

PREFACE

Attention deficit hyperactivity disorder (ADHD) has become a prominent concern for speech-language pathologists over the last several years. What was once a disability category reserved primarily for the psychiatric or medical setting has now become commonplace in the classroom and in the speech and language clinic. Within the schools, there have been calls for more services directed toward this population and many parents and teachers are quick to suspect ADHD when students exhibit behavioral or academic difficulties. Consequently, many more children are referred for evaluations in the schools due to a suspicion of ADHD, and speech-language pathologists are often the first line of contact and referral.

Within the community speech and language clinic, there has also been an increase in the number of children referred due to suspected ADHD. In expanding numbers, physicians are labeling children as ADHD, prescribing medication, and recommending various interventions—including speech-language therapy. One community clinic within my state, for example, has seen the number of children referred for services due to ADHD increase by 350% in the last 3 years. As with school-based speech-language pathologists, many of the clinicians within community clinics are expected to provide services to the students in collaboration with classroom teachers because the majority of problems noted in ADHD are typically observed in classroom settings.

As clinicians, we are expected to know how to identify and treat students with ADHD, and we are expected to address the concerns of parents and teachers regarding this disability. This is not always easy to accomplish. Attention deficit hyperactivity disorder is a controversial issue that frequently has educators, physicians, and parents in

conflict over its existence and disposition. In this situation, speech-language pathologists may be pulled in several directions and may feel uncomfortable in providing input or services to students exhibiting ADHD. From perspectives of practicing clinicians, more and better data on ADHD are certainly warranted.

Recently, there have been a number of advances regarding ADHD as a disability category. Researchers are beginning to refine the construct of ADHD and even recognize some of its underlying bases. Within psychiatry, psychology, special education, and speech-language pathology, innovative ideas are emerging as a result of recent advances in ADHD. Taken together, these advances can provide clinicians with an updated understanding of ADHD that can be translated into more innovative ways of approaching the delivery of services to the population of students with ADHD. Additionally, the speech-language pathologist can provide support to parents and educators concerned about their children and students. This issue of *Seminars in Speech and Language* and the next are intended to provide the practicing clinician with this information.

In this issue, some of the foundational concepts regarding ADHD will be discussed. In the first article, Augustine and Damico provide an overview of the evolution of ADHD as a disability category. This article discusses the primary behavioral symptoms of ADHD and describes some of the recent innovations regarding ADHD that should define both research and service delivery over the next several years. In the second article, Damico and Augustine expand several important points regarding the social components of ADHD. Although this is not an area well addressed traditionally, the process of labeling an individual as disabled

involves powerful social considerations. This study details a number of social variables that come into play during the labeling process. The data in this article will be beneficial to the clinician, especially when addressing the concerns of parents and teachers. In the third article, Judith Heyer discusses the responsibilities that speech-language pathologists have toward their clients who exhibit ADHD. Because of the powerful influence of language, speech-language clinicians have much to offer to service delivery directed toward ADHD. Heyer's detailed discussion of various facets of the disability and our role in remediating it contextualizes ADHD from the clinical perspective. Billeaud contributes important foundational information regarding ADHD from a preschool perspective in the fourth article. She provides both a rationale for the significance of ADHD in the early years of development and also some practical ways to approach ADHD in preschool children. Finally, Smith and his colleagues round out this issue with a unique case

study of a preschool child diagnosed as ADHD. They provide clinical insight into the importance of vigilance and descriptiveness in making diagnoses and the importance of expectations and self-esteem when intervening with ADHD children. This case study, approaching the issue of ADHD from a somewhat different perspective, leads us directly into the next issue of *Seminars in Speech and Language*, which will pick up on an even more clinically oriented perspective on ADHD.

One of the wonderful advantages of our discipline is that it is constantly evolving and developing. This allows us to stretch our intellectual capabilities and our clinical muscles. Providing service delivery to children exhibiting ADHD is no different. We have the opportunity to grow and stretch anew. This issue will assist you in that process to the benefit of your children and your specific clinical objectives.

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Guest Editor