests such as EEG, CAT scan, and PET scan are not normally needed.⁷

Not normally needed indeed! The only reason that they are ever done is to eliminate a true physical problem as the source of the child's misbehavior. Since there is no physiological difference between an ADD child and Jim Dobson, no medical testing is done to diagnose ADD. The testing that is done merely involves observation and questionnaires. Under the heading **Where To Find Help**, Dr. Martin discussed diagnosis and treatment of ADD:

...some professionals have a rather fixed approach to managing nearly all mental health problems [e.g., ADD]. Some will deal with childhood problems as manifestations of family disturbances. They tend to work right with the family

right from the beginning and spend no time evaluating the child...these approaches can be a legitimate way to deal with [ADD].⁸

Compare the preceding with the evaluation of a child who has leukemia or some other real disease. If his medical doctor worked with the family and spent “no time evaluating the child,” he would have his license to practice medicine revoked! An ADHD diagnosis is usually pronounced by a psychologist with no medical training. This is not surprising, because ADHD has none of the indications of a real disease. As one expert put it,

Attempts to define a biological basis for ADHD have been consistently unsuccessful. The neuroanatomy of the brain, as demonstrated by neuroimaging studies, is normal. No neuropathologic substrate has been demonstrated.⁹

The basis of my concern in this area is that you and your guests indicated that, while still not firmly resolved, there is solid evidence pointing to ADD being a disease or chemical imbalance. In fact, there is compelling evidence that ADD has no biological basis.

Hyperactivity

Early in the show, you asked Dr. Grant Martin to describe an ADD child. Dr. Martin opened his response by saying,

Usually they're pretty easy to recognize—they have trouble sitting still.¹⁰

On the other hand, in his book, *The Hyperactive Child: What You Need to Know about Attention Deficit Disorder—Facts, Myths, and Treatment*, Dr. Martin said,

It is also important to remember that while hyperactivity used to be the primary descriptive feature in attention disorders, it actually occurs in less than 30 percent of children who have ADHD. Most ADHD children are *not* hyperactive. (emphasis in original)¹¹

This inconsistency is hard to explain. Dr. Martin says an ADHD child is easy to spot because he can't sit still, yet this same Dr. Martin says less than 30% of ADHD children are hyperactive. Given the title of his book, perhaps Dr. Martin is giving us the facts and the myths! Continuing, Dr. Martin described an ADD child in the following exchange:

Dr. Dobson: Explain the extreme example of this problem [ADHD].

Dr. Martin: Well, I think of a boy who sets fires, is constantly moving around, challenging his parents...disagreeing—they ask him to do something and he won't do it. His emotions react—a little thing gets just a volcanic reaction. And then finally, they don't “get it.” That is, they don't seem to profit from consequences—rule-governed behavior is one phrase that's used. It's like a barrier. It's like there's some kind of invisible wall that keeps these children from learning from their mistakes.

Dr. Dobson: Which makes discipline very, very difficult.

Dr. Martin: Oh, it just makes it torture. And then it's easy after months and years of that to impute some kind of evil nature, [you think he's a] willful, disobedient child—maybe the devil's got him or something—and that's just not true. But it's just frustrating. You discipline, you “time ‘em out,” you try every kind of reward or punishment and they just repeat the mistake again and again and again.¹²

I realize that this is an extreme example, but it goes well beyond what can be explained by an attention deficit or hyperactivity. Ephesians 6:1-3 says, “Children, obey your parents in the Lord: for this is right. Honour thy father and mother; (which is the first commandment with promise;) That it may be well with thee, and thou mayest live long on the earth.” God doesn't make an exception for the ADD child. The child cited above is neither obeying nor honoring his father and mother. His “volcanic reaction” is not without volition, it is a work of the flesh as described in Galatians 5:19-21—“Now the works of the flesh are evident, which are...hatred, contentions... outbursts of wrath, selfish ambitions, dissensions...of which I tell you beforehand, just as I also told *you* in time past, that those who practice such things will not inherit the kingdom of God.” This child's behavior is the type which the Bible says can keep him from inheriting the kingdom of heaven. Second Timothy chapter three begins, “This know also, that in the last days perilous times shall come. For men shall be lovers of their own selves...disobedient to parents...” We *are* living in the last days (certainly we are closer than any prior generation has been), and this child's disobedience to parents is a fulfillment of prophecy, not something to be excused as a disease.

You also state unequivocally that this horrid child is not a “willful, disobedient child,” and that the devil does not have him. Even if I believed there *was* such thing as ADD, would this condition prevent the ADD child from *ever* being volitionally disobedient or demon possessed? Did the demon that Jesus cast out of the boy in Matthew 17:18¹³ check to see if the child had ADD before he possessed him? Proverbs 22:15 says of every child, “Foolishness *is* bound in the heart of a child; *but* the rod of correction shall drive it far from him.” Sin is the obvious Biblical explanation for the child's pyromania, disobedience, rebellion, and anger: hyperactivity or a focusing problem is not.

“They Just Can't Focus”

Dr. Patrick McCaffree explained why people have ADD:

The reason these people [with ADD] are impulsive...is that **they can't perceive and focus on one thing**. They are processing all of the things to which they're bombarded with, which is a person over here and a person over there and a visual something and a stoplight and maybe a noise...they take in everything, but can't process one thing (emphasis added).¹⁴

Dr. McCaffree continued with a simile:

One way that I have used as a metaphor to try to describe this [ADD] to parents is kind of like a ferryboat...if you look at the brain, you've got these

neurotransmitters, it's kind of like little ferry boats that are running back and forth between the neurons and in order to pay attention and concentrate they need to have adequate gasoline supply. They need to have their engines fired up. That helps the message get from one side to the other...what we do by giving stimulant medication is we fill up the gas tank in that little ferry boat. The stimulant helps the brain produce something called dopamine, and that's what the neurotransmitter kind of uses to propel itself back and forth between the two sides of the brain, or the inside part of the brain [Note: dopamine *is* a neurotransmitter]. When we think about it, we've gotta go to the gas station to put gas in our car to make it run. Gas is something fiery and energetic, and that's kind of what happens with these kids.¹⁵

Dr. Grant Martin agrees with Dr. McCaffree:

Children who have ADHD are unable to utilize the normal brain-stem attention center to adjust levels of attention and concentration in the manner available to normal children.¹⁶

In both Dr. McCaffree's and Dr. Martin's examples, the child *can't* focus. Yet Dr. Martin (in agreement with Sandra Thomas's CHADD organization) said,

They [ADD children] just can't focus on something unless it's highly interesting. Now they can play Nintendo[®] for hours or play with their Legos[®] or watch cartoons...these kids, when it's highly stimulating, highly entertaining, they can attend to a task.¹⁷

We are told that these children **can't** focus on one thing. We are told that their little ferry boats don't have any gasoline unless they take stimulant drugs. We are told that these children are **unable** to utilize their brain-stem attention center. It sounds O.K. until we are told **they can focus if it is interesting!** Dr. Dobson, you do an outstanding job of exposing doublespeak when politicians try to stand on both sides of an issue. Your May 1997 newsletter was an excellent exposé of our current administration's stance on abortion, but this reasoning on ADD children focusing is as convoluted as anything out of Washington D.C.!

This Is A Disease?

Speaking to Sandra Thomas, the past president of the ADD support group, CHADD, you said,

Jim Dobson: Have people tell (sic) you that you needed to discipline better?

Sandra Thomas: "If you'd only spank him more, he'd behave." We would hear this constantly. And I'd say, "It's not a matter of spanking him more. Frankly, we've done that."¹⁸

Dr. Dobson, it seems to me if people were *constantly* telling me that I should try spanking my child more, perhaps they are not only seeing an ill-behaved child, but perhaps they are also seeing a lack of discipline on my part. Similarly, Dr. Patrick McCaffree said,

...after the fifth or sixth time they [children with ADD] fail, they have a temper tantrum or an outburst, and if you don't know what's happening to them, it's hard.¹⁹

It sounds like this tantrum or outburst is beyond what would be expected from repeated failure. When Dr. McCaffree uses the expression, "...if you don't know what's happening to them..." he is making an allowance for selfishness. What is happening is that the child is behaving in an unacceptable manner. There is no special training required to understand a tantrum. Dr. Martin also described the conduct of an ADHD child:

Various conduct problems are also common in ADHD youngsters. Stubbornness, defiance, or refusal to obey, temper tantrums, and verbal hostility are evident in many of these children. In some cases severe forms of lying, stealing, truancy, and physical aggression are present.²⁰

Dr. Martin is describing obvious "Ten Commandments" violations here, along with other manifestations of the works of the flesh. We are neither sophisticated nor demonstrating superior insight when we claim that the commands written with the finger of God need to be qualified based on pseudo-medical assessments. In describing her ADD child, Linda Graham said,

We'd give him Ritalin for school and he was wonderful for school...He'd walk in my front door and you would think that everything was falling apart. He would rage, he'd fall apart...it was a safe environment, he walked in that door, and he had to let loose...I kind of thank God when he does let it come out at home simply because I know that he feels that's a safe place to let those kind of reactions occur.²¹

Your response to Mrs. Graham, Dr. Dobson, was, "That's a wonderful attitude toward it."²² I don't know when letting your child have a daily tantrum became "a wonderful attitude," but I know what my parents did when I came through the door and had a meltdown. I praise God for their discipline rather than allowing me to continue in my folly.

Dr. Dobson, the "symptoms" you discuss are not related to a disease. The Bible makes a clear distinction between the works of the flesh and the works of the Spirit. Blurring this distinction cannot be justified either medically or Biblically.

The Selling Of A Disease

Following are three quotations from the Focus on the Family radio shows:

I think ADHD needs to be sold to parents, I think it needs to be sold to teachers.²³

Parents really have to become advocates...[and] fight for improved program and adjustments [for ADHD children].²⁴

It's hard for people to understand why teachers are, perhaps, sometimes resistant to wanting to hear about the ADHD child...²⁵

Parents are told to "sell the disease" to teachers, to Sunday School teachers and, presumably, to pastors that oversee the children's ministry. You don't need to "sell diabetes" or "sell cancer" to ministries: the only reason that ADD is "sold" is that you are asking those ministering to accept what is otherwise unacceptable behavior. Sandra Thomas said regarding raising an ADD child,

It's very difficult to do when you don't understand what the problem is. One of the reasons I became involved in the support group I'm in, CHADD, is that I didn't know what I was supposed to do. The school didn't know what they were supposed to do and we couldn't criticize them. They'd never been taught.²⁶

The school referenced by Mrs. Thomas "didn't know what they were supposed to do," as defined by CHADD. We are told that, "teachers are...resistant to wanting to hear about the ADHD child." Teachers already know about the ADHD child, so their resistance to CHADD propaganda is not puzzling. Teachers are understandably reluctant to accept any "education" that replaces demerits and swats with a system that caters to the whims of a selfish child.

Parenting: Is It Ever A Factor?

Your experts consistently cite ADHD as existing independent of parenting. In his book, Dr. Martin said,

The symptoms of ADHD are *not* externally created by parents. It is extremely important for you as a parent not to blame yourself. You did not cause your child's attention problems through faulty discipline.²⁷

We have a generation that has been raised with the concepts that "the child is father to the man" or psychic determinism (Dr. Sigmund Freud); that indulgence best suits a child (Dr. Benjamin Spock); and that we have a raging epidemic of low self-esteem (Dr. James Dobson and Dr. Robert Schuller). Can you be certain that "symptoms" like tantrums and rude behavior are independent of parenting? Are ADD-like symptoms *ever* the fault of poor parenting? Dr. Martin says,

Heredity is the single factor shown to be a common denominator among ADHD children. Children with ADHD are four times more likely to have siblings and parents with ADHD than are normal children.(emphasis in original)²⁸

Even if the high incidence of ADD within a family is accurate, this statistic does not prove heredity is a factor. Poor parenting is equally likely to produce ill-behaved siblings. Dr. Martin also said,

Research suggests the rate of ADHD in adopted children is four times higher than among nonadopted children.²⁹

Apparently several groups have four times the ADHD rate of normal children! This “adopted” ADHD rate points to something other than heredity as being the cause of ADHD. Since ADHD has no proven biological factors, rather is just a description of character traits, it is difficult to eliminate parenting as being a possible factor. Dr. Martin, apparently realizing this, spends the lion’s share of chapters four (How Can Parents Help?) and five (How Can My Child Change?) of “the best book on the subject [of ADD]” giving instructions to parents.

The Bible indicates that parenting can influence behavior, saying, “Foolishness *is* bound in the heart of a child; *but* the rod of correction shall drive it far from him,”³⁰ “Withhold not correction from the child: for *if* thou beatest him with the rod, he shall not die,”³¹ and, “The rod and reproof give wisdom: but a child left *to himself* bringeth his mother to shame.”³² Dr. Dobson, you have chronicled the demise of the American family better than anybody. Is it possible that broken homes and inconsistent parenting have contributed to the explosion of ill-mannered children diagnosed with ADHD?

The Need For Professional Help

To Carol Wilkerson, you said,

These kids [with ADD] require a great deal of thought, and care, and professional advice.³³

In *The Hyperactive Child*, Grant Martin said,

...you need the input from a knowledgeable mental health professional such as a psychologist or psychiatrist [for dealing with your ADD child].³⁴

And,

It is also necessary to consult with a mental health professional such as a psychologist to choose the right selection of procedures to accurately assess your [ADD] child.³⁵

And,

...it is important to involve a professional, who will help you differentiate ADHD from other categories, such as conduct or oppositional disorder.³⁶

Both the Focus on the Family show on ADD and the book, *The Hyperactive Child: What You Need to Know about Attention Deficit Disorder—Facts, Myths, and Treatment*, are full of references to the requirement for “professional help.” All of the professionals recommended are psychologists, psychiatrists, clinicians, social workers, and therapists, with very little

encouragement to seek Christians and no encouragement to seek successful “non-professional” parents. In a typical “professional” mental health assessment, Dr. Martin notes,

The most common emotional problems that coexist with ADHD are oppositional defiant disorder and conduct disorder.³⁷

The high incidence of these “disorders” in ADHD patients is an indication that they are choosing to be difficult. The *Diagnostic and Statistical Manual for Mental Disorders* defines oppositional defiant disorder as a pattern of “negativistic, defiant, disobedient, and hostile behavior toward authority figures...often loses temper...is often touchy...or spiteful or vindictive.” A person with these characteristics is not “sick”. Mental health professionals, with their clinical definitions for sin, have no better understanding of the human condition than do born-again Christians. Even if the “professional” is a Christian, he has been indoctrinated with the teachings of Freud, Adler, Jung, Rogers, et al., whose teaching pollutes the pure truth of God’s word. As an example, consider Dr. Martin’s advice on discipline for ADHD children:

Time out...can be instrumental in controlling behaviors such as tantrums, biting, hitting, and throwing things.³⁸

If there is a classic case where the (corporal) punishment fits the crime, it would be using the rod for biting and hitting. Unfortunately, neither you nor your experts recommend corporal punishment anywhere in either the book or on the tape. This is an issue that one would expect Christian professionals to address.

Dr. Martin begins chapter four of his book with the father of a child diagnosed with ADHD asking himself the question, “*What kind of loving God would allow this to happen to an innocent child?*”³⁹ This father *is* in trouble: he apparently doesn’t know God (at least not well), and he is angry at God for giving his child a “disease” that doesn’t exist! “Professionals” selling ADHD as a disease are doing a disservice both to Christians and to unbelievers. Contrary to your repeated exhortations to seek psychological help, Psalm 1 says,

¹Blessed *is* the man that walketh not in the counsel of the ungodly, nor standeth in the way of sinners, nor sitteth in the seat of the scornful. ²But his delight *is* in the law of the LORD; and in his law doth he meditate day and night. ³And he shall be like a tree planted by the rivers of water, that bringeth forth his fruit in his season; his leaf also shall not wither; and whatsoever he doeth shall prosper.

What a wonderful promise! We are told that if we meditate in God’s law that our leaf will not wither and that whatever we do shall prosper. Following the ungodly advice of psychology cannot challenge the help promised by the living God.

Stimulant Drugs

Some of the most surprising misrepresentations were in the area of drugs for ADD. Dr. Martin said of the stimulant medications prescribed for ADD (90% of the time the drug is Ritalin⁴⁰),

There are no reported cases of addiction or serious drug dependence with these medications.⁴¹

Dr. Martin also spoke of Ritalin in his Q&A section:

Is it true that stimulant medications are mind-altering drugs?

Yes, you could say stimulants such as Ritalin[®] do change the composition of the brain. But this is true only in terms of activating the attention, body movement, organization, motivation, and planning abilities of the brain.

Stimulant drugs are definitely *not* mind-altering drugs in terms of changing one's personality or one's perception of reality. Although stimulant medications may help a child to better focus his attention, delay impulsive responding, and organize himself in a more efficient manner, they do not cause him to experience distortions of reality. They are no more mind-altering than aspirin, which causes a reduction of pain messages to the brain.⁴²

Surely Dr. Martin cannot believe that, "there are no reported cases of addiction," and that these drugs, "are no more mind-altering than aspirin." Medical Dr. Patrick McCaffree has an equally dangerous view of these medications:

Medications used in Attention Deficit is not a mind-altering drug [sic]. Often the parents will ask me that, and they'll equate it to marijuana or LSD or something. If we look at it, it's replacing a chemical that is missing. A person who has diabetes, their pancreas isn't working, they're not producing insulin, so they take insulin to replace what's not there and people don't usually view that as some kind of a spiritual inadequacy, and I think we can view it that way with ADD children.⁴³

Dr. Martin claims that these drugs activate the planning abilities of the brain and may help an ADD child organize himself in a more efficient manner. The purveyors of snake oil made no more grandiose claims! Dr. McCaffree says that stimulant drugs replace a chemical that is missing. If CIBA (the maker of Ritalin) made any of these claims, they would be charged with false advertising and with fraud. Dr. McCaffree pointed out that we, "don't usually view [diabetes] as some kind of a spiritual inadequacy." This is correct, but if a diabetic man has a history of, "lying, stealing, truancy, and physical aggression" (as noted for the ADD "victim" in the *This Is A Disease?* section above), I think that we can safely make an assessment that he has, "some kind of a spiritual inadequacy."

The United States Department of Justice Drug Enforcement Agency (hereafter "the DEA") does not hold such lofty views of drugs used to treat ADHD, stating,

As with other Schedule II stimulants, the abuse of methylphenidate [Ritalin] may produce the same effects as the abuse of cocaine or the amphetamines. It has been reported that the psychosis of chronic methylphenidate intoxication is identical to the paranoid psychosis of amphetamine intoxication...abuse of this

substance has been well documented among narcotic addicts who dissolve the tablets in water and inject the mixture...⁴⁴

As noted above, the DEA classifies Ritalin in Schedule II. These, along with Schedule I drugs, are the most addictive class of drugs. Schedule II drugs (other than Ritalin) include cocaine, morphine, PCP, and methamphetamine (speed).⁴⁵

The United States armed forces allow soldiers to take aspirin, but not Ritalin:

All branches of the armed forces reject potential enlistees who use Ritalin or similar behavior-modifying medications.⁴⁶

Master Sergeant Cruz Torres, a Marine recruiter in Royal Palm Beach, said...potential recruits who are interviewed every month [are] rejected because of past or current Ritalin use.

“Unfortunately, there’s nothing we can do if the person has been using Ritalin,” he said. “It’s considered to be a mind-altering drug. Because of that, *the services look at it as a very, very serious drug.*”(emphasis added)⁴⁷

The Indiana Prevention Resource Center, like the DEA, could educate Dr. Martin regarding abuse of Ritalin:

Producing cocaine-like stimulant effects, snorted or injected *Ritalin* is just the latest trend in a resurgence in abuse of stimulant drugs that recalls the “Speed Freak” era of the late 1960’s.⁴⁸

CIBA Pharmaceutical, who makes the drug, wants to sell as much Ritalin as possible, but even they include the following warning with Ritalin:

Drug Dependence

Ritalin should be given cautiously to emotionally unstable patients, such as those with a history of drug dependence or alcoholism, because such patients may increase dosage on their own initiative.

Chronically abusive use can lead to marked tolerance and psychic dependence with varying degrees of abnormal behavior. Frank psychotic episodes can occur, especially with parenteral abuse. Careful supervision is required during drug withdrawal, since severe depression as well as the effects of chronic overactivity can be unmasked. Long-term follow-up may be required...⁴⁹

Dr. Martin is, at the very least, guilty of gross negligence in evaluating the addictive nature of these drugs: this boxed-in warning is included with every box of Ritalin and is published in *The Physician’s Desk Reference!* The DEA also issued a special press release in 1995 to deal with Ritalin abuse. In it they said,

MPH [Ritalin] is abused by diverse segments of the population, from health care professionals and children to street addicts.

A significant number of children and adolescents are diverting or abusing MPH [Ritalin] medication intended for the treatment of ADHD.

Every indicator available, including scientific abuse liability studies, actual abuse, paucity of scientific studies on possible adverse effects associated with long-term use of stimulants, divergent prescribing practices of U.S. physicians, and lack of concurrent medical treatment and follow-up, urge greater caution and more restrictive use of MPH [Ritalin].⁵⁰

Patients are both diverting (selling to others) and abusing (increasing dosage themselves) these drugs in large numbers. Abuse aside, no one even knows how Ritalin works. The insert provided by CIBA says,

*The mode of action in man is not completely understood, but Ritalin presumably activates the brain stem arousal system and cortex to produce its stimulant effect. There is neither specific evidence which clearly establishes the mechanism whereby Ritalin produces its mental and behavioral effects in children, nor conclusive evidence regarding how these effects relate to the condition of the central nervous system. (emphasis added)*⁵¹

They not only say that they don't know how Ritalin works, but they don't know what it will do to you either. Can you, in good conscience, recommend a drug that is widely abused on the street that has a *presumed* effect based on an *undetermined* mechanism with *unknown* impact on the patient?

Where Are We To Be Cautious?

Dr. Grant Martin has issued several warnings to parents. Speaking of food additives as a possible cause of ADHD he said,

It may be prudent to avoid all such products as much as possible. The possibilities of harm are too great to take a risk with something like aspartame [NutraSweet[®]] that has no nutritional value.⁵²

Dr. Martin also spoke of vitamin therapy:

What studies do exist tend to support the idea that megavitamins are ineffective in reducing the symptoms of ADHD children. Of significant concern is the possibility of toxic blood levels from too high a level of vitamin intake.⁵³

While these may be valid concerns, the dangers of vitamins and artificial sweeteners cannot approach the dangers of Ritalin. Medical Dr. Patrick McCaffree, speaking of the stimulant medications used in the treatment of ADD (cited moments earlier as Dexedrine or "speed", Ritalin, and Cylert) said,

What these drugs do in experimental sorts of things is increase blood supply, induce the nervous system to concentrate on a subject, and those are the ones that we are approaching here, very carefully, in treating these children.⁵⁴

Someone approaching these drugs “very carefully” should not claim that these are *not* mind altering drugs. He also said,

While it is true that the early history of hyperactivity focused on some sort of insult to your nervous system, we’re still not quite sure what it is. There’s a lot of research that goes on, very intensive and expensive research, and we’re not sure whether this is going to bear some fruit. We’ve had to watch these children for 28 or 30 years...⁵⁵

If, after 30 years of “intensive and expensive research,” you are “not sure what it is” and you are “not sure whether this [research] is going to bear some fruit,” how can you recommend treating a *behavior* problem with drugs that are being snorted and mainlined across America? Linda Graham and you had the following exchange:

Jim Dobson: Which of you tried to take your child off medication? Was it you, Linda?

Linda Graham: ...we decided to gradually take him off the antidepressant medication that he was on just to give him the vacation free...those were the most stressful couple of weeks I’ve ever lived through in my life...maybe I wasn’t quite to the point where I had truly been convicted that this is what God wanted me to do with my son. I felt like this fall was where I really got convicted.

Jim Dobson: How did he behave? What was so striking?

Linda Graham: ...the rages and the crying and just depression and sadness...the anger, the arguing, the fighting, to some extent the aggression...⁵⁶

This child’s behavior is consistent with descriptions of withdrawal from a central nervous system stimulant. Linda felt that God was using this behavior to convict her that her son needed drugs. Would Mrs. Graham have felt the same way if her husband exhibited similar behavior after stopping his nightly quart of Jack Daniels? Withdrawal from drugs can be painful, but the alternative is a lifetime addiction to a neurotoxin.

Freemasons, Homosexuals...And ADD

One claim was made both on the tape and in Dr. Martin’s book. On the tape you said,

I’ve read that Einstein may well have been an ADHD.⁵⁷

Claiming dead people as “one of us” is a ploy tried by every group that seeks to be legitimized. Washington and Lincoln are often cited as Freemasons by the Freemasons. The Freemasons are a secret society—who can prove otherwise? DaVinci and Michelangelo are claimed by the homosexuals. They’ve been dead for centuries, you can’t disprove it. And now,

Einstein may have had ADHD. ADHD can't even be medically tested for in *living* people! For a genius to be bored by a conventional teacher is not the sign of a disorder!

Unable To Perform?

Grant Martin said,

Jim, there's one thing that's kind of been implied...these kids really want to do it right. And that's part of the diagnostic procedure, sometimes, as you try to separate this from oppositional disorder or other kinds of conditions...⁵⁸

Dr. Martin and others frequently reference individuals who both have ADD and are angry, argumentative, and disobedient. Discussing motives, Dr. Patrick McCaffree said,

These children [with ADD] are interesting because they develop an alternative behavior. They really can't do the work...⁵⁹

and,

They [ADD children] are usually sent by the school or a kindergarten...the parents are told...you've got to do something with him, because you can't bring him back until his behavior is such that he can cooperate with the rest of the children. They are frequently destructive. They will dominate all of the activity. Not because they want to, it's because they can't help but do that.⁶⁰

Kindergarten teachers are used to dealing with conflicts and encouraging cooperation. Children who really want to do right are not expelled from kindergarten for behavior problems! Destructive, dominating people, whether children or adults, are shunned by their peers. To say that ADD people can't help themselves is to deny the clear teaching of the word of God. Psalm 119:9 says, "Wherewithal shall a young man cleanse his way? by taking heed *thereto* according to thy word." The Bible doesn't add, "...unless the young man has ADD." The "unable to perform" assessment is further debunked in the following exchange:

Linda Graham: They [ADHD Children] are consistently inconsistent, and I think sometimes we use that against these children simply because if we catch them paying attention, we automatically point our finger and say, "We caught you." It's used against them...we need to start getting the message out there that these kids are inconsistent...they can do it one day and not the next.

Jim Dobson: That misleads you, though, doesn't it? You see it happen once and you think, "Well, he can do it, so why won't he do it? So it's willful, so it's disobedient, so punish it." But that doesn't follow. It doesn't track.⁶¹

What "doesn't track" is the concept of inconsistency as described. "They want to do it, but they can't," yet they are kicked out of school, they have tantrums, they rage, they lie, they steal, they are angry, they are disobedient, and they are defiant. This is not the description of a child who does not have a choice in the matter, this is the description of a child in rebellion.

Conclusion

Dr. Dobson, you said,

Parents should not see this kid [with ADD] as damaged goods.⁶²

Dr. Grant Martin said,

The good news is that recent research indicates 35 to 50 percent of children with ADHD do fairly well as adults.⁶³

Of course, the converse of this statement must also be true: **50 to 65 percent of children with ADHD do worse than “fairly well” as adults.** Despite your admonition above, Dr. Dobson, it sounds like this kid is damaged goods, with a prognosis of doing “fair to poor” as an adult. This doesn’t offer much hope for those diagnosed with ADHD. Dr. Martin also said,

Your child’s inattention, overarousal, distractibility, and difficulty in keeping rules are inborn behavioral and temperamental characteristics. They are part of his very nature. These qualities will stay with him throughout his life...⁶⁴

The Bible, on the other hand, says in 2 Corinthians 5:17, “Therefore if any man *be* in Christ, *he is* a new creature: old things are passed away; behold, all things are become new.” Difficulty in keeping rules and our temperamental characteristics are part of our old nature, but as new creatures in Christ, we can have our fleshly minds replaced by the mind of Christ (Romans 8:7, 1 Corinthians 2:16).

Dr. Martin says that the parents of ADHD children go through “The Grief Process,” which comprises three phases. He describes a parent’s feelings in part of phase three as follows:

You want to believe with all your heart that your son or daughter can be “normal” and not have to struggle with the problems of inattention and distractibility.

During this phase, some parents look to spiritual or quasi-medical promises for elimination of the problem. **I wish they worked.**

...I think it is more realistic to acknowledge the presently incurable nature of ADHD and focus on the methods of intervention that have been shown to be helpful. (emphasis added)⁶⁵

I agree that quasi-medical solutions are not the answer, but this is a spiritual problem. King David was distracted by Bathsheba, but his ultimate response was, “I have sinned against the LORD,” not, “I have a chemical imbalance.”

Psalms 63 begins, “O God, thou *art* my God; early will I seek thee: my soul thirsteth for thee, my flesh longeth for thee in a dry and thirsty land, where no water is.” Has the child with ADHD (and each parent) sought God with his whole heart on God’s terms? Those who ask this question are told, “You just don’t understand,” yet the question remains unanswered. We may not

understand, but God does! God promises wisdom, guidance, joy, and peace to the man who asks in faith.

The Bible says, "Even a child is known by his doings, whether his work *be* pure, and whether *it be* right."⁶⁶ A child with ADD is not a chemical slave to sin. First and foremost, the child needs to be born again. As a Christian, he is able to walk godly in Christ Jesus through the filling of God's Holy Spirit, meditation on God's word, and letting God live the Christian life through him as he reckons himself dead. May God open our hearts and minds to His truth!

Yours in Christ,

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- ¹ Focus on the Family Tape *Attention Deficit Disorder*, Number CS778/10052 (1997). 3 minutes into side 1.
 - ² Focus on the Family Tape *Attention Deficit Disorder*, Number CS778/10052 (1997). 32½ minutes into side 1.
 - ³ Henry Nasrallah, et al., "Cortical Atrophy in Young Adults with a History of Hyperactivity," Psychiatric Research, 1986.
 - ⁴ Focus on the Family Tape *Attention Deficit Disorder*, Number CS778/10052 (1997). 30 minutes into side 1.
 - ⁵ Focus on the Family Tape *Attention Deficit Disorder*, Number CS778/10052 (1997). 30 minutes into side 1.
 - ⁶ Focus on the Family Tape *Attention Deficit Disorder*, Number CS778/10052 (1997). 30½ minutes into side 1.
 - ⁷ Grant Martin, *The Hyperactive Child: What You Need to Know about Attention Deficit Disorder—Facts, Myths, and Treatment*. (Colorado Springs: Victor Books, 1992), p. 73.
 - ⁸ Grant Martin, *The Hyperactive Child: What You Need to Know about Attention Deficit Disorder—Facts, Myths, and Treatment*. (Colorado Springs: Victor Books, 1992), pp. 59-60.
 - ⁹ Gerald Golden (1991), p. 36, as quoted by Peter Breggin in "The Hazards of Treating 'Attention Deficit/Hyperactivity Disorder' with Methylphenidate (Ritalin)," The Journal of College Student Psychotherapy, Vol. 10(2) 1995.
 - ¹⁰ Focus on the Family Tape *Attention Deficit Disorder*, Number CS778/10052 (1997). 8 minutes into side 1.
 - ¹¹ Grant Martin, *The Hyperactive Child: What You Need to Know about Attention Deficit Disorder—Facts, Myths, and Treatment*. (Colorado Springs: Victor Books, 1992), p. 23.
 - ¹² Focus on the Family Tape *Attention Deficit Disorder*, Number CS778/10052 (1997). 10 minutes into side 1. See also Grant Martin, *The Hyperactive Child: What You Need to Know about Attention Deficit Disorder—Facts, Myths, and Treatment*. (Colorado Springs: Victor Books, 1992), p. 14.
 - ¹³ "And Jesus rebuked the demon, and it came out of him; and the child was cured from that very hour" (Matthew 17:18).
 - ¹⁴ Focus on the Family Tape *Attention Deficit Disorder*, Number CS778/10052 (1997). 34 minutes into side 1.
 - ¹⁵ Focus on the Family Tape *Attention Deficit Disorder*, Number CS778/10052 (1997). 35 minutes into side 1.
 - ¹⁶ Grant Martin, *The Hyperactive Child: What You Need to Know about Attention Deficit Disorder—Facts, Myths, and Treatment*. (Colorado Springs: Victor Books, 1992), p. 51.
 - ¹⁷ Focus on the Family Tape *Attention Deficit Disorder*, Number CS778/10052 (1997). 8½ minutes into side 1.
 - ¹⁸ Focus on the Family Tape *Attention Deficit Disorder*, Number CS778/10052 (1997). 18 minutes into side 1.
 - ¹⁹ Focus on the Family Tape *Attention Deficit Disorder*, Number CS778/10052 (1997). 23 minutes into side 1.
 - ²⁰ Grant Martin, *The Hyperactive Child: What You Need to Know about Attention Deficit Disorder—Facts, Myths, and Treatment*. (Colorado Springs: Victor Books, 1992), p. 35.
 - ²¹ Focus on the Family Tape *Attention Deficit Disorder*, Number CS778/10052 (1997). 38½ minutes into side 1.
 - ²² Focus on the Family Tape *Attention Deficit Disorder*, Number CS778/10052 (1997). 38½ minutes into side 1.
 - ²³ Focus on the Family Tape *Attention Deficit Disorder*, Number CS778/10052 (1997). 11½ minutes into side 1.
 - ²⁴ Focus on the Family Tape *Attention Deficit Disorder*, Number CS778/10052 (1997). 12 minutes into side 1.
 - ²⁵ Focus on the Family Tape *Attention Deficit Disorder*, Number CS778/10052 (1997). 11 minutes into side 1.
 - ²⁶ Focus on the Family Tape *Attention Deficit Disorder*, Number CS778/10052 (1997). 16½ minutes into side 1.
 - ²⁷ Grant Martin, *The Hyperactive Child: What You Need to Know about Attention Deficit Disorder—Facts, Myths, and Treatment*. (Colorado Springs: Victor Books, 1992), p. 40.
 - ²⁸ Grant Martin, *The Hyperactive Child: What You Need to Know about Attention Deficit Disorder—Facts, Myths, and Treatment*. (Colorado Springs: Victor Books, 1992), p. 47.
 - ²⁹ Grant Martin, *The Hyperactive Child: What You Need to Know about Attention Deficit Disorder—Facts, Myths, and Treatment*. (Colorado Springs: Victor Books, 1992), p. 53.
 - ³⁰ Proverbs 22:15
 - ³¹ Proverbs 23:13
 - ³² Proverbs 29:14
 - ³³ Focus on the Family Tape *Attention Deficit Disorder*, Number CS778/10052 (1997). 20 minutes into side 1.
 - ³⁴ Grant Martin, *The Hyperactive Child: What You Need to Know about Attention Deficit Disorder—Facts, Myths, and Treatment*. (Colorado Springs: Victor Books, 1992), p. 35.
 - ³⁵ Grant Martin, *The Hyperactive Child: What You Need to Know about Attention Deficit Disorder—Facts, Myths, and Treatment*. (Colorado Springs: Victor Books, 1992), p. 20.
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- ³⁶ Grant Martin, *The Hyperactive Child: What You Need to Know about Attention Deficit Disorder—Facts, Myths, and Treatment*. (Colorado Springs: Victor Books, 1992), p. 20.
- ³⁷ Grant Martin, *The Hyperactive Child: What You Need to Know about Attention Deficit Disorder—Facts, Myths, and Treatment*. (Colorado Springs: Victor Books, 1992), p. 75.
- ³⁸ Grant Martin, *The Hyperactive Child: What You Need to Know about Attention Deficit Disorder—Facts, Myths, and Treatment*. (Colorado Springs: Victor Books, 1992), p. 101.
- ³⁹ Grant Martin, *The Hyperactive Child: What You Need to Know about Attention Deficit Disorder—Facts, Myths, and Treatment*. (Colorado Springs: Victor Books, 1992), p. 85.
- ⁴⁰ Grant Martin, *The Hyperactive Child: What You Need to Know about Attention Deficit Disorder—Facts, Myths, and Treatment* (Colorado Springs: Victor Books. 1992), p. 141.
- ⁴¹ Grant Martin, *The Hyperactive Child: What You Need to Know about Attention Deficit Disorder—Facts, Myths, and Treatment* (Colorado Springs: Victor Books. 1992), p. 144.
- ⁴² Grant Martin, *The Hyperactive Child: What You Need to Know about Attention Deficit Disorder—Facts, Myths, and Treatment* (Colorado Springs: Victor Books. 1992), p. 156.
- ⁴³ Focus on the Family Tape *Attention Deficit Disorder*, Number CS778/10052 (1997). 43 minutes into side 1.
- ⁴⁴ United States Department of Justice Drug Enforcement Administration Drugs of Abuse (Washington, DC. 1996).
- ⁴⁵ Peter R. Breggin and Ginger Ross Breggin. *Talking Back To Prozac*. (New York: St. Martin's Press. 1995). p. 130. See also United States Department of Justice Drug Enforcement Administration Classification Definitions.
- ⁴⁶ Gary Kane, "Armed forces off limits for Ritalin-user." Grand Rapids Press [Grand Rapids, MI]. 1 Dec. 1996.
- ⁴⁷ Gary Kane, "Armed forces off limits for Ritalin-user." Grand Rapids Press [Grand Rapids, MI]. 1 Dec. 1996.
- ⁴⁸ William J. Bailey, Indiana Prevention Resource Center Fact Line on Non-Medical Use of Ritalin. (Indianapolis: 1995).
- ⁴⁹ CIBA-GEIGY Bulletin C91-39 (Rev. 2/92), noted 665618.
- ⁵⁰ DEA Press Release *Methylphenidate* (Washington, DC. October 20, 1995. Also noted September 13, 1995).
- ⁵¹ CIBA-GEIGY Bulletin C91-39 (Rev. 2/92), noted 665618.
- ⁵² Grant Martin, *The Hyperactive Child: What You Need to Know about Attention Deficit Disorder—Facts, Myths, and Treatment* (Colorado Springs: Victor Books. 1992), p. 44.
- ⁵³ Grant Martin, *The Hyperactive Child: What You Need to Know about Attention Deficit Disorder—Facts, Myths, and Treatment* (Colorado Springs: Victor Books. 1992), pp. 52,156.
- ⁵⁴ Focus on the Family Tape *Attention Deficit Disorder*, Number CS778/10052 (1997). 32 minutes into side 1.
- ⁵⁵ Focus on the Family Tape *Attention Deficit Disorder*, Number CS778/10052 (1997). 30 minutes into side 1.
- ⁵⁶ Focus on the Family Tape *Attention Deficit Disorder*, Number CS778/10052 (1997). 41 minutes into side 1.
- ⁵⁷ Focus on the Family Tape *Attention Deficit Disorder*, Number CS778/10052 (1997). 26½ minutes into side 1.
- ⁵⁸ Focus on the Family Tape *Attention Deficit Disorder*, Number CS778/10052 (1997). 24 minutes into side 1.
- ⁵⁹ Focus on the Family Tape *Attention Deficit Disorder*, Number CS778/10052 (1997). 26 minutes into side 1.
- ⁶⁰ Focus on the Family Tape *Attention Deficit Disorder*, Number CS778/10052 (1997). 21 minutes into side 1.
- ⁶¹ Focus on the Family Tape *Attention Deficit Disorder*, Number CS778/10052 (1997). 13½ minutes into side 1.
- ⁶² Focus on the Family Tape *Attention Deficit Disorder*, Number CS778/10052 (1997). 27½ minutes into side 1.
- ⁶³ Grant Martin, *The Hyperactive Child: What You Need to Know about Attention Deficit Disorder—Facts, Myths, and Treatment*. (Colorado Springs: Victor Books, 1992), p. 37.
- ⁶⁴ Grant Martin, *The Hyperactive Child: What You Need to Know about Attention Deficit Disorder—Facts, Myths, and Treatment*. (Colorado Springs: Victor Books, 1992), p. 56.
- ⁶⁵ Grant Martin, *The Hyperactive Child: What You Need to Know about Attention Deficit Disorder—Facts, Myths, and Treatment*. (Colorado Springs: Victor Books, 1992), pp. 187-188.
- ⁶⁶ Proverbs 20:11