A study attention deficit hyperactivity disorder and medical treatment among adolescent males

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ABSTRACT

SCHOOL OF SOCIAL WORK

HANN, AFRICA T. B.S.W. GEORGIA STATE UNIVERSITY, 2012

A STUDY OF ATTENTION DEFICIT HYPERACTIVITY DISORDER AMONG ADOLESCENT MALES

Advisor: Joseph L. Smith Jr., LMSW

Thesis dated May 2013

This study explored the knowledge and perception between students that attended the Department of the Whitney M. Young Jr., School of Social Work and the remaining students that were attending the Atlanta University Centers in regards to attention deficit hyperactivity disorder (ADHD).

This study analyzed the harms of medical treatment; it delineated the Afrocentric Perspective as well as the Theoretical Frameworks to describe how it could be correlated with the Afrocentric Perspective in regards to enhancing a social workers’ understanding of human behavior in the social environment as well as its relevance to attention deficit hyperactivity disorder (ADHD).

The results from the study showed that there was no statistical significant relationship between students that attended the Department of the Whitney M. Young Jr., School of Social Work and the remaining students that were attending the Atlanta University Centers toward their knowledge and perception of attention deficit hyperactivity disorder (ADHD) and medical treatment among adolescents.
A STUDY OF ATTENTION DEFICIT HYPERACTIVITY DISORDER AND MEDICAL TREATMENT AMONG ADOLESCENT MALES

A THESIS SUBMITTED TO THE FACULTY OF CLARK ATLANTA UNIVERSITY IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF SOCIAL WORK

BY

AFRICA T. HANN

WHITNEY M. YOUNG, JR., SCHOOL OF SOCIAL WORK

ATLANTA, GEORGIA
MAY 2013
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CHAPTER I
INTRODUCTION

Attention-deficit hyperactivity disorder (ADHD) is the most commonly diagnosed behavioral disorder afflicting children. Recent estimates suggest that the disorder prevalence rate across the United States ranges from 4% to 10%. As the diagnosis of attention deficit hyperactivity disorder (ADHD) broadens adolescents are more likely to be medicated with vigorous medications such as antipsychotic drugs. There is a rise in the prescribing of controlled substances to adolescents' that have been diagnosed with attention-deficit hyperactivity disorder (ADHD), (Jensen, Hinshaw & Kramer, 2001).

There are several factors that support the fact that antipsychotic drugs are linked to harmful side effects in adolescents that are taking these medications. Factors that include but not limited to heart failure, weight loss, and brain volume reduction. According to Littrell brain volume decrement is only the latest acknowledged problem associated with antipsychotic medications (Littrell, in press).

The DSM-IV has a very strict guideline for diagnosing and individual with ADHD; however it is questionable whether adolescents are being “carefully and truthfully diagnosed?” Is controlled medication safe for adolescents? While individual physicians are engaging in off-label use of various drugs such as antipsychotics for various diagnoses in children and adults, the Federal Drug Administration (FDA) continues to approve drugs for particular diagnoses rather than as general purpose panaceas (Littrell, in press).
The findings in the study makes it conspicuous that social work professionals should be knowledgeable of attention deficit hyperactivity disorder (ADHD) and the medical treatment among adolescents. Social work professionals as well as mental health professionals should cultivate their knowledge of ADHD and the many different medications that are used to treat it. It is also important to recognize the harmful side effects of these medications to advocate for change.

Statement of the Problem

According to Domino and Swartz (2008) the last decade has witnessed a huge rise in attention hyperactivity deficit disorder (ADHD) diagnoses as well as the use of antipsychotic medications for adolescents. Because social work professionals are advocators they should be knowledgeable of psychiatric diagnoses and pharmaceutical interventions.

Utilization of antipsychotic drugs could cause for greater worries. Adolescents that have been treated for long periods of time with these controlled substances could face other health issues’ throughout the life span. If long term treatments of the medication continue adolescents may be prone to some brain damage. Despite the persistence of attention deficit hyperactivity disorder (ADHD) into adolescence, little is known about the efficacy and tolerability of stimulant medications in this age group (Wilens, McBurnett & Bukstein, 2006).
Purpose of the Study

The purpose of this study was to explore the knowledge and perceptions of college students toward the medical treatment for adolescents who have been diagnosed with Attention Deficit Hyperactivity Disorder (ADHD). Exploring the point of view of students majoring in social work toward the medical treatment of adolescents will enlighten them. Social workers constitute a high proportion of mental health professionals and a high percentage of social workers provide mental health care. Thus, psychiatric diagnoses and pharmaceutical interventions are relevant for many social workers (Littrell, in press).

The study explored the knowledge and perception of a social workers attitude toward the increase in antipsychotic medications that are being prescribed to adolescents diagnosed with ADHD and their harmful side effects of the medications. This study also analyzed the demographics of the Department of the Whitney M. Young Jr., School of Social Work majors in regard to their knowledge of ADHD, and the various medications used to treat the disorder.

Research Questions

The research questions addressed in this study are:

1. Is there a relationship between students that attend the Department of the Whitney M. Young School Jr., of Social Work and the remaining students attending the Atlanta University Centers toward being knowledgeable of ADHD?

2. Is there a relationship between students that attend the Department of the Whitney M. Young School Jr., of Social Work and the remaining students attending
the Atlanta University Centers toward being knowledgeable of medications used to treat ADHD?

Hypotheses

The null hypotheses of the study were as follows:

1. Is there a relationship between students that attend the Department of the Whitney M. Young School Jr., of Social Work and the remaining students attending the Atlanta University Centers toward being knowledgeable of ADHD?

2. There is no significant statistical relationship between students that attend the Department of the Whitney M. Young Jr., School of Social Work and the remaining students attending the Atlanta University Centers toward being knowledgeable of medications used to treat ADHD?

Significance of the Study

According to Littrell (in press) Social workers constitute a high proportion of mental health professionals and a high percentage of social workers provide mental health care. Therefore psychiatric diagnoses and pharmaceutical interventions are relevant for many social workers when providing services for people with mental health disparities. However according to Littrell as cited in (Cohen, 2003; Mechanic, 2008) Social workers provide as much as 65% of mental health services in this country and 35% of social workers identify mental health as their area of practice (NASW Center for Workforce Studies, 2008).
The increasing rise in adolescents being diagnosed with attention deficit hyperactivity disorder (ADHD) is devastating as well as the antipsychotic medications, an anchor of treatment for adolescents. Antipsychotics put adolescents at risk for a number of side effects, including brain tissue volume abatement, heart attacks, type-2 diabetes, weight gain, and tardive dyskinesia. The burgeoning rise of adolescents being prescribed controlled substances for treatment poses a potential serious problem for adolescents struggling to cope with ADHD as well as a possibility of becoming addicted to prescription medications (Littrell, in press).

According to Littrell (in press) social workers are major players in Child Welfare systems and in the provision of mental health treatment. Evidence-based practice requires that there is empirical support for the legitimacy and constructive value of diagnostic categories. Similarly, treatments must have passed muster within the empirical literature for both effectiveness and safety (Littrell, in press, Satterfield, Spring, Brownson, Mullen, Newhouse, Walker & Whitlock 2009; Thyer, 2004).

The broadening scope of adolescents being prescribed antipsychotic medications should prompt social work professionals to be vigilant about attention deficit hyperactivity disorder and the harmful side effects of medical treatment. This research will be momentous for the students attending the Department of the Whitney M. Young Jr., School of Social Work as well as students at other universities to avail to assist and advocate for a change in medical treatment among adolescents. This exploratory study will expand the availability of research on a social worker's knowledge and perception of attention deficit hyperactivity disorder (ADHD).
CHAPTER II
REVIEW OF LITERATURE

The purpose of presenting this review of the literature was to lay a scholarly foundation in order to establish the basis for performing this outcome evaluation. This chapter is a review of current and pertinent literature regarding the burgeoning of antipsychotics that are being prescribed to adolescents for treatment of ADHD. The review covers current rates of attention deficit hyperactivity disorder diagnoses as well as the knowledge and perception of social work professionals in respect to ADHD and medical treatment.

The focal point of this literature review is the harmful side effects of antipsychotics and their negative impact on African American adolescents.

Historical Perspective

Attention Deficit Hyperactivity Disorder (ADHD) is a lifelong disorder (Barkley, 1990). According to the American Psychiatric Association (1994) Attention Deficit Hyperactivity Disorder (ADHD) is characterized by pervasive and impairing symptoms of inattention, hyperactivity, and impulsivity. Atypical antipsychotic medications are used to treat psychosis and other mental and emotional conditions (FDA). According to the American Psychological Association, there is currently no standard definition of adolescent (1999).
Although adolescent is often defined as any youth from the age of 10 to 18, the American Psychiatric Association (1999) states that...

Adolescence can also be defined in numerous other ways, considering such factors as physical, social, and cognitive development as well as age. For example, another definition of adolescence might be the period of time from the onset of puberty until an individual achieves economic independence.

According to Barkley, Attention-deficit hyperactivity disorder (ADHD) is a syndrome that impacts cognitive functions essential to the moment-to-moment apprehension of and response to the environment. An influential cognitive theory of ADHD identifies impairments in the executive control of inhibition as being a principal deficit (Barkley, 1997).

According to Hallahan & Mercer the historical perspective of Attention-deficit hyperactivity disorder consists of five periods these periods are as follows; the European Foundation Period (c. 1800 to 1920): during the European Foundation Period, there were two main lines of work relevant to the field of learning disabilities, the U.S. Foundation Period (c. 1920 to 1960); by the 1920s, clinicians and researchers in the United States began to take an interest in the work of the Europeans who had been studying brain-behavior relationships and children and adults with learning difficulties; the Emergent Period (c. 1960 to 1975): during learning disabilities began its emergence as a formal category; the Solidification Period (c. 1975 to 1985): was a period of relative stability as the field moved toward consensus on the definition of learning disabilities as well as methods of identifying students with learning disabilities; and the Turbulent Period (c. 1985 to 2000) the most
recent period of learning disabilities history, several things have occurred that have solidified the field of learning disabilities even further.

The USOE has further noted that from 1976–1977 to 1998–1999; the number of students identified as learning disabled has doubled. There are now more than 2.8 million students identified as learning disabled, which represents just over half of all students with disabilities (2000). However some have argued that there may be good reasons for some of this growth, while most authorities acknowledge that there is a very good chance that many children are being misdiagnosed as learning disabled (Hallahan, 1992).

According to the DSM-IV-TR (2000) the criteria for diagnosing ADHD is as follows; inattention (6 months or more); hyperactivity; impulsivity; and hyperactivity-impulsivity (6 months or more). However the DSM-IV-TR states that these symptoms do not occur exclusively during the course of a Pervasive Developmental Disorder (2000). In order to properly make a complete diagnosis of ADHD, it is necessary that the presence of particular life damaging ADHD symptoms, in multiple settings, has been observed for at least 6 months (Locke & Kharrazzi, nd).

Policies and Laws associated with Attention Deficit Hyperactivity Disorder

According to Pisecco et al., (2001) by the early 1960’s the Federal Government had gotten involved with learning disabilities. The government began to take interest in Learning Disabilities as well as to develop a definition for it. In the journal Learning Disabilities Historical Perspective Pisecco and his colleagues further stated...

By 1969, advocates supporting legislation proposed by the Bureau for the Education of the Handicapped (BEH) were able to exert enough pressure to have legislation passed for learning disabilities—the Children with Specific Learning Disabilities Act of 1969. This
act, which adopted the NACHC definition of learning disabilities, supported service programs for students with learning disabilities for the first time in the form of model projects (2001).

According to Hallahan & Mercer In 1970, Public Law 91-230 consolidated into one act a number of previously separate federal grant programs related to the education of children with disabilities (nd). Under this law Congress still did not recognize learning disabilities as a formal category eligible for support to local schools through Part B Disabilities, continued to provide authority to the USOE to award discretionary grants for learning disabilities to support teacher education, research, and model service delivery programs (Martin, 1987).

Schools and attention deficit hyperactivity disorder, laws and policies according to Gregg, schools are legally obligated by the Individuals with Disabilities Education Act (IDEA) to locate, identify, and evaluate all children suspected of having disabilities—including children who may be disabled by ADHD. For those determined to be eligible for services, schools must provide appropriate education and related services to meet their unique needs special. In addition children with disabilities are protected by three federal statutes, those statues are as follows; the Rehabilitation Act of 1973 (Section 504); the Americans with Disabilities Act of 1990 (ADA); and the Individuals with Disabilities Education Act, Part B (IDEA), further more state education agencies (SEAs) must exercise general supervision over all programs for children with disabilities administered within the state and have ultimate responsibility for ensuring that a free appropriate public education is made available to disabled students in mandatory age ranges (Gregg, 2002).
ADHD and the Affects among Adolescent Males

According to Harpin (2003), attention deficit hyperactivity disorder (ADHD) is a chronic, debilitating disorder which may impact upon many aspects of an individual’s life, including academic difficulties, social skills problems, and strained parent child relationships. The author also states....

Whereas it was previously thought that children eventually outgrow ADHD, recent studies suggest that 30–60% of affected individuals continue to show significant symptoms of the disorder into adulthood. Children with the disorder are at greater risk for longer term negative outcomes, such as lower educational and employment attainment (Harpin, 2003).

According to the American Psychiatric Association, (1994) children with attention-deficit hyperactivity disorder (ADHD) are known not only for inattention and/or hyperactivity-impulsivity, but also for difficulties in their social relationships (4th. ed.). According to Greene, Biederman, Faraone, Ouellette, Penn, & Griffin (1996), children with ADHD are at heightened risk social difficulties (compared with children who do not have for ADHD), some children with ADHD evidence more severe social deficits than others (p. 35, 571-578). It has been suggested that ADHD predicts a wide range of negative short and long term outcomes, including behavioral, mood, and anxiety disorders (Greene, Biederman, Faraone, Sienna, & Garcia-Jetton, 1997).

According to Spencer, Biedman, Wilens and Faraone, 2002, Attention deficit hyperactivity disorder (ADHD) represents one of the most frequent forms of externalizing psychopathology in child and adolescent psychiatry, with prevalence rates
ranging from 3 to 9% in the normal population (n. p.). Conduct disorder (CD) is another disorder commonly diagnosed in youth, particularly in males. The prevalence of CD in general population ranges from 1.8 to 16% in boys (Loeber, Green, Lahey, Frick, & McBurnett, 2000). Studies with youth samples also suggest links between psychopathic traits and childhood disruptive behavior disorders (Sevecke, Kosson & Krischer, 2009).

According to Ollendick, Greene, Francis, & Dropout (1991) research has shown that poor social functioning predicts an array of adverse long-term outcomes, including conduct disturbance, substance use disorders, school failure, school dropout, and delinquent offenses (Ollendick, et al., 1991). It has been stated that children with ADHD with associated social deficits may be at a higher risk for poor outcome (Greene, Biederman, Farone, Sienna & Garcia-Jetton, 1997).

According to American Psychiatric Association; (1994) behavioral dis-inhibition is also a defining feature of hyperactive disorder impulsive ADHD in adolescent males. Beauchaine, Katkin, Strassberg, & Snarr (2001) wrote that conduct disorder (CD) and attention-deficit/hyperactivity disorder (ADHD) are highly comorbid conditions. Researchers suggest that between 30% and 50% of children with attention deficit hyperactivity disorder (ADHD) also meet criteria for conduct disorder (CD) (Biederman, Newcom, & Sprich, 1991).

According to Beauchaine, Katkin, Strassberg, & Snarr as cited in (Faraone, Biederman, Jetton, & Tsuang, 1997; Faraone, Biederman, Mennin, Russell, & Tsuang, 1998; Lynam, 1996) the authors took the position to suggest that CD accompanied by hyperactivity represents a particularly virulent condition, characterized by a strong genetic loading, increased rates of aggression, and elevated risk for future antisocial
behavior. Antisocial personality disorder (APD) is a profoundly impairing disorder characterized by individuals engaging in irresponsible and antisocial behavior without remorse (Lahey, Loeber, & Burke 2005). Cognitive deficits, particularly impairments in attention and executive functions, are considered to be a core part of attention deficit hyperactivity disorder (ADHD) (Barkley, 1997) and are thought to play a major role in the difficult adaptation of ADHD children (Douglas, 1972).

According to Siedman, Biederman, Monuteaux, & Doyle (2001) Learning disabilities are neuropsychological disorders characterized by specific processing problems. Barkley (1997) states that studies have demonstrated that children with ADHD exhibit sub-average or relatively weak performance on various tasks of vigilance, verbal learning, memory, and executive functions such as set shifting, planning and organization, complex problem solving and response inhibition. Learning disabilities, when combined with ADHD, have a specific role in school failure (Faraone et al., 2001). According to American Psychiatric Association (1987) Academic underachievement is perhaps the impairment in the development most often associated with the syndrome of attention deficit hyperactivity disorder (ADHD).

Gale’ra, Bouvard, Encrenaz, Messiah, and Fombonne (2008), have noted that suicide is one of the leading causes of mortality and represents a significant public health issue in youth. The authors also state that one potential risk factor for suicide and a suicidal behavior is attention deficit/hyperactivity disorder (ADHD). However this condition is an early- onset neurobehavioral disorder characterized by inattention, hyperactivity, and impulsivity (Gale’ra, et al., 2008).
Gale’ra (2008), however, stated that attention-deficit hyperactivity disorder (ADHD) could increase the risk for completed suicide through comorbid conditions such as conduct disorder and depression (Gale’ra et al., 2008). According to Gale’ra, Bouvard, Encrenaz, Messiah, and Fombonne (2008), ADHD was associated with increased risk of lifetime attempted suicide in males (Gale’ra, et al.). However no research has addressed the link between non-fatal suicidal behaviors and ADHD in longitudinal population-based samples (Gale’ra, et al., 2008).

Medical Treatment

Attention-deficit hyperactivity disorder (ADHD) is the most commonly diagnosed behavioral disorder afflicting children. Recent estimates suggest that the disorder prevalence rate across the United States ranges from 4% to 10% (Jensen et al., 2001). As the diagnosis of attention deficit hyperactivity disorder (ADHD) broadens adolescents are more likely to be medicated with vigorous medications such as antipsychotic drugs.

According to Littrell as cited in (Domino and Swartz 2008) the authors compared prescriptions for antipsychotic medications in 1996-1997 with prescriptions for antipsychotics in 2004-2005. The rate of children office visits resulting in antipsychotics rose from 0.2% to 0.7%. Antipsychotics are currently being used to treat ADHD (Crystal, Olfson, Huang, Pincus & Gerhard, 2009).

While individual physicians are engaging in off-label use of various drugs such as antipsychotics for various diagnoses in children and adults, the Federal Drug Administration continues to approve drugs for particular diagnoses rather than as general purpose panaceas (Littrell, in press). According to Littrell as cited in (Sostek, Buchsbaum, & Rapoport, 1980)
Rapoport conducted a study in which she gave stimulants to children with ADHD and those without. She found that attention and vigilance improved for all children administered the stimulant.

According to Littrell studies evaluating improvement in school performance, do find that children with ADHD do better with stimulants. However, the results of the Multisite Multimodal Treatment Study (MTA) shed light on long term outcomes. In this study, outcomes for children with ADHD who had never been medicated were contrasted with those who had been medicated, some of whom were continuing with medications and others who were not, further more In the long run over eight years, children with ADHD on drugs versus children never on drugs show no difference in results on school achievement (Littrell, in press).

According to Littrell as cited in (Ho, Andreasen, Ziebell, Pierson, & Magnotta 2011) the researchers tracked first-episode psychotic individuals over an average of seven years. They took brain images over time. They documented a decrease in brain volume that was associated with the dosage of the medication. The effects obtained for both the older (neuroleptics) and the new (atypical) anti-dopaminergic drugs.

According to Littrell as cited in (Konopaske et al. 2007; 2008) the researchers randomly assigned primates to receive anti-dopaminergic drugs at levels in the therapeutic range for people for 27 months. Those animals who received the drugs exhibited a reduction in total weight of the brain, with greatest reduction in the parietal lobe (with a loss between 11.8% to 15.2%). Moreover, a 14.2% reduction in glial cell (fat cells) numbers was reported. The glial cell reduction is notable because these cells release growth factors which are vital to maintain the health of the brain (Littrell, nd; Schwartz & Schechter, 2011).
According to Littrell (nd) brain volume reduction may be the most ominous side-effect of the antipsychotic drugs; brain volume reduction is not the only side effect. Atypical antipsychotics are notorious for inducing weight gain that does not plateau, type-2 diabetes, and an increase in fat levels in blood. The author also states that the older neuroleptic drugs have long been noted to be associated with Parkinson’s symptoms (extrapyramidal symptoms) in the short term and permanent movement disorders (tardive dyskinesia in the long run (nd).

Manschrek, & Bosher (2007) have furthered noted that The Clinical Antipsychotic Trial of Effectiveness study, a big government funded study, found that newer drugs were also associated with movement disorders, albeit to a lesser extent. The FDA has also issued a warning indicating that the atypical drugs are associated with QT wave prolongation. Thus, fatal heart arrhythmias can occur (Littrell, nd; Psychiatric News Alert, 2011).

According to Hamilton & Dorian (2006), the FDA reported 25 deaths between 1999 and 2003 in patients taking ADHD medications, nineteen involving children. Seven fatalities were associated with Ritalin or Concerta (methylphenidates). In February 2006 the Food and Drug Administration’s (FDA) Drug Safety and Risk Management Advisory Committee voted 8-7, with one abstention, in favor of a "black box" warning for ADHD drugs after hearing about the deaths of 25 people, including 19 children, who had taken the drugs.

The Afrocentric Perspective

The Afrocentric Perspective is a social science paradigm predicated on the philosophical concepts of contemporary African America and traditional Africa Schiel (1996). The basic principles and values of the Afrocentric Perspective, is that it seeks to
promote an alternative social science paradigm that reflects more on the cultural and political reality of African Americans, it seeks to eliminate false concepts about African Americans. In the article Afrocentricity: an emerging paradigm in social work practice, the author states that the Afrocentric Perspective seeks to promote a worldview that will facilitate human and societal transformation toward spiritual, moral, and humanistic ends and that will persuade people of different cultural and ethnic groups that they share a mutual interest in this regard (Schiel, 1996).

The Afrocentric paradigm also acknowledges and underscores the importance of spirituality or nonmaterial aspects of human beings (Schiele, 1997). Asante (1987) suggest that the Afrocentric paradigm is predicated on traditional African philosophical assumptions that emphasize the interconnectedness and interdependency of natural phenomena. Afrocentricity as a theory of change intends to re-locate the African person as subject, thus destroying the notion of being objects in the Western project of domination.

Afrocentric worldview places the highest value on positive interpersonal relations between individuals as well as groups Myers (1991). An official goal of the social work profession is that of equality for all. However, social work's ability to achieve this goal is hampered by the Eurocentric world view, wherein reality is structured to emphasize fragmentation, conflict, and domination, which foster inequality. A better philosophical "fit" for social work is the Afrocentric world view (Schiel, 1994).

The Afrocentric view of reality that underscores interdependency, collectivity, and spirituality places it in an excellent position to promote equality. Social workers are encouraged to apply the Afrocentric paradigm to transform social work from a profession
primarily concerned with direct practice to a social movement of equality and justice (Schiel, 1994).

The Afrocentric Perspective is relevant to social workers, medical treatment, adolescent males, and attention deficit hyperactivity disorder (ADHD) by individuals being able to cope and resolve problems through interpersonal processes. An individual’s personality is linked to the universe as a whole, and the only way of understanding the individual is in relation to his or her sense of belonging and responsibility to the community at large (Elion, 2001). In relation to attention deficit hyperactivity disorder (ADHD) the Afrocentric Perspective will facilitate human and societal transformation toward spiritual, moral, and humanistic ends as well as a spiritual insight.

It is essential for the Strengths Perspective to be included in the individual’s assessment process. In order to utilize individuals with attention deficit hyperactivity disorder (ADHD) strengths effectively he or she must first identify those strengths. The Afrocentric Perspective in correlation with the Strengths Perspective can be used to enhance ones understanding of ADHD as it relates to human behavior in the social environment and by studying and embracing the Afrocentric Perspective in order to understand the individual’s behavior.

The Afrocentric Perspective in correlation with ADHD would be essential to human development as well as a sense of knowing that they are loved regardless of their status. The Afrocentric Perspective with regards to ADHD will provide reinforcement for continual sensitivities to social, economic and political phenomena. The Afrocentric Perspective in respect to ADHD would help the individual to access his or her values in life.
The Afrocentric Perspective in relation to the over prescribing of antipsychotics to children with attention deficit hyperactivity disorder (ADHD) can enable an individual to focus on strengths and resilience, empower them to have self-control as well as to be assertive. Applying the Afrocentric Perspective to attention deficit hyperactivity disorder (ADHD) will enable an individual to have self-control in hopes of overcoming mental illness and endure healing as a result.

The Theoretical Framework

The Theoretical Framework the researcher used to examine the harmful side effects of antipsychotics and their negative impact on African American adolescents is the Psycho-medical approach and Cognitive Behavioral Therapy. Attention deficit hyperactivity disorder (ADHD) is the latest expression to summarize psycho-medical rationalization for restless, distractive, impetuous behaviors in children. More and more children are being diagnosed with ADHD and prescribed stimulants without any other form of behavior or psychological intervention to treat their disorder (Locke & Kharrazzi, nd.).

With combined therapy, extracurricular activities and the proper medication, children have the ability to improve behavior, memory and attention skills and apply them to treatment and everyday life. Children with ADHD can use the skills they learn through structured health games and apply them to everyday life such as adherence to treatment guidelines (Locke & Kharrazzi, nd.).

According to Selikowitz (1995) the problem that needs to be addressed is that children are being treated with stimulant medication and are not offered any other type of behavior intervention in combination with their medicine. “In a child who is receiving an
appropriate medicine, all other forms of treatment, such as educational and psychological intervention, will be more effective.' In an effort to evaluate the problem, children with ADHD can use the skills they learn through structured extracurricular activities and apply them to everyday life to decrease or eliminate prescriptions of stimulant drugs.

The importance of the modifying application of extracurricular activities in ADHD children is that if performed under carefully controlled conditions, taking part in extracurricular activities may help improve concentration, memory and attentiveness in children with ADHD. The relevancy of the psycho-medical approach is to explore other avenues of treating ADHD with stimulant drugs being the last resort.

According to Wikipedia online encyclopedia (2008), Cognitive behavioral therapy is a psychotherapeutic approach that addresses dysfunctional emotions, maladaptive behaviors, and cognitive process and contents through a number of goal-oriented, explicit systematic procedures. According to Miranda (2000) as cited in (Douglas, 1988; Kendall & Braswell, 1985; Meichenbaum, 1977) attention deficit hyperactivity disorder (ADHD) is mediated by a cognitive deficiency, causing failures in tasks that demand a “Stop and Think” response. In other words, the problem with hyperactive children seems to stem from a deficiency in the activation of planned and systematic thinking, and not from active but distorted thinking.

Cognitive therapy techniques such as problem-solving, self-instruction, self-reinforcement, and social reinforcement can be implemented when assessing adolescents that have been diagnosed with ADHD. The research feels that the cognitive behavior therapy approach can be implemented with regards to personality and mood disorders in
adolescents that are diagnosed with attention deficit hyperactivity disorder (ADHD) during assessment.
CHAPTER III

METHODOLOGY

This chapter describes the statistical relationship between the knowledge and perception of students that were pursuing a degree in social work at the department of the Whitney M. Young Jr., School of Social Work in comparison to the remaining students that attended the Atlanta University Centers who were not social work majors in regards to attention deficit hyperactivity disorder (ADHD). This study took place at a Historically Black College University on the campus of the Atlanta University Centers. The methods and procedures used to conduct this study are described in the sections research design, description of site, sample population, instrumentation, treatment of the data, and limitation of study.

Research Design

A descriptive research design was used in this study. The descriptive and research design allowed for the use of a descriptive analysis of the demographic profile of the survey respondents. The research designed allowed for the explanation of the relationship of students that were social work majors at the department of the Whitney M. Young Jr., School of Social Work and students that were not social work majors in regard to their knowledge and perception of attention deficit hyperactivity disorder and medical treatment among African American adolescent males. Descriptive research was chosen because it
allows the researcher the opportunity to assess, review, inquire, and form logical ideas about factors of the subjects.

Description of Site

The study was conducted in the historic Atlanta University Center (AUC) located at 156 Mildred Street Atlanta, Georgia, 30314. The site was selected because it congregates five prestigious historically black institutions including the Department of the Whitney M. Young Jr., School of Social Work and is the largest establishment of African Americans in higher education in the United States of America. Schools that are appended in the Atlanta University Center are as follows: Clark Atlanta University; Interdenominational Theological Seminary; Morehouse College; Morris Brown College; and Spellman College. Not only was this site selected because it congregates five prestigious historically black institutions but because of one is integrated with the Whitney M. Young Jr. School of Social Work.

The Whitney M. Young Jr. School of Social Work prepares social work graduates to search for solutions to problems, especially as they affect the African-American community, with a focus on children, families, and males within the context of family and community. The School is committed to the core values of the profession, including the promotion of social justice; a responsibility to serve oppressed, at-risk members of society; and the responsible application of professional values and ethics in practice, (Clark Atlanta University).
Sample and Population

The target population for this research study was composed of African-American men and women who were enrolled in an institution of higher learning as well as the Department of the Whitney M. Young Jr. School of Social Work in the Atlanta University Center (AUC) located in Atlanta, Georgia. The Institutional Review Board (IRB) at Clark Atlanta University approved the collecting of data from Atlanta University Center Students (Appendix A). Two hundred and Fifty students who enrolled in an institution of higher learning in the Atlanta University Center were the target group of this study.

The sample was a purposive sample of African American men and women ages 18 and older that enrolled in an institute of higher learning in the Atlanta University Center (AUC) in Atlanta, Georgia. An informed consent document was established to ensure the study met requirements for collecting data and that the data collected was used solely for the purpose of this study, there was no harm intended, and the confidentiality maintained. The names of the participating students were placed in a drawing for a chance to win a Smoothie King gift card in the amount of five dollars as an incentive for participating in this research.

Instrument and Measures

The study utilized a questionnaire as its assessment tool. The questionnaire consisted of two sections with a total of 28 questions. The first section entitled “Section I,” of the questionnaire consisted of five questions which identifies demographic information including age, classification, gender, school, and if parents attended college

Section two consisted of twenty-three questions which measured the knowledge and perception of the respondents. A Likert Scale (1= Strongly Disagree, 2= Disagree, 3= Agree,
and 4= Strongly) was used to generate frequency distributions in order to analyze student’s knowledge and perception of attention deficit hyperactivity disorder (ADHD) and medical treatment among adolescent males.

Questions six through twenty-eight: I am knowledgeable of Attention Deficit Hyperactivity Disorder (ADHD), I am knowledgeable of the medications used to treat (ADHD), I feel comfortable knowing that physicians are prescribing controlled substances to adolescents that have been diagnosed with ADHD, I think stimulants are effective in treating ADHD symptoms in adolescents, I think its okay for physicians to prescribe a controlled substance to adolescents diagnosed with ADHD, I have seen positive side effects of stimulant used to treat ADHD, I would prefer a physician to prescribe a non-controlled substance to adolescents with ADHD, I have seen negative side effects of stimulants used to treat ADHD, I am aware of the decreased appetite and weight loss caused by stimulants used to treat ADHD, I believe that schools should implement recess in school, Atlanta University Center community should require all students to take a workshop on ADHD, I am knowledgeable of the Afrocentric Perspective, I am knowledgeable of the strengths perspective, I believe that there are other alternatives of treatment for ADHD, I believe that there are non-medication alternatives to treat ADHD, I believe that extracurricular activities can aid in effective treatment of ADHD, I am a Social Worker, I am against controlled substances being prescribed to adolescents, I have little or no knowledge of ADHD and medical treatment, I am knowledgeable of Cognitive Behavioral Therapy, I am curious to know why there is a rise in the diagnoses of ADHD in adolescents, I am curious to know why there is a rise in stimulants being prescribed to adolescents, and I am not interested in ADHD or the pros and cons of medical treatment in adolescents.
Treatment of the Data

The data obtained was coded in the Statistical Package for Social Science software program (SPSS). The analysis used a descriptive statistic of frequency distribution and cross tabulations. The test statistic used for this study was the Pearson Chi Square. A demographic profile which included questions gauged to find out the student’s age group, classification, gender, school, and if parents or guardians attended college was developed using students’ responses. A frequency distribution was used to analyze the data.

Frequency distributions were used to analyze and summarize each of the variables in the study. A frequency of demographic data was also used to gain insight about the respondents of the study.

Cross-tabulations were used to explore and demonstrate any relationship between knowledge of ADHD and school, knowledge of ADHD and school, and knowledge of medical treatment and social worker Chi Square was used to test whether there was a significant relationship at the 0.05 level of probability among the variables of the study.

Limitations of the Study

There were several limitations of this study: 1) the number of surveys administered (141); the goal was to administer (250). The number of surveys administered does not adequately represent the vast majority of students on the campuses of the Atlanta University Centers. 2) There is a limited amount of research concerning attention deficit hyperactivity disorder (ADHD) and medical treatment among African American adolescent males. 3) The researcher produced the survey used for this study. The survey has not been used in a previous study.
CHAPTER IV
PRESENTATION OF FINDINGS

The purpose of this chapter is to present the findings and outcome of the data analysis. The researcher administered surveys to African-American men and women who were enrolled in an institute of higher learning in the Atlanta University Center (AUC) located in Atlanta, Georgia. The purpose of the survey was to explore the knowledge and perception of African-American college students toward attention deficit hyperactivity disorder (ADHD) and medical treatment among adolescent males. The findings of the study are structured into two sections: demographic data and research question and hypothesis.

Demographic Data

A demographic summary was developed of the study participants. The Demographic profile included the following: age group, race, marital status, family yearly income, college classification, school attend, and history of mental health treatment. The study population was composed of 141 surveys that indicated that their age group was under 18-23 (69), 24-31 (39), 32-39 (14), and 40 and older (19). The classification of the students surveyed were freshmen (17), sophomore (7), junior (11), senior (20), master (86), and PHD (0). The genders of the students surveyed were male (53) and female (88). Participants indicated that they attended Clark Atlanta University (CAU) (29), Spelman College (4), Morehouse College (12), and the Department of the Whitney M. Young Jr.,
School of Social Work (95), the Interdenominational T Center (1), and Morris Brown College (0). Participants indicated that their parents or guardians attended college; yes (95) and no (46).

Of the 141 surveys participants, the majority (95) indicated that they attended the department of the Whitney M. Young Jr., School of Social Work. Table 1 is a profile of the study participants. It represents the frequency distribution of the demographic variables used for the study.

Table 1

Demographic Profile of Study Participants (N = 100)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age Group</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-21</td>
<td>69</td>
<td>48.9</td>
</tr>
<tr>
<td>24-31</td>
<td>39</td>
<td>27.7</td>
</tr>
<tr>
<td>32-39</td>
<td>14</td>
<td>9.9</td>
</tr>
<tr>
<td>40 up</td>
<td>19</td>
<td>13.5</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>53</td>
<td>37.6</td>
</tr>
<tr>
<td>Female</td>
<td>88</td>
<td>62.4</td>
</tr>
<tr>
<td>Classification</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Freshman</td>
<td>17</td>
<td>12.1</td>
</tr>
<tr>
<td>Sophomore</td>
<td>7</td>
<td>5.0</td>
</tr>
<tr>
<td>Junior</td>
<td>11</td>
<td>7.8</td>
</tr>
<tr>
<td>Senior</td>
<td>20</td>
<td>14.2</td>
</tr>
<tr>
<td>Masters</td>
<td>86</td>
<td>61.0</td>
</tr>
</tbody>
</table>
Table 1 Continued....

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>My School is</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clark Atlanta</td>
<td>29</td>
<td>20.6</td>
</tr>
<tr>
<td>Spelman</td>
<td>4</td>
<td>2.8</td>
</tr>
<tr>
<td>Morehouse</td>
<td>12</td>
<td>8.5</td>
</tr>
<tr>
<td>WMYJSSW</td>
<td>95</td>
<td>67.4</td>
</tr>
<tr>
<td>ITC</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>Parent/Guardian Attended College</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>46</td>
<td>32.6</td>
</tr>
<tr>
<td>Yes</td>
<td>95</td>
<td>67.4</td>
</tr>
<tr>
<td>Total</td>
<td>141</td>
<td>100.0</td>
</tr>
</tbody>
</table>

As indicated in Table 1, the typical respondent of the study was a female who attended the department of the Whitney M. Young Jr., School of social work; 18-23 years old pursuing her masters, whose parents-guardians attended college.

Table 2 is a frequency distribution of 141 college students enrolled in one of the AUC institutions of higher learning indicating their knowledge and perception of attention deficit hyperactivity disorder and medical treatment among adolescent males. The majority of the respondents surveyed would disclose that they believe that extracurricular activities can aid in effective treatment of ADHD, of the 141 respondents, 6.4. % indicated that they did not believe that extracurricular activities can aid in effective treatment of ADHD.
Table 2

I believe that extracurricular activities can aid in effective treatment of ADHD (N=141)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disagree</td>
<td>9</td>
<td>6.4</td>
</tr>
<tr>
<td>Agree</td>
<td>132</td>
<td>93.6</td>
</tr>
<tr>
<td>Total</td>
<td>141</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table 3 is a frequency distribution of 141 college students enrolled in one of the AUC institutions of higher learning indicating whether or not they were curious to know why there is a rise in the diagnoses of ADH in adolescents. As shown in Table 3, the majority of the respondents surveyed are curious to know why there is a rise in the diagnoses of ADH in adolescents. Of the 141 respondents, 9.9% indicated that they are not curious to know why there is a rise in the diagnoses of ADH in adolescents.

Table 3

I am curious to know why there is a rise in the diagnoses of ADH in adolescents (N=141)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disagree</td>
<td>14</td>
<td>9.9</td>
</tr>
<tr>
<td>Agree</td>
<td>127</td>
<td>90.1</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100.0</td>
</tr>
</tbody>
</table>
Table 4 is a frequency distribution of 141 college students enrolled in one of the AUC institutions of higher learning indicating whether or not they were curious to know why there is a rise in stimulants being prescribed to adolescents. As shown in Table 4, the majority of the respondents surveyed are curious to know why there is a rise in stimulants being prescribed to adolescents. Of the 141 respondents, 9.2% indicated that they are not curious to know why there is a rise in stimulants being prescribed to adolescents.

Table 4

I am curious to know why there is a rise in stimulants being prescribed to adolescents (N=141)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disagree</td>
<td>13</td>
<td>9.2</td>
</tr>
<tr>
<td>Agree</td>
<td>128</td>
<td>90.8</td>
</tr>
<tr>
<td>Total</td>
<td>141</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table 5 is a frequency distribution of 141 college students enrolled in one of the AUC institutions of higher learning indicating whether or not they would prefer a physician to prescribe a non-controlled substance to adolescents with ADHD. As shown in Table 5, the majority of the respondents surveyed would prefer a physician to prescribe a non-controlled substance to adolescents with ADHD. Of the 141 respondents, 36.2% indicated that they are not would prefer a physician to prescribe a non-controlled substance to adolescents with ADHD.
Table 5

I would prefer a physician to prescribe a non-controlled substance to adolescents with ADHD (N=141)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disagree</td>
<td>51</td>
<td>36.2</td>
</tr>
<tr>
<td>Agree</td>
<td>90</td>
<td>63.8</td>
</tr>
<tr>
<td>Total</td>
<td>141</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table 6 is a frequency distribution of 141 college students enrolled in one of the AUC institutions of higher learning indicating whether or not they have seen negative side effects of stimulants used to treat ADHD. As shown in Table 6, the majority of the respondents surveyed have seen negative side effects of stimulants used to treat ADHD. Of the 141 respondents, 43.3 % indicated that they have not seen negative side effects of stimulants used to treat ADHD.

Table 6

I have seen negative side effects of stimulants used to treat ADHD (N=141)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disagree</td>
<td>61</td>
<td>43.3</td>
</tr>
<tr>
<td>Agree</td>
<td>80</td>
<td>56.7</td>
</tr>
<tr>
<td>Total</td>
<td>141</td>
<td>100.0</td>
</tr>
</tbody>
</table>
Table 7 is a frequency distribution of 141 college students enrolled in one of the AUC institutions of higher learning indicating whether or not they believe that there are non-medication alternatives to treat ADHD. As shown in table 7, the majority of the respondents surveyed believe that there are non-medication alternatives to treat ADHD. Of the 141 respondents, 16.3% indicated that they did not believe there are non-medication alternatives to treat ADHD.

Table 7
I believe that there are non-medication alternatives to treat ADHD (N=141)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disagree</td>
<td>23</td>
<td>16.3</td>
</tr>
<tr>
<td>Agree</td>
<td>118</td>
<td>83.7</td>
</tr>
<tr>
<td>Total</td>
<td>141</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table 8 is a frequency distribution of 141 college students enrolled in one of the AUC institutions of higher learning indicating whether or not they believe that schools should implement recess in school. As shown in table 8, the majority of the respondents surveyed believe that schools should implement recess in school. Of the 141 respondents, 7.1% indicated that they did not believe schools should implement recess in school.
Table 8
I believe that schools should implement recess in school (N=141)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disagree</td>
<td>10</td>
<td>7.1</td>
</tr>
<tr>
<td>Agree</td>
<td>131</td>
<td>92.9</td>
</tr>
<tr>
<td>Total</td>
<td>141</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table 9 is a frequency distribution of 141 college students enrolled in one of the AUC institutions of higher learning indicating whether or not they were knowledgeable of the Afrocentric Perspective. As shown in table 9, the majority of the respondents were knowledgeable of the Afrocentric Perspective. Of the 142 respondents, 23.4 % indicated that they were not knowledgeable of the Afrocentric Perspective.

Table 9
I am knowledgeable of the Afrocentric Perspective (N=141)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disagree</td>
<td>33</td>
<td>23.4</td>
</tr>
<tr>
<td>Agree</td>
<td>108</td>
<td>76.6</td>
</tr>
<tr>
<td>Total</td>
<td>141</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table 10 is a frequency distribution of 141 college students enrolled in one of the AUC institutions of higher learning indicating whether they had little or no knowledge of
ADHD and medical treatment. As shown in table 10, the majority of the respondents surveyed stated that they have knowledge of ADHD and medical treatment. Of the 141 respondents, 39.7 % indicated that they have little or no knowledge of ADHD and medical treatment.

Table 10
I have little or no knowledge of ADHD and medical treatment (N=141)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disagree</td>
<td>85</td>
<td>60.3</td>
</tr>
<tr>
<td>Agree</td>
<td>56</td>
<td>39.7</td>
</tr>
<tr>
<td>Total</td>
<td>141</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table 11 is a frequency distribution of 141 college students enrolled in one of the AUC institutions of higher learning indicating whether or not they were aware of the decreased appetite and weight loss caused by stimulants used to treat ADHD. As shown in table 11, the majority of the respondents surveyed stated that they were aware of the decrease in appetite and weight loss caused by stimulants used to treat ADHD. Of the 141 respondents, 49.6 % indicated that they have little or no knowledge of ADHD and medical treatment.
I am aware of the decreased appetite and weight loss caused by stimulants used to treat ADHD (N=141)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disagree</td>
<td>70</td>
<td>49.6</td>
</tr>
<tr>
<td>Agree</td>
<td>71</td>
<td>50.4</td>
</tr>
<tr>
<td>Total</td>
<td>141</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table 12 is a frequency distribution of 141 college students enrolled in one of the AUC institutions of higher learning indicating whether or not they were a social worker. As shown in table 12, the majority of the respondents surveyed stated that they were social workers. Of the 141 respondents, 48.9% indicated that they were not social workers.

I am a social worker (N=141)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disagree</td>
<td>69</td>
<td>48.9</td>
</tr>
<tr>
<td>Agree</td>
<td>72</td>
<td>51.1</td>
</tr>
<tr>
<td>Total</td>
<td>141</td>
<td>100.0</td>
</tr>
</tbody>
</table>
Research Questions and Hypothesis

Q1. Is there a relationship between students that attend the department of the Whitney M. Young School Jr., School of Social Work and the remaining students attending the Atlanta University Centers toward being knowledgeable of ADHD?

Null Hypothesis

H1. There is no significant statistical relationship between students that attend the department of the Whitney M. Young School Jr., School of Social Work and the remaining students attending the Atlanta University Centers toward being knowledgeable of ADHD.

Table 13 is a cross tabulation of the response to the questionnaire questions; I am knowledgeable of attention deficit hyperactivity disorder (ADHD) and the past computed variable my school. It shows the relationship (p=.097) between the two aforementioned variables and indicates whether there was a statistically significant relationship between students that attend the department of the Whitney M. Young Jr., School of Social Work and the remaining students at the Atlanta University Centers knowledge of ADHD.

As indicated in table 13, of 141 college students that were knowledgeable of attention deficit hyperactivity disorder 0 (.0 %) disagreed and 29 (20.6%) agreed attended Clark Atlanta University; 0 (.0%) disagreed and 4 (2.8%) agreed attended Spelman College; 3 (2.1%) disagreed and 9 (6.4%) agreed attended Morehouse College; 8 (5.7%)
disagreed and 87 (61.7%) agreed attended the department of the WMY School of Social Work; 0 (.0%) disagreed and 1 (.7%) agreed attended the Interdenominational T. Center.

Table 13

Cross tabulation of I am knowledgeable of attention deficit hyperactivity disorder by my school (N=141)

<table>
<thead>
<tr>
<th></th>
<th>My School</th>
<th>Clark Atlanta</th>
<th>Spelman College</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morehouse College</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am knowledgeable</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 of Attention Deficit Hyperactivity Disorder: ADHD</td>
<td>Agree</td>
<td>Count</td>
<td>Count</td>
</tr>
<tr>
<td>2.1%</td>
<td></td>
<td>29</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>% of total</td>
<td>20.6%</td>
<td>2.8%</td>
</tr>
<tr>
<td>Total</td>
<td>Count</td>
<td>29</td>
<td>4</td>
</tr>
<tr>
<td>12</td>
<td>% of total</td>
<td>20.6%</td>
<td>2.8%</td>
</tr>
<tr>
<td>8.5%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 13 Continued....

Cross tabulation of I am knowledgeable of attention deficit hyperactivity disorder by my school (N=141)

<table>
<thead>
<tr>
<th></th>
<th>My School</th>
<th>ITC</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am knowledgeable</td>
<td>Disagree</td>
<td>8</td>
</tr>
<tr>
<td>of Attention Deficit</td>
<td>Count</td>
<td></td>
</tr>
<tr>
<td>7.8%</td>
<td>% of total</td>
<td>5.7%</td>
</tr>
<tr>
<td>Hyperactivity Disorder</td>
<td>Agree</td>
<td>87</td>
</tr>
<tr>
<td>ADHD 92.2%</td>
<td>% of total</td>
<td>61.7%</td>
</tr>
<tr>
<td>Total Count</td>
<td></td>
<td>95</td>
</tr>
<tr>
<td>141</td>
<td>% of total</td>
<td>67.4%</td>
</tr>
<tr>
<td>100.0%</td>
<td></td>
<td>.7%</td>
</tr>
</tbody>
</table>

P = .097

As shown in table 13 there is no statistical significant relationship between students that attend the department of the Whitney M. Young Jr., School of Social Work and the remaining students at the Atlanta University Centers being knowledgeable of ADHD because chi-square is .097 which is above .05.
Q2. Is there a relationship between students that attend the department of the Whitney M. Young School Jr., of Social Work and the remaining students attending the Atlanta University Centers toward being knowledgeable of medications used to treat ADHD?

Null Hypothesis

H2. There is no significant statistical relationship between students that attend the department of the Whitney M. Young Jr., School of Social Work and the remaining students attending the Atlanta University Centers toward being knowledgeable of medications used to treat ADHD?

Table 14 is a cross tabulation of the response to the questionnaire questions; I am knowledgeable of the medications used to treat ADHD and the past computed variable my school. It shows the relationship (p=.381) between the two aforementioned variables and indicates whether there was a statistically significant relationship between the knowledge of students that were knowledgeable of ADHD and those that were not.

As indicated in table 14, of 141 college students that were knowledgeable of the medications used to treat ADHD 14 (9.9%) disagreed and 15 (10.6%) agreed attended Clark Atlanta University; 1 (.7%) disagreed and 3 (2.1%) agreed attended Spelman College; 8 (5.7%) disagreed and 4 (2.8%) agreed attended Morehouse College; 40 (28.4%) disagreed and 55 (39.0%) agreed attended the department of the WMY School of Social Work; 0 (.0%) disagreed and 1 (.7%) agreed attended the Interdenominational T. Center.
Table 14

Cross tabulation of I am knowledgeable of medications used to treat ADHD by my school (N=141)

<table>
<thead>
<tr>
<th>My School</th>
<th>Clark Atlanta</th>
<th>Spelman College</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morehouse College</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am knowledgeable of medications used to treat ADHD</td>
<td>Disagree Count</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>% of total</td>
<td>9.9%</td>
</tr>
<tr>
<td>8</td>
<td>Agree Count</td>
<td>15</td>
</tr>
<tr>
<td>5.7%</td>
<td>% of total</td>
<td>10.6%</td>
</tr>
<tr>
<td>4</td>
<td>Total Count</td>
<td>29</td>
</tr>
<tr>
<td>2.8%</td>
<td>% of total</td>
<td>20.6%</td>
</tr>
<tr>
<td>12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.5%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 14 Continued…

Cross tabulation of I am knowledgeable of medications used to treat ADHD by my school (N=141)

<table>
<thead>
<tr>
<th>My School</th>
<th>WMY School of Social Work</th>
<th>ITC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total I am knowledgeable of medications used to treat ADHD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>63 (44.7%)</td>
<td>Disagree Count</td>
<td>40</td>
</tr>
<tr>
<td></td>
<td>% of total</td>
<td>28.4%</td>
</tr>
<tr>
<td>Agree Count</td>
<td>55</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>% of total</td>
<td>39.0%</td>
</tr>
<tr>
<td>Total Count</td>
<td>95</td>
<td>1</td>
</tr>
<tr>
<td>141 (100.0%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>% of total</td>
<td>67.4%</td>
</tr>
</tbody>
</table>

P = .381

As shown in table 14 there is no statistical significant relationship between students that attend the department of the Whitney M. Young Jr., School of Social Work and the remaining students at the Atlanta University Centers being knowledgeable of the medications used to treat ADHD because chi-square is .381 which is above .05.
CHAPTER V
CONCLUSIONS AND RECOMMENDATIONS

This study was designed to describe and explore the knowledge and perception of college students' toward Attention Deficit Hyperactivity Disorder (ADHD) and the medical treatment used to treat adolescents who have been diagnosed with this disorder. The study also analyzed the target population and answered to research questions about whether there is a relationship between students that attend the Department of the Whitney M. Young, Jr., School of Social Work and the remaining students attending the Atlanta University Centers, toward being knowledgeable of ADHD.

The conclusions and recommendations of the research findings are presented in this chapter. Each research question is presented in order to summarize the significant findings of interest.

Research Question 1: Is there a relationship between students that attend the Department of the Whitney M. Young, Jr., School of Social Work and the remaining students attending the Atlanta University Centers toward being knowledgeable of ADHD?

In order to determine if there was a relationship between students that attended the Department of the Whitney M. Young, Jr., School of Social Work and the remaining students attending the Atlanta University Centers toward being knowledgeable of ADHD.
A cross tabulation was conducted. The cross tabulation that included the variable my school and the computed variable I am knowledgeable of attention deficit hyperactivity disorder was conducted.

The analysis indicated that out of 141 college students attending the Department of the Whitney M. Young, Jr., Social Work and the remaining students attending the Atlanta University Centers surveyed response to the question if they were knowledgeable of attention deficit hyperactivity disorder 0 (0.0%) disagreed and 29 (20.6%) agreed attended Clark Atlanta University; 0 (0.0%) disagreed and 4 (2.8%) agreed attended Spelman College; 3 (2.1%) disagreed and 9 (6.4%) agreed attended Morehouse College; 8 (5.7%) disagreed and 87 (61.7%) agreed attended the department of the WMY School of Social Work; 0 (0.0%) disagreed and 1 (.7%) agreed attended the Interdenominational T. Center.

The analysis further indicated that there is no relationship between the students that attended the Department of the Whitney M. Young, Jr., School of Social Work and the remaining University Centers toward their knowledge of attention deficit hyperactivity disorder (ADHD). When the test statistic (chi square) was applied the null hypothesis was accepted (p = .097) indicating that there was not a statistically significant relationship between the the aforementioned variables.

Research Question 2: Is there a relationship between students that attend the Department of the Whitney M. Young, Jr., School of Social Work and the remaining students attending the Atlanta University Centers toward being knowledgeable of medications used to treat ADHD?
In order to determine if there was a relationship between students that attend the Department of the Whitney M. Young, Jr., School of Social Work and the remaining students attending the Atlanta University Centers toward being knowledgeable of medications used to treat ADHD a cross tabulation was conducted. A cross tabulation which included the responses to the questionnaire question, "I am knowledgeable of medications used to treat ADHD" by the computed variables my school and I am knowledgeable of medications used to treat ADHD.

The analysis indicated that out of 141 college students attending the Department of the Whitney M. Young, Jr., Social Work and the remaining students attending the Atlanta University Centers surveyed response to the question if they were knowledgeable of the medications used to treat ADHD 14 (9.9%) disagreed and 15 (10.6%) agreed attended Clark Atlanta University; 1 (.7%) disagreed and 3 (2.1%) agreed attended Spelman College; 8 (5.7%) disagreed and 4 (2.8%) agreed attended Morehouse College; 40 (28.4%) disagreed and 55 (39.0%) agreed attended the department of the WMY School of Social Work; 0 (.0%) disagreed and 1 (.7%) agreed attended the Interdenominational T. Center.

The analysis further indicated that there is no relationship between the students that attended the Department of the Whitney M. Young, Jr., School of Social Work and the remaining University Centers toward their knowledge of medications used to treat ADHD. When the test statistic (chi square) was applied the null hypothesis was accepted (p = .381) indicating that there was not a statistically significant relationship between the aforementioned variables.
As a result of the findings of this study, the researcher is recommending the following:

1. Social workers should expand their knowledge of attention deficit hyperactivity disorder.

2. Social workers should expand their knowledge of the negative side effects of medications that are used to treat adolescent that have been diagnosed with attention deficit hyperactivity disorder (ADHD).

3. Physicians and Social workers should not rely heavily on the Diagnostic and Statistical Manual of Mental Disorders Fourth Edition (DSM-IV) to diagnose adolescents that display hyperactivity behavior.

4. Social workers should advocate changing the diagnostic criteria for diagnosing adolescents with attention deficit hyperactivity disorder (ADHD).

5. Researchers should further research medical treatment and how it negatively affects Africa American adolescent males that have been diagnosed with attention deficit hyperactivity disorder (ADHD).

6. Forums and seminars should be held at Historically Black Colleges and Universities (HBCU) to inform students about attention deficit hyperactivity disorder (ADHD) and the impact it has on African Americans.

Implications for Social Work

The results of this study present additional insight to a social workers knowledge and perception of attention deficit hyperactivity disorder (ADHD) and medical treatment among adolescent males. Social workers should have knowledge and understanding of attention deficit hyperactivity disorder (ADHD) as well as knowledge and understanding of the
different types of medications used to treat this disorder and their many different side effects.

Social workers play an essential role in providing services to individuals with mental health disparities. Therefore it is vital for social workers to be knowledgeable of the harmful side effects of these controlled substances that are being prescribed to adolescents that are diagnosed with attention deficit hyperactivity disorder (ADHD).

By becoming advocates for adolescents and promoting policy change in child welfare laws, mental health acts and practices, the continuous rise in prescription of controlled substances to adolescents can be intruded upon and the life span of adolescents that have been diagnosed with attention deficit hyperactivity disorders can be enhanced. The implementation of non-controlled substance methods could play a vital role in increasing the life span of adolescents that are diagnosed with attention deficit hyperactivity disorder (ADHD).

Social workers should advocate for change in the diagnostic criteria for diagnosing adolescents with attention deficit hyperactivity disorder (ADHD) as well as change in the medical treatments that negatively impact adolescents that are diagnosed with this disorder. When advocating for change in these issues every effort should be made to minimize the high and rapid rates of adolescents being diagnosed with attention deficit hyperactivity disorder (ADHD) in addition to the high rates of controlled substances that are prescribed to adolescents that have been diagnosed with attention deficit hyperactivity disorder (ADHD).
APPENDICES
Appendix A: Survey Questionnaire

A STUDY OF ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD) AND MEDICAL TREATMENT AMONG ADOLESCENT MALES

SECTION I: Demographic Information

Please answer the following demographic questions that best apply to you. Place a mark (X) next to the appropriate item. Choose only one answer for each statement.

1. **My age group:**
   1) ____18-23  2) ____24-31  3) ____32-39  4) ____40 and older

2. **My classification:**
   1) ____Freshmen  6) ____PhD
   2) ____Sophomore
   3) ____Junior
   4) ____Senior
   5) ____Master

3. **My gender:**
   1) ____Male  2) ____Female
Appendix A: Survey Questionnaire Continued....

4. **My school:**

1) ____ Clark Atlanta University  
2) ____ Spelman College  
3) ____ Morehouse College  
4) ____ WMY School of Social Work  
5.) ____ Interdenominational Theological Center  
6.) ____ Morris Brown College

5. **My school:**

1) ____ Clark Atlanta University  
2) ____ Spelman College  
3) ____ Morehouse College  
4) ____ WMY School of Social Work  
5.) ____ Interdenominational Theological Center  
6.) ____ Morris Brown College

6. **My parents(s) and/or guardian(s) attended college:**

1) ____ Yes  
2) ____ No

**SECTION II: Instrument**

How much do you agree with the following statements? Write the appropriate number (1-4) in the blank space in front of each statement on the questionnaire. Please respond to all questions.

4 = **Strongly Agree**  
3 = **Agree**  
2 = **Disagree**  
1 = **Strongly Disagree**

_____ 6. I am knowledgeable of Attention Deficit Hyperactivity Disorder (ADHD)

_____ 7. I am knowledgeable of the medications used to treat (ADHD)?

_____ 8. I feel comfortable knowing that physicians are prescribing controlled substances to adolescents that have been diagnosed with ADHD?
Appendix A: Survey Questionnaire Continued....

9. I think stimulants are effective in treating ADHD symptoms in adolescents?

10. I think it’s okay for physicians to prescribe a controlled substance to adolescents diagnosed with ADHD?

11. I have seen positive side effects of stimulant used to treat ADHD?

12. I would prefer a physician to prescribe a non-controlled substance to adolescents with ADHD?

13. I have seen negative side effects of stimulants used to treat ADHD?

14. I am aware of the decreased appetite and weight loss caused by stimulants used to treat ADHD

15. I believe that schools should implement recess in school?

16. Atlanta University Center community should require all students to take a workshop on ADHD?

SECTION II: Instrument (continue)

How much do you agree with the following statements? Write the appropriate number (1-4) in the blank space in front of each statement on the questionnaire. Please respond to all questions.

4 = Strongly Agree  3 = Agree  2 = Disagree  1 = Strongly Disagree

17. I am knowledgeable of the Afrocentric Perspective?

18. I am knowledgeable of the strengths perspective?

19. I believe that there are other alternatives of treatment for ADHD?

20. I believe that there are non-medication alternatives to treat ADHD?

21. I believe that extracurricular activities can aid in effective treatment of ADHD?

22. I am a Social Worker?

23. I am against controlled substances being prescribed to adolescents?
Appendix A: Survey Questionnaire Continued....

24. I have little or no knowledge of ADHD and medical treatment?

25. I am knowledgeable of Cognitive Behavioral Therapy?

26. I am curious to know why there is a rise in the diagnoses of ADHD in adolescents?

27. I am curious to know why there is a rise in stimulants being prescribed to adolescents?

28. I am not interested in ADHD or the pros and cons of medical treatment in adolescents?
Appendix B: Informed Consent Form

INFORMED
CONSENT FORM

“A STUDY OF ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD) AND MEDICAL TREATMENT AMONG ADOLESCENT MALES”

INVITATION

As a staff/administrator and or student participant in Clark Atlanta University (CAU), you are invited to participate in a research study focusing on the subject of attention deficit and hyperactivity disorder and the effects of medical Treatment. This study is conducted by Africa Hann, researcher and candidate of the Whitney M. Young, Jr., School of Social Work. As a survey participant, I hope that you become aware or more aware of medical treatment and the side effects.

If you agree to be in this study we ask that you:

1. Read this form and ask any questions you may have before agreeing to be in the study
2. Carefully and fully complete the entire survey for the above topic
3. Complete entire survey

RISK, HARM AND BENEFITS

There are no risks to completing this survey. I cannot guarantee that you would benefit from this study.

However, if participating in one of the arranged survey classes for this study, you are eligible to participate in a drawing to win 1 of 25 Smoothie King gift cards, a value of $5 each. Gift cards will be given to the winners after survey(s) are completed and collected.

CONFIDENTIALITY

The records of this study will be kept in private. In any published report we will not include any information that will make it possible to identify a participant such as names or social security numbers. The only other entity that the information will be released to,
will be the administration of the Whitney M. Young, Jr., School of Social Work for the completion of my course.

You may ask any questions you have now. If you have questions later about the research, you may contact Africa Hann at africa.hann@students.cau.edu or my advisor Dr. Joyce G. Goosby @ 404.880.8529. If you have any additional questions related to the integrity of the research (the rights of research subjects or research-related injuries, where applicable), you are encouraged to contact Dr. Georgianna Bolden at the Office of Sponsored Programs 404.880.6979 or Dr. Paul I. Musey 404.880.6829 at Clark Atlanta University.

Your signature indicates that you have read and understood the above information, you have asked questions and have received answers, and that you consent to participate in the study.

__________________________   _______________________

(Participant) Signature   Date

__________________________   _______________________

Signature of Investigator   Date

Thank you for your time and cooperation.
INVITATION

PLEASE COME OUT AND FILL OUT A SHORT SURVEY

Thesis Topic

A STUDY OF ADHD AND MEDICAL TREATMENT AMONG ADOLESCENT MALES

A Study Conducted by

AFRICA HANN, MSW CANDIDATE, WHITNEY M. YOUNG., JR.
SCHOOL OF SOCIAL WORK

Where: The Whitney M. Young School of Social Work, Clark Atlanta University

Time: 1:00 pm

When: September 10, 2012

Participants will qualify for a drawing of a Smoothie King Gift card!
Appendix D: IRB Approval Letter

CLARK ATLANTA UNIVERSITY
Institutional Review Board
Office of Sponsored Programs

September 28, 2012

Ms. Africa Hann <africabenns@yahoo.com>
School Social Work
Clark Atlanta University
Atlanta, GA 30314

RE: A Study of ADHD And Medical Treatment Among Adolescent Male.

Principal Investigator(s): Africa Hann
Human Subjects Code Number: HR2012-9-453-1

Dear Ms. Hann:

The Human Subjects Committee of the Institutional Review Board (IRB) has reviewed your protocol and approved it as exempt in accordance with 45 CFR 46.101(b)(2).

Your Protocol Approval Code is HR2012-9-453-1/A

This permit will expire on September 29, 2013. Thereafter, continued approval is contingent upon the annual submission of a renewal form to this office.

The CAU IRB acknowledges your timely completion of the CITI IRB Training in Protection of Human Subjects – "Social and Behavioral Sciences Track". Your certification is valid for two years.

If you have any questions, please contact Dr. Georgianna Bolden at the Office of Sponsored Programs (404) 880-6979 or Dr. Paul I. Musey, (404) 880-6829.

Sincerely:

[Signature]

Paul I. Musey, Ph.D.
Chair
IRB: Human Subjects Committee

cc. Office of Sponsored Programs, “Dr. Georgianna Bolden” <gholden@cau.edu>
Appendix E: SPSS Program

TITLE 'THESIS'
SUBTITLE 'Attention Deficit Hyperactivity Disorder ADHD'.

DATA LIST FIXED/ID
  ID 1-3
  AGERP 4
  MYCLASS 5
  GENDER 6
  SCHOOL 7
  PARENTS 8
  KNOWLEG 9
  MEDICAT 10
  COMFORT 11
  STIMULT 12
  ITISOK 13
  EFFECTS 14
  PREFER 15
  TREAT 16
  WEIGHT 17
  RECESS 18
  CENTER 19
  AFROCEN 20
  STRENGT 21
  ALTERNA 22
  NONMEDI 23
  CANADID 24
  SWORKER 25
  AGAINST 26
  LITTLE 27
  THERAPY 28
  CURIOUS 29
  WHYISA 30
  IAMNOT 31

VARIABLE LABELS
  ID 'Case number'
  AGEGRP 'Q1 My age group'
  MY CLASS 'Q2 MY Classification'
Appendix E: SPSS Program Continued....

GENDER 'Q3 My Gender'
SCHOOL 'Q4 My School'
PARENTS 'Q5 My parents-guardians attended college'
KNOWLEG 'Q6 I am knowledgeable of Attention Deficit Hyperactivity disorder-ADHD'
MEDICAT 'Q7 I am knowledgeable of the medications used to treat ADHD'
COMFORT 'Q8 I feel comfortable knowing that physicians are prescribing controlled substances to adolescents that have been diagnosed with ADHD'
STIMULT 'Q9 I think stimulants are effective in treating ADHD symptoms in adolescents'
ITISOK 'Q10 I think it is ok for physicians to prescribe a controlled substances to adolescents diagnosed with ADHD'
ITISOK 'Q11 I have seen positive side effects of stimulants used to treat ADHD'
PREFER 'Q12 I would prefer a physician to prescribe a non-controlled substance to adolescents with ADHD'
TREAT 'Q13 I have seen negative side effects of stimulants used to treat ADHD'
WEIGHT 'Q14 I am aware of the decreased appetite and weight loss caused by stimulants used to treat ADHD'
RECESS 'Q15 I believe that schools should implement recess in school'
CENTER 'Q16 Atlanta University Center community should require all students to take a workshop on ADHD'
AFROCEN 'Q17 I am knowledgeable of the Afrocentric Perspective'
STRENGT 'Q18 I am knowledgeable of the strengths perspective'
ALTERNA 'Q19 I believe that there are alternatives of treatment for ADHD'
NONMEDI 'Q20 I believe that there are non-medication alternatives to treat ADHD'
CANADID 'Q21 I believe that extracurricular activities can aid in effective treatment of ADHD'
SWORKER 'Q22 I am a social worker'
AGAINST 'Q23 I am against controlled substances being prescribed to adolescents'
LITTLE 'Q24 I have little or no knowledge of ADHD and medical treatment'
THERAPY 'Q25 I am knowledgeable of Cognitive Behavioral Therapy'
CURIOUS 'Q26 I am curious to know why there is a rise in the diagnosis of ADHD in adolescents'
WHYISA 'Q27 I am curious to know why there is a rise stimulants being prescribe to adolescents'
IAMNOT 'Q28 I am not interested in ADHD or the pros and cons of medical treatment in adolescents'

VALUE LABLES
AGERP
1 '18-23'
Appendix E: SPSS Program Continued.

2 '24-31'
3 '32-39'
4 '40 up'/
MY CLASS
1 'Freshmen'
2 'Sophomore'
3 'Junior'
4 'Senior'
5 'Masters'
6 'Phd'/
GENDER
1 'Male'
2 'Female'/
SCHOOL
1 'Clark Atlanta'
2 'Spelman'
3 'Morehouse College'
4 'WMY School of Social Work'
5 'Interdenominational T Cntr'
6 'Morris Brown College'/
PARENTS
1 'Yes'
2 'No'
KNOWLEG
1 'Strongly Disagree'
2 'Disagree'
3 'Agree'
4 'Strongly Agree'(/
COMFORT
1 'Strongly Disagree'
2 'Disagree'
3 'Agree'
4 'Strongly Agree'(/
STIMULT
1 'Strongly Disagree'
2 'Disagree'
3 'Agree'
ITISOK
1 'Strongly Disagree'
2 'Disagree'
3 'Agree'
Appendix E: SPSS Program Continued....

4 'Strongly Agree'/
EFFECTS
1 'Strongly Disagree'
2 'Disagree'
3 'Agree'
4 'Strongly Agree'/
PREFER
1 'Strongly Disagree'
2 'Disagree'
3 'Agree'
4 'Strongly Agree'/
TREAT
1 'Strongly Disagree'
2 'Disagree'
3 'Agree'
4 'Strongly Agree'/
WEIGHT
1 'Strongly Disagree'
2 'Disagree'
3 'Agree'
4 'Strongly Agree'/
RECESS
1 'Strongly Disagree'
2 'Disagree'
3 'Agree'
4 'Strongly Agree'/
CENTER
1 'Strongly Disagree'
2 'Disagree'
3 'Agree'
4 'Strongly Agree'/
AFROCEN
1 'Strongly Disagree'
2 'Disagree'
3 'Agree'
4 'Strongly Agree'/
STRENGT
1 'Strongly Disagree'
2 'Disagree'
3 'Agree'
4 'Strongly Agree'/
Appendix E: SPSS Program Continued....

ALTERNA
1 'Strongly Disagree'
2 'Disagree'
3 'Agree'
4 'Strongly Agree'/

NONMEDI
1 'Strongly Disagree'
2 'Disagree'
3 'Agree'
4 'Strongly Agree'/

CANAID
1 'Strongly Disagree'
2 'Disagree'
3 'Agree'
4 'Strongly Agree'/

SWORKER
1 'Strongly Disagree'
2 'Disagree'
3 'Agree'
4 'Strongly Agree'/

AGAINST
1 'Strongly Disagree'
2 'Disagree'
3 'Agree'
4 'Strongly Agree'/

LITTLE
1 'Strongly Disagree'
2 'Disagree'
3 'Agree'
4 'Strongly Agree'/

THERAPY
1 'Strongly Disagree'
2 'Disagree'
3 'Agree'
4 'Strongly Agree'/

CURIOUS
1 'Strongly Disagree'
2 'Disagree'
3 'Agree'
4 'Strongly Agree'/

WHYISA
Appendix E: SPSS Program Continued....

1 'Strongly Disagree'
2 'Disagree'
3 'Agree'
4 'Strongly Agree'/
IAMNOT
1 'Strongly Disagree'
2 'Disagree'
3 'Agree'
4 'Strongly Agree'/

RECODE KNOWLEDGE MEDICAT COMFORT STIMULANT ITISOK EFFECTS (1 THRU 2.99=2) (3 THRU 4.99=3).
RECODE PREFER TREAT WEIGHT RECESS CENTER AFROCEN STRENGT (1 THRU 2.99=2) (3 THRU 4.99=3).
RECODE ALTERNA NONMEDI CANAID SWORKER (1 THRU 2.99=2) (3 THRU 4.99=3).
RECODE AGAINST LITTLE THERAPY CURIOUS WHYISA IAMNOT (1 THRU 2.99=2) (3 THRU 4.99=3).

MISSING VALUES
AGEGRP MYCLASS GENDER SCHOOL PARENTS KNOWLEDG MEDICAT COMFORT STIMULT ITISOK EFFECTS
PREFER TREAT WEIGHT RECESS CENTER AFROCEN STRENGT ALTERNA NONMEDI CAN AID SWORKER
AGAINST LITTLE THERAPY CURIOUS WHY IS A I AM NOT (0).
BEGIN DATA
001452414323234233234444413342
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0041311232222232321132122213332
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00625242333333333333333223332
007252423333334444444223442
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011141322213232333323332
0122524133333332424333223443
0134524133334234234334234331
0142524232223344444444334444
0153524241111444444443414441
Appendix E: SPSS Program Continued....

0161524131344442231343334233332
017252414123224224333233233332
018352413222124224444444123441
0192524132122223242214332332332
020251124433424441343344214234
0213524244112231143444444414441
0222524132322222242443334233341
023152423223323332333232233223
02425142333334232134333423232
025352413221223448433434421441
026352423323343233333233234441
02715211332222324222444133332
02825141321112442444444433441
029452414333332242444433323331
0301514232443121143423141223442
031152413133141114114441331441
03215241332333432333233223332
03315242331214444334441414442
03425241332213423333323323332
0351121244222232121123331211332
036242423311113132444434131331
03735241323333414234432323442
038251413323343242343334335212
0392514132332323343333233332
040152414421223443443413123441
0412524133222333333333323332
0421213132313232113141131444
043151413243332214344141231331
04415141212322222413432232332
0451321131111111114122241431441
046251423113331311112221111331
0471411131333342141114431241331
04835241444442343444334114431
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050252414311224444444344414441
0512524143222344444444444441
05213114444443111122331233332
0531413133333224222333123332
05411131323232221312331132332
0551114144343243443223341213331
0561121131423121142113321331441
Appendix E: SPSS Program Continued....

0571112444232234444113341222441
0581124233222243343344441424443
059112421122222223344441411431
060111414442313441334441411431
061122213233332233332233223223
06225142223323224233343342331
06325241442333344444444224441
064352413232323443433323223332
065452413312223231344443423441
066142214444441114133341233224
067431413212134244434222442
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06914132222222222334431431441
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07645242432313444342414441
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07825241333131144243231243432
0794514233223333323334333332
0801514233122244341334443413441
08145243222332433234333332
082452423234122444342422332
0834524132122333443333313331
0844524233334321133321224331
08515241443332222224444314441
0861524222322322444433334441
08725141321212423233234243441
0882524143323334234444314341
0891241334332223223341222323
090132114322132324234441314441
091111123233422232333332332
0921121133332334144324122332
093122124433322342222242441
0941221131221233143214441431331
095152413322344434334323441
0964121144211344444133443414332
0972541323433322323422342232332
Appendix E: SPSS Program Continued.

098252413233323223233233332
0992211231222212141223331331332
100111113332212334133333131113
101152424344444444444444444
10225241421333241414444424441
103252423324234144433233333
04452424412314444444444414441
053524144121341424444444442
10645241322322323434333324332
10735241444344444444444213331
108252413322234344444442414441
1092524144344431243444444213441
11035241433433333333444113431
11125141434444133414441411111
1122524133222333424444432332
11314123233324111432231132222
11424131431423444444444422441
115121144332144443424441441441
1161311322233424243341313432
1171524143333444444234234441
11845241241312124433224223333
1194521431212334242334113441
12011111323232422322331232333
121121232223232234441332442
122141322111344442344441421332
123121312222222244442231431433
1241311132333211323231232332
125141323112133243233331421332
12614113333232443333342312332
1271311132333221424432133332
128452414443131331344444413221
12914111311222323122433232222
13014111333341214111331221331
1311413122232224444231431433
13214112433433234232341221322
1331221132222443224241324442
1343312423333324223422344442
1354524242323434244434313441
1361524232324334444443323233
137152413113442341443323113111
138241441121233343444441313441
Appendix E: SPSS Program Continued....

1391324111334121144112241221331
140251413212223243443343323331
14131142112111411444444444332
END DATA.

FREQUENCIES
/VARIABLES AGE GRP MYCLASS GENDER SCHOOL PARENTS KNOWLEG MEDICAT COMFORT STIMULT ITISOK EFFECTS PREFER TREAT WEIGHT RECESS CENTER AFROcen STRENGT ALTERNA NONMEDI CANAID SWORKER AGAINST LITTLE THERAPY CURIOUS WHYISA IAMNOT /STATISTICS=DEFAULT.
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