

MENTAL PSYCHOLOGICAL THERAPY'S EFFECT ON CHILDREN WITH HYPERACTIVITY DISORDER AND ATTENTION DIFFICULTIES

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Abstract

This study highlights the need of improving HDAD children's self-perception, emotional literacy, and behavioral adjustment. Their social and interpersonal integration is hampered by their poor self-perception, emotional literacy, and hyperactivity. Poor emotional intelligence leads to poor social skills, and some children may engage in anti-social behavior when they enter puberty. As a result, it is critical to educate youngsters how to manage and regulate their emotions. Training in emotion regulation throughout middle and late childhood might help these children and their parents cope with their hyperactive behavior more effectively, resulting in improved teenage transition. HDAD is a neuron-based behavioural condition that has been identified in youngsters. In addition to the main symptoms of inattention, hyperactivity, and impulsivity, the children have impaired self-perception, emotional literacy, and behavioral issues. As a result, assistance in managing the symptoms of HDAD youngsters is required. Medication may be used to treat severe cases of HDAD. Children with HDAD may benefit from behavior modification, cognitive behavioral therapy, and social skills training.

Keywords: HDAD, children, emotional intelligence, self-perception **Introduction**

Young children are more likely than adults to be hyperactive, emotional, impulsive, and inattentive. All of these features cause kids to behave in normal infantile ways, allowing us, as adults, to correct them and mold them into well-behaved young people. With age and maturity, most youngsters overcome their impulsivity and hyperactivity. However, certain children with significant attention issues, excessive hyperactivity, and a lack of restraint may continue to behave in this way throughout late childhood and adolescence, causing their parents, caregivers, and teachers to believe that they should have paid attention to them earlier.

'Attention' refers to a set of mechanisms that allow us to choose which sensory inputs are relevant to us and to eliminate those that aren't. Humans have orienting mechanisms from birth, and their purpose is to direct our attention to important sources of information. The

act of concentrating and focusing mental resources is referred to as attention. The ability to pay attention is a crucial aspect of the cognitive process. It consists of many components, including general alertness, which includes tonic and phasic arousal, selective attention, which includes conscious and preconscious modes, and vigilance, which measures the degree of conscious effort put out in a specific behavior (Posner and Rafal, 1987). Attention is clinically exhibited by conscious behaviors and arousal levels, and it may be tested psychometrically in terms of its span, speed of information processing, mental tracking, and focused attention. Sustained cognitive exertion needs intact attention, and any impairment of attentional processes leads to poor psychosocial adaptation in everyday life.

The majority of people can focus and concentrate on stimuli. However, certain people, particularly youngsters, have difficulty paying attention to a task, picking specific information, and maintaining their focus on the activity. Another concentration problem is shifting focus from one task to another. Older children and teenagers are better at making proper attention changes than younger youngsters. Another issue that many young children have is that they place too much emphasis on the attention-getting components of a job or scenario rather than the crucial aspects. Individual variances in attention exist, and some children need assistance in focusing to the important aspects of a task rather than the conspicuous aspects. Children are better at concentrating their attention on the key aspects by middle school and are less impulsive. Some children's attention issues are severe enough that they are diagnosed with Attention Deficit Disorder (ADD) or Hyperactivity Disorder and Attention Dificit Disorder (HDAD).

1. Objectives

The following goals were developed based on the literature study.

1. Determine if there is a substantial difference in self-perception between children with HDAD and children without HDAD.
2. To determine if there is a significant difference in the degree of emotional literacy between children with HDAD and children who do not have HDAD.
3. Determine if there is a significant difference in the degree of behavioral adjustment between children with HDAD and children without HDAD.

4. To determine the effectiveness of Cognitive Behavioural Therapy as a kind of intervention in enhancing children with HDAD's self-perception, emotional literacy, and behavioral adjustment.
5. Determine the association between self-perception and behavioural adjustment in HDAD children.
6. To see whether there's a link between emotional literacy and behavioural adjustment in kids with HDAD.

2. Review Of Literature

A distinctive "positive illusory bias" in the self-evaluation of children with HDAD has been documented in many investigations. Rizzo, Steinhausen, and Drechsler (2010) evaluated whether children with HDAD aged 8 to 10 years can appropriately judge their self-regulatory abilities when tested in another research. When compared to control children, HDAD youngsters regarded themselves as much more dysfunctional. Although overall findings suggested a slight tendency toward a positive bias, self-evaluations of children with HDAD did not differ from parent and teacher ratings to a higher degree than self-ratings of control children in most areas.

Hoza (2012) performed a study with 178 children with HDAD and 86 healthy children ranging in age from 7 to 12 years old. She used the Self-Perception Profile for Children (SPPC) to assess the children before and after they were given monetary incentives based on their instructors' ratings of their academic, social, and behavioral competence. Prior to the incentive, the HDAD children's levels of competence were favorably biased when compared to their instructors'. The youngsters, on the other hand, dropped their competence evaluations in both academic and behavioral categories after receiving monetary incentives. Regardless of the reward, the children's perceptions of their degree of social ability did not change.

Cook, Knight, Hume, and Qureshi (2014) evaluated existing research on the association between self-esteem and HDAD in adulthood with the goal of identifying service needs and possibilities. Despite a small number of research and methodological problems, data suggests that HDAD is linked to reduced self-esteem in adulthood and that self-esteem issues may be addressed, at least in part, by psychotherapy. Future study should concentrate on the assessment of treatment that especially addresses self-esteem issues in this cohort, they said.

On a thorough evaluation battery, Barkley, Anastopoulous, Guevremont, and Fletcher (1991) compared adolescents with Hyperactivity Disorder and Attention Deficit (HDAD) to a control group. HDAD adolescents were more likely than control teens to have Oppositional Defiant Disorder (ODD, 68%) and Conduct Disorder (CD, 39%), and were assessed as having worse social competence, behavioural and emotional adjustment, and school performance by parents and teachers. The HDAD youngsters, on the other hand, assessed themselves as more well-adjusted than their parents and teachers, varying only in

depressive symptoms and antisocial behavior from the controls. The HDAD were also separated from control teens by worse verbal learning and alertness, as well as increased HDAD behaviors during an arithmetic assignment.

In a study of 5 to 6 year old children, Paterson and Sanson (1999) aimed to uncover particular temperament, parenting, and family characteristics, as well as their interactions, that predict problem behavior and social skills in children. The findings revealed that diverse combinations of factors predicted each behavioural outcome, with the child's 'fit' in the household being a major predictor of externalizing behavior and social skills. It was discovered that temperamental rigidity and punitive parenting interact in the development of parent-reported externalizing behavior issues. The importance of employing particular indices of temperament, parenting, and family functioning, as well as researching interaction effects, in predicting children's behavioural development, is highlighted in this study.

Klassen et al. (2004) used a standardized questionnaire to interview 131 children with HDAD and their families to assess overall quality of life. They compared the replies to youngsters who did not have HDAD. While the physical health of the two groups was comparable, the HDAD children had higher emotional and mental health problems, including poor self-esteem. The lower a child's quality-of-life score was, the more HDAD symptoms he or she had. The probability of family stress was also predicted by the degree of symptoms. Parents of children with the greatest HDAD symptoms were the most likely to say that their child's difficulties caused them emotional distress and hampered their ability to satisfy their own needs.

3. RESEARCH METHODOLOGY

Among India, the prevalence of Hyperactivity Disorder and Attention Deficit Disorder in school-aged children is believed to be 10% to 20%. (Malhi and Singhi,2000). In recent years, there has been an upsurge in the number of youngsters diagnosed with HDAD. Parents and instructors are becoming more frustrated with their children's restlessness. There is a lack of general knowledge about HDAD, as well as research on the nature and treatment of HDAD. Parents struggle to manage them at home and are unsure who to turn to for assistance since they are unfamiliar with the nature of Hyperactivity Disorder and Attention Deficits. Teachers lack the ability to cope with their students' inattentive and disruptive behaviors in the classroom, and many Indian schools lack counselors and resource rooms. As a result, additional study is needed in this field, not only to determine the nature of the disease, but also to determine the different methods for treating these youngsters. This study aims to evaluate specific psychological characteristics in children

with HDAD, as well as the efficiency of Cognitive Behaviour Therapy on the behavioural adjustment of children with HDAD in Bangalore.

The following are the research questions that came from the literature review.

- Is there a substantial difference in self-perception, emotional literacy, and behavioral adjustment between HDAD and non-HDAD children?
- Will HDAD children's self-perception, emotional literacy, and behavioral adjustment improve significantly following Cognitive Behaviour Therapy?
- Is there a link between self-perception and behavioural adjustment in children with HDAD, as well as between emotional literacy and behavioural adjustment?

AIM

The goal of this research is to see whether there is a difference in self-perception, emotional literacy, and behavioral adjustment between HDAD and non-HDAD children. The research also intends to determine the effectiveness of Cognitive Behaviour Therapy as a kind of intervention for children with HDAD's behavioral adjustment. In addition, the research looks for a link between self-perception and behavioral adjustment, as well as a link between emotional literacy and behavioral adjustment.

4. Result and Findings

The disease Hyperactivity Disorder and Attention Deficit (HDAD) is characterized by substantial deficiencies in numerous areas that impair overall functioning. Children with Hyperactivity Disorder and Attention Deficit (HDAD) and children without HDAD were compared in terms of self-perception, emotional literacy, and behavioral adjustment. The research also looked at the effectiveness of Cognitive Behaviour Therapy (CBT) in helping children with HDAD improve their self-perception, emotional literacy, and behavioral adjustment. The association between self-perception and behavioral adjustment, as well as the relationship between emotional literacy and behavioral adjustment, was also investigated in children with HDAD.

The results of the research are documented in this chapter with reference to the following goals, which were declared at the start of the investigation.

1. Determine if there is a substantial difference in self-perception between children with HDAD and children without HDAD.

2. To determine if there is a significant difference in the degree of emotional literacy between children with HDAD and children who do not have HDAD.
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4. To determine the effectiveness of Cognitive Behavioural Therapy as a kind of intervention in enhancing children with HDAD's self-perception, emotional literacy, and behavioral adjustment.
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According to the findings of this research, children with HDAD varied considerably from non-HDAD children in major categories of self-perception, emotional literacy, and behavioral adjustment. The CBT intervention, which was given to 20 children with HDAD, resulted in substantial improvements in the majority of the domains of emotional literacy and behavioral adjustment. However, following intervention, there is no substantial change in the major categories of self-perception among HDAD children. Self-perception and behavioral adjustment, as well as emotional literacy and behavioral adjustment, have no significant relationship. The difference in Self-perception, Emotional literacy, and Behavioural adjustment between HDAD and Non HDAD children is analyzed quantitatively and qualitatively in the next part, as well as the effectiveness of CBT on HDAD children.

CONCLUSION

1. When compared to non-HDAD children, children with HDAD show considerably worse self-perceptions of social acceptability, physical attractiveness, behavioral conduct, and overall self-worth. The difference between the two groups is not determined to be substantial in terms of scholastic and athletic ability.
2. Children's self-reports and parent reports on Emotional literacy show that HDAD children have considerably worse Emotional literacy than non-HDAD children. As stated by parents, there is a substantial difference between HDAD and non-HDAD children in four categories of emotional literacy: self-awareness, self-regulation, motivation, and social skills. However, there is no discernible change in the domain of empathy.
3. When compared to non-HDAD children, HDAD children exhibit more Acting out, Shy apprehensive behavior, worse Learning abilities, lower Frustration tolerance, lower Assertive social skills, and poorer Task orientation.

4. According to parents, there is a considerable increase in overall Emotional literacy scores as well as three of the Emotional literacy domains, namely Self-awareness, Self-regulation, and Empathy, after intervention.

5. In terms of behavioural adjustment, the CBT intervention has been shown to help children with HDAD reduce acting out behavior, improve learning abilities, frustration tolerance, and task orientation. Shy nervous behavior and assertive social skills do not vary substantially between the experimental and control groups.

6. The CBT intervention given to 20 children with HDAD was ineffective in enhancing their self-perception. There is some improvement in all aspects of self-perception, but it is not substantial. Emotional literacy, as indicated by youngsters, has not improved much.

7. On all dimensions of Self-perception, there is no significant difference between pre and post CBT among HDAD children who did not get CBT intervention (control group). The post-assessment measures of scholastic competence, social acceptability, athletic competence, and global self-worth all showed a drop (not statistically significant).

8. There is no significant improvement in Emotional literacy among HDAD children in the control group, as indicated by the children after the evaluation. Following the evaluation, parents report a dramatic decline in emotional literacy. The degree of motivation has also dropped dramatically. Though there is a reduction in the other Emotional literacy areas, it is not substantial.

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