

TEACHING LIFE SKILLS TO CHILDREN AND TEENS WITH ADHD: A GUIDE FOR PARENTS AND COUNSELORS - BOOK REVIEW

FLORENTINA IONELA LINCĂ

Clinical psychologist, psychotherapist, PhD student, University of Bucharest, Department of Education Sciences
University of Bucharest, Faculty of Psychology and Educational Sciences, Bucharest, Romania

Corresponding author email: linca.florentina@gmail.com

ABSTRACT:

The Child with Attention Deficit/Hyperactivity Disorder has been included among those with special support needs and special educational needs in the USA since 1990, when the Individuals with Disabilities Education Act (IDEA) was adopted. However, the child with ADHD is eligible for special educational services if he/she still has learning difficulties and is thus included in an Individualized Educational Program (IEP). In the school environment, besides the educational intervention on students with ADHD, the psychological intervention can also take place, where the teachers and parents of these students can participate. In the literature, many intervention programs have been described for students with ADHD, but we have stopped at one based on neuroscience studies. In conclusion, the aim of this paper is to describe a psychological intervention program in the school environment. To achieve this aim, we have mentioned the strengths and weaknesses of this program and compared this program to another with the same objectives in the literature.

Keywords: ADHD; intervention; life skills

INTRODUCTION

Attention Deficit/Hyperactivity Disorder (ADHD) is characterized by the existence of a set of (behavioral, cognitive, emotional) problems that affect the child's functioning in several areas of life over a long period of time. Problems are quite serious and hinder normal child neurodevelopment [1].

The Child with Attention Deficit/Hyperactivity Disorder has been included among those with special support needs and special educational needs in the USA since 1990, when the Individuals with Disabilities Education Act (IDEA) was adopted. This act ensures that all children aged 3 to 21 years benefit from free and appropriate public education, regardless of their capacity. Having ADHD does not automatically qualify a child for special services according to IDEA. According to the guidelines, students must

have a disability, need to have special education or related services due to disability. Although ADHD is not nominated as a disability, it is nominated as a condition in the category «Other Health Impairments» [2]. The child with ADHD is eligible for special educational services if he/she still has learning difficulties and is thus included in an Individualized Educational Program (IEP).

On the other hand, ADHD is a real affection that causes many troubles to children. With understanding, patience, empathy (which is necessary in knowing human nature) and help, we can improve the efficiency of the study, relationships with peers, education and self-esteem [3]. Our role is to encourage intelligent and talented children to believe in their own capacities and to no longer feel incompetent, inferior and inappropriate through intervention programs.

BOOK REVIEW

Teaching Life Skills to Children and Teens with ADHD: A Guide for Parents and Counselors emphasize Monastra's Life Skills Program for helping children develop essential life skills at school, in a support group settings, at home by providing a brief introduction on: what is ADHD?, what is the symptomatology and when it begin?, discussing how some problems arise in the case of children with ADHD, and illustrating how to form and practice social skills through the cards at the end of each chapter.

The central theme of this book is the role of the parent or the psychotherapist in implementing the best strategies in developing the social skills of the child diagnosed with ADHD in 12 Lessons.

The originality of this author's ideas stems from the fact that he proposes an intervention model based on the child's needs (hunger, thirst, sleep) (Lesson 1), then explains how we can teach a child with ADHD to remain calm regardless of the situation (Lessons 2 and 3), and then illustrates how we can teach the child to be confident (Lessons 4 and 5), and finally discuss how we can help children with ADHD to form effective social communication skills (Lesson 6), identify the emotions of others by keeping attention to their facial micro-exposures (Lesson 7), ignoring the difficult behaviors of others (Lesson 8), gaining appreciation from parents (Lessons 9 and 10), to solve their problems at school, and to organize their school materials (Lessons 11 and 12).

A strong point of the book is that the author wrote it like a puzzle. A skill like problem solving (Lesson 11 and 12) is based on more simple ones such as the child's ability to be calm in different situations (Lesson 2), the confidence in their own strengths (Lessons 4 and 5) or on keeping the attention to the details (Lesson 7).

Another strong point of this book is that Monastra links brain physiology with

the application of behavioral change strategies. In one of the chapters (Lesson 2), the author said that a child remains calm if he goes through two stages: the first step is the answer to 2 questions (What do I want?; What can I do to make it happen?) (Lesson 2), and the second step is feeding with the oxygen of the brain that deals with the management of emotions by swelling a balloon (Lesson 1). A child cannot remain calm if he/she did not sleep enough or if he/she did not eat well or does not have a physical activity (Lesson 1).

At the end of the book, many good bibliographic sources are mentioned for researchers, clinical psychologists, or parents. However, allegations are not always accompanied by references, although the author is known for his studies on the neuropsychological characteristics of the child with ADHD. In the book, Monastra refers to his studies, which, if the reader does not know them, cannot link them to the present context. So, we think that a small summary of these would have been helpful.

The objective of this book has been achieved. The presented materials can be applied by the parent and adapted by the psychologist for psychotherapy. However, we believe that it would be helpful to present the difficulties encountered by Monastra in implementing some of the proposed strategies.

In contrast to the other programs in literature, such as the one proposed by Barkley (1997), within the one described in this book, there is a lot of practical information, going from simple to complex, encouraging the sound formation of life skills, but there is no guide to the implementation of the parenting program, and the situations where all the proposed strategies can be applied are described at a general level [4]. It is possible that a child with ADHD cannot use a skill in a new context. For this reason it is necessary that we teach the child how to adapt their knowledge to specific contexts. All this can be done with the help of a specialist. In the

program proposed by Barkley (1997), the psychologist helps the parent in forming the social skills of the child with ADHD in different contexts, and he also has sessions in which parents learn to prevent the child's relapse.

In conclusion, people who help children with ADHD have to make a selection of literature information and adapt their strategies to the particularities and needs of the child. This book will be of the greatest interest to those looking for examples and guidance on teaching self-calming, teaching children to get what they want by identifying the needs and fears of others and how to deal with teasing and bullying.

REFERENCES

1. Barkley, R. A. (2012). Attention deficit hyperactivity disorder: A handbook for diagnosis and treatment (3rd ed.). New York, NY: Guilford Press.
2. Bailey, E. (2007). How IDEA Applies to Children with ADHD. Retrieved at 11 January 2018 from <https://www.healthcentral.com/article/how-idea-applies-to-children-with-adhd>.
3. Green, C., & Chee, K. (2001). Understanding ADHD. New York: Doubleday.
4. Barkley, R. A. (1997). Defiant children. A Clinician's Manual for Assessment and Parent Training. New York, NY: Guilford Press.

INSTRUCTIONS FOR AUTHORS

■ PURPOSE

The Romanian Journal of Child and Adolescent Psychiatry is published by the Romanian Association of Child and Adolescent Psychiatry and Allied Professions in order to promote research, clinical practice and knowledge in the field of child and adolescent psychiatry. We publish articles submitted by experts in child and adolescent psychiatry, doctors, nurses specialized in psychiatry, psychologists, teachers and social workers which adhere to the magazine. We want to address as many areas of child and adolescent psychiatry: genetics, epidemiology, neurobiology, cognition, behavior, psychotherapy, pharmacotherapy, nursing, social issues, cultural issues, school, economic aspects and services.

■ TYPES OF MANUSCRIPTS

The Romanian Journal of Child and Adolescent Psychiatry, appears in annual volumes with two issues per year. It will cover the following headings: editorial, original articles (clinical and basic research), case presentations, reviews, letters to the editor, advertisements.

■ REFERENCES COMMITTEE (PEER REVIEW)

All the manuscripts submitted will be subject to review by the referee committee for scientific accuracy and statistical analysis of the articles due for publication. The reviewers do not know the names of the authors and do not correspond directly with them.

■ GENERAL RULES FOR AUTHORS MANUSCRIPTS

Authors are invited to submit manuscripts (original and two copies) to the Editor, at the following address:

Romanian Journal of Child and Adolescent Psychiatry
Child and Adolescent Psychiatry Department, "Prof. Dr. Alexandru Obregia" Hospital, Berceni street, no. 10-12, 041914, sector 4, Bucharest

E-mail submission is also accepted (journal@childandadolescentpsychiatry.ro).

Manuscript format

The text should be in single-column format. Keep the layout of the text as simple as possible. Most formatting codes will be removed and replaced on processing the article. Do not break and hyphenate words. Use the word processor's options only to justify or center text, bold face, italics, underline, subscripts, and superscripts.

Do not embed "graphically designed" equations or tables, but prepare these using the Word processor's facility. Do not import the figures or tables into the text file but, instead, indicate their approximate locations directly in the electronic text and on the manuscript.

List names of all the authors. References should be typed in the following style:

Journal article:

Abikoff H., McGough J., Vitiello B., McCracken J., Davies M., Walkup J., Riddle M., Oatis M., Greenhill L., A. Skrobala, March J., Gammon P., Robinson J., Lazell R., McMahon D.J., Ritz L. (2005) - Sequential pharmacotherapy for Children with comorbid attention-deficit/hyperactivity and anxiety Disorders. *J. Am. Acad. Child Adolesc. Psychiatry*, 44:418-27.

Chapter in book:

Cowan P.A., Cowan C.P., Schulz M.S. (1996) - Thinking about risk and resilience in families. In E.M. Hetherington & E. Blechman (eds.), *Stress, coping, and resiliency in children and families*, pp. 1-17. Hillsdale, NJ: Erlbaum.

Book:

I. Dobrescu (2005) - *Disobedient child, restless and inattentive*. Ed. Infomedica, Bucharest.

Website:

Food and Drug Administration (2005) - *Class suicidality labeling language for antidepressants*. Available at www.fda.gov/cder/drug/antidepressants/PI_template.pdf. Accessed 04 Sep, 2006.

Footnotes in text are not permitted. Italics are used for expressions of Latin origin. Abbreviations (except standard units of measurements) should be identified on first use.

Pages should be numbered consecutively and organized as follows: Title, Abstract and Keywords, Main text, Acknowledgments, References, Tables, Figures, Graphics and Schemes (with captions).

Title

The title page should include: (1) title of the article, short and descriptive; (2) first name and last name of each author; (3) names of departments and institutions with which authors are associated; (4) postal address, phone/fax numbers, and e-mail of the corresponding author.

Ensure that phone and fax numbers (with country and area code) are provided in addition to the e-mail and the complete postal address.

Abstract and Keywords

A concise abstract of no more 250 words is required. The abstract should state briefly the purpose of the research, the main results and major conclusions. An abstract is often presented separate from the article, so it must be able to stand-alone.

Immediately after the abstract, provide a maximum of 3-6 keywords, preferably taken from Index Medicus or Excerpta Medica Index.

Main text

The manuscript should be written clearly and concisely. The author is responsible for providing the correct nomenclature, which must be consistent and unambiguous. The text should be arranged in the following order: Introduction, Materials and Methods, Results, Discussion, and Conclusions.

Each section should be clearly marked with a separate, numbered heading and may be numbered down to the third order. The introduction should be a brief overview of the topic. The body of the text should describe the topic in an orderly manner, using subheadings to divide the various sections. A few summary paragraphs should conclude the paper.

Acknowledgments

Place acknowledgments, including information on grants received, before the references, in a separate section, and not as a footnote on the title page.

References

Responsibility for the accuracy of bibliographic citations lies entirely with the authors. Please ensure that every reference cited in the text is also present in the reference list (and vice versa). Any references cited in the abstract must be given in full. Unpublished results and personal communications should not be in the reference list, but may be mentioned in the text. Citation of a reference as "in press" implies that the item has been accepted for publication. References (indicated by numbers in square brackets) should be cited in consecutive order of their appearance in the text. The complete references must be reproduced at the end of the manuscript.

Tables, Figures and Schemes

Tables, Figures and Schemes are to be typed, in this order, on separate pages at the end of the manuscript. Ensure that each illustration or table has a caption attached, which should comprise a brief title and a description. Keep text in the illustrations themselves to a minimum, but explain all symbols and abbreviations used.

Tables should be on separate sheets, one table per sheet, and should bear a short descriptive title. Number tables consecutively, in accordance with their appearance in the text. Place footnotes to tables below the table body and indicate them with superscript lowercase letters. Avoid vertical rules and shading. Be sparing in the use of tables and ensure that the data presented in tables do not duplicate results described elsewhere in the article. Figures and Schemes should be cited and consecutively numbered with Arabic numerals, according to their order of appearance in the main text. Mark the appropriate position of a figure/scheme in the text. Graphics and schemes are suitable for mention as figures. Ensure that high-resolution graphics files are provided, even if the graphic appears as part of your normal word-processed text file.