

Let's Talk About A.D.D. (And Let's Get It Right When We Do)

The following represent some common scenarios when a person has A.D.D. They will illustrate some ways in which communication about this problem can be either helpful or unhelpful. Moreover, unless careful thought is given, the type of communication used can even be injurious. In order to make the point, the topic has been changed to address the problem of obesity, which is a physical limitation, rather than A.D.D., which is a mental and emotional limitation. Accordingly, the reader is asked to consider whether such communication about obesity would be any more appropriate than similar communication concerning A.D.D.

Situation 1

Your child is not doing well in physical education at school and during a conference with the instructor you are told the following. "I think the problem is that your child is fat. I have told him over and over how to do different things in our class and he simply can not keep up with the others. Have you considered putting him on medication?" You take your child to a doctor because you are concerned that s/he is fat.

The doctor observes your child for a few moments and then says "Yes I do think your child is fat and I think s/he should be on medication. Let's try some amphetamine and see if that works. If it doesn't there are some other things we can try.

Situation 2

No improvement is seen after several weeks and you return to the doctor. You tell the doctor that you don't see any improvement and the doctor suggests that you use more amphetamines. Finally, the child begins to lose weight. He is not sleeping well and appears lethargic but weight loss is being realized. He complains of having no appetite, but that is acceptable because of the loss of weight.

Situation 3

You decide to take your child off of medication and s/he begins to gain weight again. The instructor at school takes note of this and communicates to you that your child was doing much better on medication. Accordingly, you decide to restart the amphetamines. Your child begins to lose weight again and both instructor and parents are happier.

Situation 4

You decide to try some alternative approach such as exercise. You tell the trainer that your child is fat and you wish to have him lose weight without medication. You also ask the trainer how long the process will be and when the child will be of a "normal" size.

Situation 5

The child has been in exercise training for several weeks and you return to the trainer with the following question: “My child has been coming here now for several weeks and I want to know when I can expect results. My child is still fat. The trainer explains that much obesity is a life long problem and it might take a while for results to occur. You decide that this is not good enough and discontinue and resume medication.

Situation 6

The child has been exercising and training faithfully, but you are unhappy with his progress. You tell the trainer that it is true that the child is performing better physically, but is still not winning every race that he runs. You return to the doctor with the same complaint, and the doctor, agreeably, decides to prescribe steroids. The child’s performance now dramatically improves.

Results:

The child has tried very faithfully to accomplish the goals through exercise and training, but this has not been pleasing to other people who are making the judgments. The child feels that s/he has been a failure and is unable to live up to expectations. Everyone concludes that exercise and training is a waste of time and money and that medication is the best answer. The child concludes that there is nothing s/he can do to help themselves and that s/he must rely upon doctors for the rest of his life.

Where would I be without this little pill
To help me sit so quite and still.