

My child has ADD: Now what?

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1. Introduction

ADD (Attention Deficit Disorder) is a very controversial and much discussed subject in our society. It seems that almost every second child is diagnosed with ADD today. The truth is that ADD is the most researched childhood disorder, causing us to be more aware and have more knowledge about it (Jarvis, 2012:1). Many children who would have been missed, are therefore now being identified and helped.

Jarvis(2012:1) further points out that there exists a greater demand for output in schools, especially written output. Written work takes a lot of effort and sustained focus, something which ADD children are not good at. This explains the higher prevalence of ADD today.

2. Symptoms of ADD?

The four main symptoms of ADD are as follows:

- * Hyperactivity
- * Inattention
- * Impulsivity
- * Distractibility

Not all children with attention difficulties, present with hyperactivity, though. (Jarvis, 2012:1 and DSM 4) In children who present with hyperactivity as well, it is called ADHD (Attention Deficit Hyperactive Disorder).

Other important indicators of ADD, especially in the classroom are:

- * Incomplete work
- * Slow work pace
- * Deterioration in standard of work over time
- * Lots of careless mistakes

- * Fluctuating quality of handwriting
- * Often poor listeners
- * Need supervision or one on one attention in doing work
- * Conversations are often difficult to follow or answers are off the point
- * Results do not equal ability
- * Extremes of emotions
- * Procrastination
- * Boredom

(Jarvis, 2012:2)

3. Myths about ADD

The following myths about ADD are very common:

1. The person diagnosed with ADD can't concentrate at all (has a total attention deficit)

Some people with ADD concentrate extremely well in certain situations, but not in others. The child will concentrate well on sharpening all the pencils in his/her pencil case, for instance, rather than concentrating on what his/her teacher explains about mathematics.

2. People with ADD are disordered

Many of them are not dysfunctional and manage to cope well in the mainstream schooling system, but almost all of them underachieve whilst at school.

3. Treatment can wait, because the child is still too young

The fact is that every year that we wait to treat ADD, a child's development can be delayed by as much as three years. (Jarvis, 2012:1)

I often hear parents say that their child can watch a whole movie, but is not able to concentrate on his/her schoolwork. This is the case, since the movie

requires passive attention, while the child's schoolwork requires participative attention, where the brain needs to be more active.

4. Treatment

A multi-model approach is required for the successful treatment of ADD. It always includes a combination of therapy and medication.

The following treatments are necessary:

- 1. Play therapy** for the strengthening of social and emotional skills and for the improvement of self-image after labelling at school as the "naughty or stupid child".
- 2. Occupational therapy** in order to address difficulties with things like planning, organisational difficulties, routines, homework and study skills.
- 3. Parental guidance** for discipline issues at home as well as creative ideas for doing homework.
- 4. Medication** which might include supplements, diet and actual medication.

Even if you see fantastic results on the medication, this must preferably not be the only treatment. Occupational therapy for planning and organisational skills, as well as play therapy for emotional and social skills development, is also necessary.

5. Conclusion

In conclusion it becomes clear from the above that it is not a death sentence when your child is diagnosed with ADD. There are very good treatment methods available. With the extra assistance and a lot of patience, children with ADD can grow up to be very creative and inventive adults.

Sources:

1. DSM 4
2. Amen, D.G. **Healing ADD: The breakthrough program that allows you to see and heal the 6 types of ADD:** 2012.
3. Jarvis, W.J. **Seminar on ADHD, bipolar disorder & oppositional defiant disorder:** March 2012.

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