

# Impact of Counselling on Child's Attention Deficit Hyperactive Disorder

## Abstract

At present time there are many children suffering from ADHD, they are facing problems at home, out of home and their parents also facing problems in society, specially at school by their children's complaints. Attention-deficit/hyperactivity disorder (ADHD) is a neurodevelopmental disorder affecting 11 percent of school-age children. For this study we have taken of one case of ADHD child who have completed Counselling Sessions for diagnosis. In present study, we have been using Psychological Report and Interview data sheets as tools. Results shows ADHD child is facing many problems at school and also his environment. He is facing many problems like attention, writing and mathematical problems. He has also showed anxiety and frustration, because he is facing behavioural problems with learning disabilities like Dyslexia, Dyscalculia and Attention Deficit Disorder. Behaviour Modification was very effective to reduce attention and behavioural problems. It was found that hyper active behaviour of child reducing continuously session by session of counselling.

**Keywords:** Counselling, Learning disabilities (LD), Attention Deficit, Hyperactivity Disorder (ADHD)

## Introduction

Learning disabilities are neurologically-based processing problems. These processing problems can interfere with learning basic skills such as reading, writing and/or math. A child with a learning disability cannot try harder, pay closer attention, or improve motivation on their own; they need help to learn how to do those things. A learning disability, or learning disorder, is not a problem with intelligence. Learning disorders are caused by a difference in the brain that affects how information is received, processed, or communicated.

ADHD is a neurobiological disorder that makes it difficult for people to control their behavior and/or pay attention. It is usually diagnosed in childhood and often lasts into adulthood. Everybody can have difficulty sitting still, paying attention or controlling impulsive behavior once in a while. For some people, however, the problems are so pervasive and persistent that they interfere with every aspect of their life: home, academic, social and work.

Attention-deficit/hyperactivity disorder (ADHD) is a neuro developmental disorder affecting 11 percent of school-age children (Visser, et al., 2014.) Symptoms continue into adulthood in more than three-quarters of cases (Brown, 2013). ADHD is characterized by developmentally inappropriate levels of inattention, impulsivity and hyperactivity. More than 75 percent of children with ADHD continue to experience significant symptoms in adulthood. In early adulthood, ADHD may be associated with depression, mood or conduct disorders and substance abuse.

## Symptoms of ADHD

The primary symptoms of ADHD are focusing difficulties, hyperactivity (excessive activity), and impulsivity (acting before considering the consequences). The behavior must be excessive, appear before age 7, and seriously handicap at least two areas in a person's life (home and school, for example).

Counselling is a process where clients are helped in dealing with their personal and interpersonal conflicts by a third party therapist. Counselling is the service offered to the individual who is under going a problem and needs professional help to overcome it. The problem keeps him disturbed high strung and under tension and unless solved his development is hampered or stunted.



**Ashish Shukla**  
Student,  
Deptt.of Psychology,  
APS University,  
Rewa, M.P.

There are some counselling types which plays big role to reduce Learning Disabilities,

#### **Rehabilitation Counselling**

Rehabilitation counselling is focused on helping people who have disabilities achieve their personal, career, and independent living goals through a counseling process

#### **Mental health counselling**

Mental health counselling is what people typically think of when they hear the word counselling, but counselors' actual job duties may go well beyond what people imagine. Clinical counselors do indeed talk people through problems. In many cases, though, they diagnose as well as treat mental illness.

#### **Effective techniques of Counselling**

##### **Behavior modification**

Behaviour modification is a treatment approach, based on the principles of operant conditioning that replaces undesirable behaviors with more desirable ones through positive or negative reinforcement. There are many Techniques of Behaviour modification - Positive reinforcement, Negative reinforcement, Punishment, Flooding, Systematic desensitization, Aversion therapy, Extinction.

##### **Review of Literature**

De Crescenzo F, Cortese S, Adamo N, Janiri L (2017) conduct a study on Pharmacological and non-pharmacological treatment of adults with ADHD: a meta-review. Results shows that The effects of pharmacological treatment for individuals with co-occurring ADHD and substance use disorder are still uncertain. The evidence for the efficacy and effectiveness of non-pharmacological treatments of ADHD in adults, as well as the combination of pharmacological and non-pharmacological strategies, is only preliminary.

Cortese S, Moreira-Maia CR, St FD, Morcillo-Penalver C, Roade LA, Faraone SV (2016) conduct a study on Association between ADHD and obesity: a systematic review and meta-analysis. Results shows that the significant association between ADHD and obesity remained when limited to studies 1) reporting odds ratios adjusted for possible confounding factors; 2) diagnosing ADHD by direct interview; and 3) using directly measured height and weight. Gender, study setting, study country, and study quality did not moderate the association between obesity and ADHD. ADHD was also significantly associated with overweight. Individuals medicated for ADHD were not at higher risk of obesity.

Cortese S, Castellanos FX (2014) conduct a study on The relationship between ADHD and obesity: implications for therapy. Reviewed studies suggest that ADHD impedes the successful treatment of obesity in individuals with comorbid ADHD and obesity. Preliminary evidence also suggests that ADHD treatment might significantly increase the effectiveness of weight management strategies. We discuss the limitations of the reviewed studies and provide suggestions for future research in the field.

Barnes and Nagarkar (1989) investigated the effect of Yoga education and scholastic achievement.

Children in treatment group were found to carry out their duties, being more attentive and remain relaxed. The results show significant difference on test scores of SAT and NVTI during pre and post training period and clearly demonstrating the efficacy of Yoga training.

#### **Objective of the Study**

The problem of present investigation is to the impact of counselling on child's Attention Deficit Hyperactive Disorder.

#### **Concept and Hypothesis**

Positive reinforcement is a technique of Behaviour modification and Behaviour modification is a part of Counselling so Hypothesis of present study is "positive impact of Counselling on child's Attention Deficit Hyperactive Disorder."

#### **Research Design**

Given that data I collected in my research was qualitative, including the interview with the parents of Attention Deficit Hyperactive Disorder's child, Counsellor and some of the record information that involved Counsellor comments and descriptive recommendation and statements in the assessment reports (Psychological Report), qualitative research approach to understanding this data is applied.

For this study one case of ADHD child who have completed Counselling Sessions for diagnosis. In present study, Psychological Report and Interview data sheets has been used as tools.

#### **Psychological Report**

Name	Sarvjeet Banarjee	School	Mother Teresa Mission High School, Kanpur
Age	5 years	Examiner	Dr. Aradhana Gupta

Sarvjeet was referred for an assessment of his reading/writing/spelling achievement and learning, behavioral needs. He is facing problem with his attention span. He is a known case of ADHD. He is not attending tutoring. The testing was required as a means to ascertain his present cognitive needs and academic function. He takes time in paper pencil work and also distractible his confidence level is below.

#### **School Involvement**

Both parents expressed great anxiety over S's problems.

#### **Test Administered**

1. SIS Sound test level 1
2. Lindmood Auditory Conceptualisation Test
3. ADHD Checklist

#### **Behavioral Observation**

During the test minimum interruptions were experienced. He was cooperative during testing session. At last he showed fatigue. The child indicated that he felt problem with his concepts. His confidence level and communicative skills were limited.

#### **Result & Interpretation**

##### **SIS Pre Test Level 1**

Problem in connected lowercase letters. Self correction is absent in spelling checking.

##### **Woodcock Reading Mastery**

Word Identification deficit

##### **Lindmood Auditory Conceptualisation Test**

The test measures a persons ability to listen a person's sequence of sound. Keeping one pattern in

mind and compare it with new one. His level on it was below average as he needs constant supervision.

Result on his suggest that S" is not performing at predicted levels. His basic difficulties revolving around organization, sorting out remembering and integrating. He has Attention Deficit Disorder Predominantly mixed with mild to moderate learning difficulties.

#### **Recommendation**

As he has delayed processing he should be allowed a writer. He needs to be taught study skills and compensatory strategies to aid his learning process.

Behaviour therapist should be provided, Motivational counselling and special learning strategies should be applied.

#### **Case History**

**Name** - C<sub>2</sub>

**Age** - 5 years

**Gender** - Male

**Father's Name** - CF<sub>2</sub>

**Mother's Name** - CM<sub>2</sub>

**Religion** - Bangali

**Class** - Play Group

**School** - Mother Teresa Mission High School, Kanpur

**Locality** - Kanpur Nagar (U.P.)

#### **Counsellor Observation about the Client**

He was hyper in first meeting. He was responding very aggressive when I asked. Now he is better form last some months and gives response comfortably.

#### **Parents and Teachers Perception regarding the Case**

He is very hyper active. He is not responding properly like other Children.

#### **Parents Interview**

##### **Question**

When you have come to know that your child has been suffering from learning disability?

##### **Answer**

In play group, when he was 4 years old.

##### **Question**

First time who suggested you for Counselling?

##### **Answer**

Some relatives and after some days his teacher reported me.

##### **Question**

Does any of siblings have similar behaviour difficulties?

##### **Answer**

No

##### **Question**

How would you rate your child's activity level as an infant/Toddler?

##### **Answer**

Very active

##### **Question**

There any complications during the pregnancy or delivery and you take any type of medication during pregnancy?

##### **Answer**

Yes

#### **Question**

Was your child's early development (walking, talking, toileting, feeding etc.)?

#### **Answer**

Normal

#### **Question**

Does your child have a history of sleeping disorder?

#### **Answer**

Yes

#### **Question**

Has your child had any significant medical problems while growing up?

#### **Answer**

No

#### **Question**

How much time you have taken time before going to Counselling?

#### **Answer**

With in a week.

#### **Question**

What was the first experience of meeting with Counsellor?

#### **Answer**

First experience was very good.

#### **Question**

What are the benefits of Counselling?

#### **Answer**

Now he is much calm after counselling.

#### **Counsellor Interview**

##### **Question**

What type of Learning Disorder was found in your client?

##### **Answer**

Attention Deficit Hyperactive Disorder (ADHD).

##### **Question**

What was the base while diagnosing your client?

##### **Answer**

Tests and ADHD checklists were base while diagnosing my client.

##### **Question**

Which techniques you have applied for diagnosis?

##### **Answer**

Behaviour Modification and Contengency Management.

##### **Question**

Have you had any changes in your applied techniques?

##### **Answer**

No.

##### **Question**

What are the improvement in your client by counselling?

##### **Answer**

Now he is better in hyperactive behaviour and treat normally with their parents and teachers.

##### **Question**

What was your experience with your client?

**Answer**

He was very angry boy but looking very cute and innocent, he becomes angry very soon and speak loudly. When he becomes calm speak politely.

**Findings & Results**

Child's mother and father expressed great anxiety after marriage. At the time of pregnancy, mother has been taken medication for pain etc. Because of medication, Child was very active. He was responding aggressively, when I asked something else. Child had also a history of sleeping disorder. He takes time in paper pencil work because don't focused at a work. He has Attention Deficit Hyperactive Disorder predominantly mixed with moderate learning disability. Contingency Management and Positive Reinforcement being effective on ADHD child. After many counselling sessions, he is better in his behaviour treat normally with their parents and teachers.

It was found that case study of ADHD child which has been made by authorised Clinical Psychologist, shows ADHD child is facing many problems at school and also his environment. He is facing many problems like attention, writing and mathematical. He has also showed anxiety and frustration, because he is facing behavioural problems with learning disabilities like Dyslexia, Dyscalculia and Attention Deficit Disorder. Behaviour Modification was very effective to reduce attention and behavioural problems. It was found that hyper active behaviour of child reducing continuously session by session of counselling. Now he is better in writing, learning and also in attention.

**Conclusion**

All above findings show that techniques of behaviour modification are very effective in the cases of Attention Deficit Hyperactive Disorder and learning disabilities. In some cases people go for Medication so we can see that in acute cases of ADHD, medicine is helpful but there is no doubt about the role of counselling. Whenever we find any related case, we may start with formal assessment because that helps to clients. IEP according to student needs, we must use lesson plans according to one's individual needs. Meditation is also useful to reduce hyperactivity according to Barnes and Nagarkar (1989).

**Suggestions**

Praise the child when he or she does well. Make homework a priority and read more about how to help the child be a success at homework. Pay attention to the child's mental health. Be open to counselling, which can help the child deal with frustration, feel better about him or himself, and learn more about social skills.

**Note**

The Psychological Report has been taken from Dr. Aradhana Gupta (Clinical Psychologist), Dyslexia therapist.

**References**

1. Barkley, R.A. (ed.) (2015.) *Attention Deficit Hyperactivity Disorders: A Handbook for Diagnosis and Treatment (4th edition.)* New York: Guilford Press.95
2. Barnes, B.L. & Nagarkar, S. (1989), *Yoga education and scholastic achievement, Indian Journal of Clinical Psychology, Vol. 16(2), pp-(96-98).*
3. Cortese S, Castellanos FX (2014). *The relationship between ADHD and obesity: implications for therapy. Expert Review of Neurotherapeutics. Vol.14, pp- 9-473.*
4. Cortese S, Moreira-Maia CR, St FD, Morcillo-Penalver C, Roade LA, Faraone SV (2016). *Association between ADHD and obesity: a systematic review and meta-analysis. American Journal of Psychiatry. Vol.173, pp- 34-43.*
5. De Crescenzo F, Cortese S, Adamo N, Janiri L (2017). *Pharmacological and non-pharmacological treatment of adults with ADHD: a meta-review. Evidence based mental Health. Vol.20(1), pp- 4-11.*
6. Faraone SV, Asherson P, Banaschewski T, Biederman J, Buitelaar JK, Ramos-Quiroga JA, et al. (2015). *Attention-deficit/hyperactivity disorder. Nature Reviews Disease Primers 1, A.15020.*
7. Storebo OJ, Rasmussen PD, Simonsen E (2016). *Association between in-secure attachment and ADHD: environmental mediating factors. Journal of Attention Disorders. Vol.20, pp- 96-187.*
8. Thapar, Anita; Cooper, Miriam; et al. (January 2013). *Practitioner Review: What have we learnt about the causes of ADHD?, Journal of Child Psychology and Psychiatry, Vol.54(1), pp-(3-16).*