

Attention Deficit Disorder – some ideas for diagnosis and treatment.

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Real ADHD

Attention Deficit Hyperactive Disorder: this is a serious neurological condition that has devastating implications both for the sufferer, the family, the school and the community. There is also a condition, slightly less serious but just as difficult for all concerned, sometimes called Attention Deficit Disorder that encompasses a range of physical and mental problems that prevent children from concentrating on their school work or other tasks.

None of the things I am saying are directed at those who suffer from these conditions. Nor am I criticizing the parents or care givers of these children. However this article describes a cluster of pseudo diseases I place under the umbrella of (f)ADD.

Type 1 (f)ADD - Absent discipline disorder

This is the failure of our community to inform parents that they have not only the right but also the responsibility to teach their children how to behave. I see this as exemplified by:

- Toddlers walking around the house (and the shopping center and the doctor's surgery) with sippy cups, which they use to sprinkle juice over the floor, seats, walls, and, occasionally, the ceiling. It is not hard to wean children on to a cup – I have seen it done as early as 9 months in an emergency – and it happens the world over. Children can then be taught to *sit still* while they eat and drink and gradually to join in the conversation so become social beings.
- Our failure to use the off button on the television. The television can be switched on as the program begins, the child sits down to watch, only standing up to join in the songs and the games and then it is switched off. Then little Judy sits at the little table with little Jack and they pour their own drinks, eat their snacks, pass their dishes to be washed and then wash their hands. Hey, presto an hour has gone by, the children and their carer feel a sense of achievement, the carer has had time to sit still and drink a cup of coffee while it is still hot and the children have learned how to sit still for the time required to complete a task. Their little bodies have been rested and now they are ready to go out to play.
- Not playing *snakes and ladders* with four-year-olds. Apart from aiding numeracy skills and fine motor coordination, *snakes and ladders* also teaches that you have to obey the rules to play the game, take turns, to be gracious in winning and losing as well as establishing that the eventual outcome is sometimes simply a matter of luck.

Type 2 (f)ADD - Anti discipline disorder

Children presenting at kindergarten, crèche and primary school who are graduates from Type 1 (f)ADD exhibit this syndrome. These little darlings do not know how to sit, listen or how to take turns and so they contribute to the enormous stress child-care workers, kindergarten teachers and schoolteachers experience. If you don't know how to listen then it is very hard to learn. If you don't know how to sit still it is very hard to learn to read – and there you are on a potentially endless cycle of failure. These children sometimes go on to become the “difficult children” who disrupt the learning of the rest of the class. They have no concept of self-discipline and strenuously resist the efforts of anyone who attempts to show them how to develop true independence and self-discipline.

Type 3 (f)ADD - Absent dad disorder

This condition especially affects boys and 13-16 year old girls. There are huge numbers of children growing up with out male influence so the boys have no model to follow and the girls have no one to define themselves against. And their mothers have no one to back them up or support them. This syndrome also occurs in the children of relationships under stress where the father works long hours or shuts himself in the shed when he is home.

It sets up a cycle of lack of knowledge about how to father and how to parent as a team.

Type 4 (f)ADD - Anti dad disorder

This is frequently exhibited by children who have been exposed to multiple “Dads” or “Uncles” or in blended families. In the latter case the poor man often finds he can do nothing right – the children push him away and defy him and his partner complains that he “takes no interest” in her children. If he is contact with his children from a previous relationship he is usually in trouble with them as well as they take out their anger about the break up of their own family on him (see Type 3 (f)ADD). *Note: type 4 (f)ADD was first identified by Johanne Singleton*

Type 5 (f)ADD – Absent dinner disorder

Children presenting to school who have not had breakfast or have had a diet containing too much sugar, fat and simple carbohydrates. The consumption of sweetened carbonated drinks is a major contributing factor to the high levels of sugar consumption – the average 355ml can of soft drink contains the equivalent of 10 teaspoons of sugarⁱ. They are tired, cranky and unable to concentrate. Many schools now run “Breakfast Clubs” in an attempt to address this problem.

Type 6 (f)ADD – Adventure deficit disorder

I would include the majority of children in this category – even if their behaviour is not causing problems. Have you seen the empty parks and the crowded ‘indoor play grounds’? Children need to do physically exciting things, to test their strength, to develop independence, self-reliance and confidence, to experience the joy of success and, most importantly, the pain of failure. (Even if this “pain” is that of falling off the monkey bars!) Getting out into the open air is important for the proper development of eyesight and slowing or prevention of short sightedness.ⁱⁱ There has even been research in the US and the UK on “nature deficit disorder”.ⁱⁱⁱ

Type 7 (f)ADD – Absent danger disorder

This is actually a sub-set of Type 6 (f)ADD and should perhaps be more properly called Type 6a (f)ADD. It is a severe affliction for boys and “tom-boys”. These are the children who need to climb to the top of the tree, crawl through the culvert under the railway line, ride their bikes in the swamp, build a cubby in the bush, cook potatoes in the ashes of a fire and swim unsupervised in the river. When they can’t they simply cannot learn or be good or cooperate. Have a look; there are one or two in every school.

Type 8 (f)ADD – Absent dancing disorder

Dancing is fundamental to humanity. The parent rocking a fractious, ill child will often stand and jig and begin walking around in rhythm in a desperate attempt to quieten and comfort the child. How is this not the beginning of dancing? Teaching children to dance is ideal for utilizing energy reserves when the weather does not permit outdoor sport.

Dancing also offers much in the way of developing gross and fine motor coordination – ballet, for example, has strong correlations with football as many of the skill sets (agility, strength, endurance) are similar.^{iv}

The discipline of learning (and remembering) the steps, of boys being forced to dance with girls (and be subjected to “girl germs”) and the exposure to a variety of music is invaluable to enhancing classroom learning and to imparting a skill that can be carried forward into retirement.

You can find out a lot about a potential partner by the way he or she holds you in a dance or how he or she responds to any mistakes that are made. A well regulated activity that permits close physical contact in a very public setting – I can’t think of a better way for young adults to evaluate potential partners. I know many widowed or separated women and men who have joined social dancing groups and found companionship, exercise and fun – some have even re-partnered. All because they can dance.

These comments also apply to general musical education that can play an important role in developing thinking, spatial, cognitive and coordination skills.^v

Type 9 (a) (f)ADD – Absent dreaming disorder

Sometimes children do not get enough sleep, and this makes them hyperactive and slightly manic. Young children need 10 to 12 hours of sleep, so they should be in bed by 7.30 or 8 so that they can wake, refreshed in time for breakfast before leaving for school. Adolescents need about 10 hours of sleep, especially if they are going through a growth spurt.^{vi}

Type 9 (b) (f)ADD – Absent dreaming disorder

This results from electronic toys and over-exposure to television and video presentation of entertainment. One of the true values of listening to a story read, or better still, told with out any book, is that the phrase “She was the most beautiful person he had ever seen” allows the listener to create his or her own figure of beauty. The princess can be dark haired with green eyes, tall, short, Asian, African-American... the *listener’s* idea of true beauty, not the typical Hollywood image of blond with blue eyes.

Little children can listen to stories like *Jack and the beanstalk*, shiver happily as the danger mounts and go to sleep untroubled by bad dreams, especially if they hear the stories cuddled up with a parent or carer, but when you add images and emotive music to the background of a video you often get terror. Tell 9 and 10 year-old boys *Cyclops* and other adventures of Ulysses – you will have their full attention and they will ask for more. Tell these stories to boys and girls in years 9 and 10 in secondary school and you can not only hold their attention beyond the lunch bell you can also inspire them to read and write.

Reading aloud and telling stories is not difficult – go to your public library and look in the 398.2 section. It may well be labelled “Fairy Tales” – this is a lie. (Librarianship is the art of hiding information.) This section actually contains the basic building blocks of not only western culture but also the stories of ancient Arabia, the Pacific Islands, the Americas (north and south), Indonesia, Thailand, Viet Nam, New Guinea... and not many of them are actually about fairies!

If you encounter initial resistance – tell them stories when they are “trapped” in the car (this is also the best place to do sex education – usually they cannot see you and they certainly cannot get away!) Don’t be afraid to make up the bits (of the story not the sex education!) you forget and when they correct you get them to tell you how it should go.^{vii}

Have a look at some of the stories I have posted on my web site www.gaelcresp.com or explore the resources of Storytelling Australia (Victoria) www.storytellingvic.org.au

On my site you will find a mix of traditional stories I have adapted from many sources, old jokes, stories I have created for my own enjoyment and the education of my children and grandchildren and recounting of fairly recent events in my life. I have put them there so my far-flung grandchildren can enjoy them and as inspiration to others so they can see how it can be done.

If we treat false ADD (by teaching them how to discipline themselves, giving them the gift of out door play, opportunities for creativity, how to dance and sing, to read and tell stories) our children will be happier, learn to read, write and understand mathematics more easily, we free up time, energy and money to assist real sufferers and whole community benefits.

ⁱ <http://www.sugarstacks.com/beverages.htm>

ⁱⁱ <http://www.nhs.uk/Conditions/Short-sightedness/Pages/Causes.aspx>

ⁱⁱⁱ <http://www.nationaltrust.org.uk/document-1355766991839/>

^{iv} <http://www.behindballet.com/why-ballet-is-like-football/>

^v <http://www.smh.com.au/national/education/new-report-finds-big-gaps-in-provision-of-music-education-20131115-2xksy.html> (The Age 18 Nov 2013 pg 15)

^{vi} <http://www.nhlbi.nih.gov/health/health-topics/topics/sdd/why.html>

^{vii} <http://www.schoolatoz.nsw.edu.au/homework-and-study/english/my-book-club/building-your-childs-imagination>