

Child and adolescent psychiatry uses an eclectic approach, combining medical treatment and a variety of psychotherapy methods in combination or in succession. Art therapies such as art, dance, drama, and music therapy offer parents more treatment alternatives. For children with ADHD, dance therapy may be the creative arts therapy of choice for ADHD manifests somatically. Besides having the characteristic symptoms of inattention, hyperactivity and impulsivity, children with ADHD usually have problems with body tensions, disturbed body image and fragmented movement patterns. It seems logical, therefore, to attack the problems through the body by working with breathing, rhythm and movement. Also from a neurological point of view it is relevant to choose dance and movement since:

Children with ADHD benefit the most—more than any other disorder—from regular exercise, because movement exercises increase dopamine in the human brain, just like the stimulus does (Barkley, 2004).

According to Dulicai (1999) the information discussed at a Consensus Development Conference focused on the diagnosis and treatment of ADHD has implications for research and clinical practice in dance/movement therapy (DMT). In addition, to following the developments in diagnosis and treatment of ADHD, Dulicai states that the control of motor responses and the multiple biological bases for this disorder have particular implications for dance therapy research. Dulicai emphasizes that such research studies by dance therapists could greatly contribute to the understanding of ADHD.

In a longitudinal study Grönlund (1994) described and evaluated five years of DMT work with emotionally disturbed school children in two special classes. DMT proved successful since, by simultaneously processing both body and emotion, it had a two-pronged effect. The study focused on the turning points that led to a positive change in the treatment and the identification of the curative factors. Another study (Grönlund, Alm, & Hammarlund, 1999) demonstrated different ways of using DMT with destructive children who could not modulate aggression.

Although qualitative studies report improvements related to DMT for a variety of childhood disorders, Ritter and Graff Low (1996) note that the effects of DMT for neuropsychiatric disorders in children remain unexplored. In that connection, we decided to start a program, consisting of both the clinical and the evaluative. The purpose of the clinical work was to examine and develop DMT as a treatment of support for boys diagnosed as ADHD, thereby attempting to break a negative trend with risk for criminality (Barkley, 2003; Eresund, 2002; Teeter, 1998). As part of a larger