

# Promoting children. Recommendations for dealing with AD(H)D in the decision-making process

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## Introduction

- Attention deficit hyperactivity disorder (ADHD) is the most common mental disorder in childhood worldwide.
- In Switzerland, regional studies indicated an increase in pharmacological treatment, which has led to concerns among politicians, scientists and affected families.
- This research project investigated how a) parents choose the treatment for their children, b) pediatricians diagnose and treat ADHD, c) teachers deal with ADHD, d) the different actors cooperate and e) how affected children can be placed in the center of the efforts.

## Method

- The reported ZHAW sub-project used a mixed-method approach.
- Participants were recruited with the help of Swiss professional associations.
- Parents, teachers/health educators filled in an online survey ( $n=87$  and  $n=125$ , respectively) and were interviewed ( $n=8$  and  $n=10$ , respectively).
- Pediatricians filled in an online survey ( $n=151$ ).

## Results

### Parent survey and interviews

- The path to a treatment decision is characterized by lengthy treatment histories.
- The most important reason for pharmacological treatment is suffering that is caused by a variety of problems that started in the school environment but then spilled over to the family system.

### Teachers/health educators' and pediatricians' surveys

- Actors from the child's environment (i.e., teachers, physicians, and parents) should cooperate in 'Round Table' meetings that serve to informing the actors and to destigmatizing and involving the child.

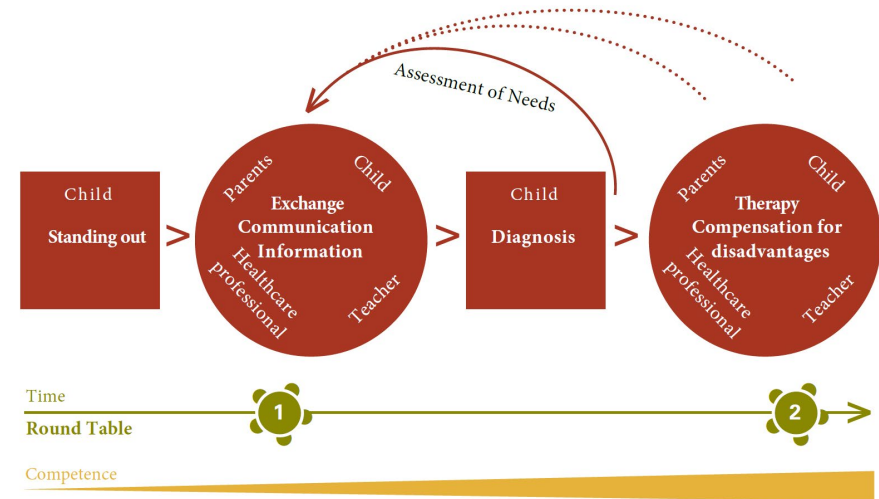


Figure 1. Suggested process of using 'Round Table' meetings during the ADHD decision-making process.

## Discussion

- To promote the well-being of the child, ADHD must be understood, diagnosed and treated as a multifactorial phenomenon.
- Beyond knowledge, communication and cooperation between the actors are important. 'Round Table' meetings should be established to support the decision-making process.
- The main paradigm shifted from the conventional 'bio-medical' model to an alternative 'social construction' model that takes children's environment into account

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