

Study of an adolescent ADHD girl child- intervention of parent, school, counselor

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Abstract:

The cycle of negativism is a spiral which leads to outcomes which impact negatively on the child's life. It helps parents learn how to use a system of rewards and consequences to change a child's behavior. ADHD symptoms can appear as early as between the ages of 3 and 6 and can continue through adolescence and adulthood. The doctor will also ensure that any ADHD symptoms are not due to another medical or psychiatric condition. Researcher has studied a girl child in urban city area having identified Attention Deficit Hyperactivity disorder whose motivation to become involved in a task or to complete a task is inconsistent. It is found also that child's impulsive nature made it difficult for her to await her turn in games. Researcher used ADHD rating scale, SSQ-R, WISC-R tools which seek information on the child's ability to pay attention or concentrate in eight situations in school. Finally interventions of parents, teachers and counselors to the overcome the problems faced by the ADHD child were studied. It is finally found that such child having ADHD should always be provided with mental and emotional support and other necessary needs and always be encouraged. This type of problem child must never be kept alone and isolated and then only this type of problem child can be mainstreamed.

Keywords: ADHD, SSQ-R, WISC-R, Intervention, Mainstream

Introduction

Inclusive education means that all scholars attend and are welcomed by their neighborhood seminaries in age-applicable, regular classes and are supported to learn, contribute and partake in all aspects of the life of the academe. Inclusive education is about how we develop and design our seminaries, classrooms, programs and exertion so that all scholars learn and share together. It's every child's right to be supported by their parents and by the community to develop a positive understanding of themselves and others, anyhow of their differences, culture and capacities. Seminaries that aim to laboriously involve all children by utilizing various ways of training and promote diversity practice inclusive training. Applying an addition system in academe promotes the development of social relations where every child feels a sense

of belonging. The Convention of the Rights of people with disabilities espoused in the time 2006, defines a disability as. "Persons with disabilities include those who have long- term physical, internal, intellectual or sensitive impairments which in commerce with various walls may hinder their full and effective participation in society on an equal base with others." The Convention of the rights of the child (CRC) espoused in the time 1989 is the first international convention that contained a specific reference to disability; its composition No. 2 is devoted to non- demarcation of children with disabilities. When executed well, inclusive education provides better quality education for the scholars. One of the most significant assignments one can achieve by doing this externship s that that responsiveness leads to conspicuous change. I believe that listening to

scholars and giving your heart to them by devoting your time and energy is extremely important and makes a great difference in their knowledge experience. Scholars serve more or less effectively depending on the situation. For illustration, a pupil, especially one with special conditions, who has witnessed or has been vanquished to domestic violence, is less likely to concentrate or express anticipated behaviors. Therefore, in analogous events, it's truly important to first seek the reason behind their misbehavior, and secondly, to assure that the pupil is in a healthy emotional and internal state. In addition, taking into consideration the pupil's perspective of the situation and allowing about how I would possibly reply put in a similar position has helped me in dealing with these types of situations.

Background Study

Attention Deficiency Hyperactivity Complaint (then after ADHD) is the most recent of a long line of individual markers for children presenting with significant problems in attention, impulse control, and over exertion. The complaint represents one of the most current nonage psychiatric diseases. It's one of the most common reasons why children are appertained for cerebral testing in both the United States and Canada (*Barkley et al 1991*)⁹ Children who have ADHD are generally described as having habitual difficulties in the areas of inattention, impulsivity, and over exertion. These primary characteristics are displayed to a degree which is unhappy for their age or experimental position. These symptoms stretch their capacity to pay attention, inhibit their impulses, and restrain their movement ((*Barkley et al 1991*)⁹. The nature of these symptoms creates problems for the children in their home and at academy. Children who have ADHD are donors of considerable negative underpinning. They admit veritably little in the way of positive feedback from others. Their problem is seen as a behavioral problem. Demands are frequently made on these children whom they cannot meet. Their gesture is seen as designedly noncompliant. They're penalized for actions which are characteristic of the complaint. This cycle of negativism is a helical which leads to issues which impact negatively on the child's life. Attention has been described in a variety of terms. It can be linked by its seven factors

videlicet internal attention, alert, picky attention, hunt, activation, set, and analysis by conflation (*Greenhill et al 2006*)⁷. It can also be specified by its three factors alertness, selection, and trouble (*Smith et al 2017*)¹⁰.

Operational Terms

Attention-deficit/hyperactivity disorder (ADHD) is a disorder marked by an ongoing pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development. Inattention means a person wanders off task, lacks persistence, has difficulty sustaining focus, and is disorganized; and these problems are not due to defiance or lack of comprehension. *Hyperactivity* means a person seems to move about constantly, including in situations in which it is not appropriate; or excessively fidgets, taps, or talks. In adults, it may be extreme restlessness or wearing others out with constant activity. *Impulsivity* means a person makes hasty actions that occur in the moment without first thinking about them and that may have a high potential for harm, or a desire for immediate rewards or inability to delay gratification. An impulsive person may be socially intrusive and excessively interrupt others or make important decisions without considering the long-term consequences.

Inattention and hyperactivity/impulsivity are the key behaviors of ADHD. Some people with ADHD only have problems with one of the behaviors, while others have both inattention and hyperactivity-impulsivity. Most children have the combined type of ADHD. In preschool, the most common ADHD symptom is hyperactivity. It is normal to have some inattention, unfocused motor activity, and impulsivity, but for people with ADHD, these behaviors are more severe, occur more often and interfere with or reduce the quality of how they function socially, at school, or in a job. People with symptoms of inattention may often have following symptoms-

- Overlook or miss details
- Make careless miscalculations in practice, at work, or during other conditioning

- Have problems sustaining attention in tasks or play, including exchanges, lectures, or lengthy reading
- Not feel to hear when spoken to directly
- Not follow through on instructions and fail to finish practice, chores, or duties in the plant or start tasks but snappily lose focus and get fluently sidetracked
- Have problems organizing tasks and conditioning, similar as what to do in sequence, keeping accoutrements and things in order, having messy work and poor time operation, and failing to meet deadlines
- Avoid or dislike tasks that bear sustained internal trouble, similar as practice or schoolwork, or for teens and aged grown-ups, preparing reports, completing forms, or reviewing lengthy papers
- Lose effects necessary for tasks or conditioning, similar as academy inventories, pencils, books, tools, hold alls, keys, paperwork, eyeglasses, and cell phones
- Be fluently detracted by unconnected studies or stimulants
- Be absentminded in diurnal conditioning, similar as chores, errands, returning calls, and keeping movables

Hyperactivity-Impulsivity: People with symptoms of hyperactivity-impulsivity may often:

- Fidget and fidget in their seats
- Leave their seats in situations when staying seated is anticipated, similar as in the classroom or the office
- Run or dash around or climb in situations where it's unhappy or, in teens and grown-ups, frequently feel restless
- Be unfit to play or engage in pursuits still
- Be constantly in stir or “on the go,” or act as if “driven by a motor”
- Talk continuous
- Blur out an answer before a question

has been completed, finish other people's rulings, or speak without staying for a turn in a discussion

- Have trouble staying for his or her turn or intrude on others, for illustration in exchanges, games, or conditioning

Diagnosis of ADHD requires a comprehensive evaluation by a licensed clinician, such as a pediatrician, psychologist, or psychiatrist with expertise in ADHD. For a person to receive a diagnosis of ADHD, the symptoms of inattention and/or hyperactivity-impulsivity must be chronic or long-lasting, impair the person's functioning, and cause the person to fall behind typical development for his or her age. The doctor will also ensure that any ADHD symptoms are not due to another medical or psychiatric condition. Most children with ADHD receive a diagnosis during the elementary school years. For an adolescent or adult to receive a diagnosis of ADHD, the symptoms need to have been present before age 12. ADHD symptoms can appear as early as between the ages of 3 and 6 and can continue through adolescence and adulthood. Symptoms of ADHD can be mistaken for emotional or disciplinary problems or missed entirely in quiet, well-behaved children, leading to a delay in diagnosis. Adults with undiagnosed ADHD may have a history of poor academic performance, problems at work, or difficult or failed relationships. ADHD symptoms can change over time as a person ages. In young children with ADHD, hyperactivity-impulsivity is the most predominant symptom. As a child reaches elementary school, the symptom of inattention may become more prominent and cause the child to struggle academically. In adolescence, hyperactivity seems to lessen and may show more often as feelings of restlessness or fidgeting, but inattention and impulsivity may remain. Many adolescents with ADHD also struggle with relationships and antisocial behaviors. Inattention, restlessness, and impulsivity tend to persist into adulthood.

Methodology

Sample: A female student of Class XII standard

Sample age: 18 Years

Sample schooling: Urban city school

Sampling Technique: Case Study

Identified Disability: Attention-deficit/hyperactivity disorder

Tools:

1) ADHD Rating Scale: It is developed by Dr. R.A. Barkley for assessing the circumstance of ADHD symptoms in children. They took the 14 individual criteria for ADHD from the DSM-III-R and placed them in a standing scale format. Standing is achieved on a four point scale with "On indicating a geste isn't at each present to "3", indicating that a gesture is veritably important present. The particulars included in this list include actions dealing with hyperactivity, inattention, impulsivity, and attention.

2) The SSQ-R (Revised Academy Situations Questionnaire): To permit preceptors to rate specific problems children might have with attention or attention. This instrument consists of eight questions which seek information on the child's capability to pay attention or concentrate in eight situations in academy. These responses are rated on a scale of one to nine indicating the inflexibility of the complaint by degree. Situations rated are gesture during

- Individual seatwork
- Small group conditioning
- Free play time in class
- Lectures to the class
- Field trips
- Special assemblies
- Pictures, film strips
- Class conversations

3) The WISC-R (Wechsler Intelligence Scale for Children- Revised (WISC-R): It's an collectively administered cognitive measure considered a good predictor of academic performance. It yields a verbal score and a performance score, and a compound full scale score. Sub-test scores are reported as gauged scores ranging from one to nineteen with the average range being eight to twelve. A

percentile indicates the chance of age peers scoring at or below the subjects test score. This was an assessment update and report compared his performance and scores to those of the former testing some four times before.

Observations

Everything was difficult with the investigating child - were the words of her mother stated when, she referred to the care of the investigating child as a baby. She was a colicky baby despite being breast fed. Her mother was most cautious of her diet during this time and felt that there was nothing that she was eating which would cause the baby's constant screaming. With the help of the grandparents and an aunt, the family managed to cope with this most tiring situation. Feeding the colicky child was a problem as she would not take a bottle and yet she was not receiving enough nourishment from her mother. The doctor's only solution to this problem was to basically withhold food from the baby until she was hungry enough to take the bottle. After one and a half days of starvation, the investigating child eventually accepted his bottle along with much sputtering and many cries of objection. Her mother reported only one remarkable --milestone in the investigating child's development: her, early speech. He began articulating words as early as nine months. The words were clear and well defined. At eighteen months, the investigating child was speaking in sentences and was reported to be speaking as clearly and fluently as a three year old child would speak. The investigating child began pre-school at age three. Initially the investigating child liked the school but she did not "do well" and was withdrawn from that situation. Her mother did not elaborate on the actual reasons for this .She sees the investigating child as an extremely bright child who is not achieving to his potential. She presented the family's concerns for the investigating child's future in education as well as for life. At home they have worked together to help the investigating child overcomes his difficulties. By seeking professional counseling, and following through with the suggestions made to them, the investigating child's parents have made progress in channeling the investigating child's energies productively and in providing consequences for inappropriate behavior. The investigating child is responsible for keeping his

room tidy and for following certain basic rule. Her mother's first reaction to the mention of the ADHD label was to respond immediately that she did not believe that she was hyperactive as he could concentrate. Why she could sit for hours playing the video games! The only "label" the child had been given regarding the investigating child's problems was when the family doctor used the old term for ADHD, minimal brain dysfunction.

'A girl who lives to play' was the remark made by the investigating child's father. Although the investigating child has great difficulties in getting along with other children, play is her main focus in life/she always appears to need someone around and despite fights and disagreements, playmate. Mealtimes generally are difficult times for the investigating child as she does not stay in her chair while eating. She would be quite content to have his daily ration of food put out onto the table and she could then "eat on the run". She likes to watch T.V., wander around and eat while moving. Early education for her was in a Kindergarten class. The investigating child's father assumed that the investigating child was doing well in the class as her strong ability to pick up new vocabulary was put to good use. She would come home from school and use the newly acquired vocabulary. One particular Mathematics teacher did, however find this behavior troublesome. In grade ten this particular teacher interpreted her father that turning around as being disruptive. One of the most difficult tasks which the investigating child faces is reading a book. She can read a book out loud, but if she has to read it on his own, she may read a paragraph and then realize that she is actually thinking of something else. She will then go back and try to find where she is reading. After several repetitions of this, she becomes bored with reading and either falls asleep or gives up trying to find where reading was. Magazine articles and shorter passages are not as difficult for her to read as they require less attention. The investigating child has difficulty following daily routines. During group time, her attention span is very short. She seems in a world of her own or talking to herself. Noticed on several occasions that the investigating child is capable of very good work. Her writing can be neat and legible with proper spacing, she has good math understanding but has difficulty with paper-pencil tasks due to her perceptual difficulties. The investigating child is

an intelligent, interesting person. She is easily distracted and influenced by other children. She has a good sense of humor but needs to learn self-control. The investigating child orally demonstrates a good understanding of numbers and mathematical thinking skills. The investigating child has been most successful with written assignments when he has worked in an area isolated from distraction. She enjoys working in a small group, but seldom can concentrate well enough to stay on task.

Data Analysis

SCHOOL COUNSELLING REPORTS: The ADHD Rating Scale was developed by Dr. R.A. Barkley and for assessing the circumstance of ADHD symptoms in children. On this instrument the probing child achieved a total score of 40.142. The mean for her age is 13.46 with a Standard Deviation of 12.41. For Factor I (inattentive-hyperactive) she's nearly two SD above the mean and a clinical significance is achieved at 1.5 SD above the mean. For Factor II (impulsive-hyperactive) she achieved a score over two SD above the mean and again clinical significance is attained at 1.5 SD above the mean. Thus, according to the ADHD Standing Scale, the probing child has a severe, or 2 clinically significant, degree of ADHD on all aspects of ADHD tested with this instrument.

REVISED SCHOOL SITUATIONS QUESTIONNAIRE: On this instrument, the probing child attained a score of 8 while the mean is 3.49 with a SD of 3.38 for his age group. This places Alan over 1 SD above the mean. In terms of the inflexibility factor, Alan attained a score of 7.735.

WESCHSLER INTELLIGENCE SCALE for CHILDREN - Revised (WISC-R): On the WISC I & Overall, the test results indicate that the probing child is continuing to witness uneven cognitive & development. Her suggestive vocabulary which is a measure of language development, word knowledge, and memory is at the top of the average range (75 percentile). Her internal computation problem working is also good at the (63 percentile) and had quick response style. She got the correct

answer to a more delicate question beyond the time limit. This subtest measures his capability to follow oral directions, mentally manipulate computation data, and elect order information. Her capability to classify, classify, and do associative thinking is within the normal range but scoring below the mean (37 percentile). This score had been significantly advanced on former testing. Her practical knowledge, common sense, and social judgment is at the bottom of the normal range (25 percentile) as is her audile short term memory for integers. She could hold 6 integers forward but only three integers backwards. Overall, her Verbal score comprises in the middle-of the normal range. Percentile Interpretation of the Performance subtests reveals that visual I perceptual tasks are significantly more delicate for The probing child. Her strengths at this time, are visual succession logic in anticipating the consequences of social situations and in hers psychomotor speed which is also at the 37 percentile. This subtest is a measure of the speed at which The probing child takes in and puts out new information on paper. Blasts into his sensitive motor functioning, i.e., her fine Eye-hand collaboration but still well in the normal range. She can concentrate and attend well in the one-to-one situation i.e., the testing, but he's largely distractible and off task in the classroom, terrain.

Findings

- The investigating child's inability to connect consequences with behaviors made it difficult for her to realize that children would not chose to play with her if she behaved in a manner which frustrated or antagonized them. She was driven by a need to have friends, , yet she consistently fought with them and insisted on playing by her rules. She often displayed an inability to judge social mores. For instance on a typical morning, teacher came to know that when the investigating child entered the class pushing and pressing against other children she exhibited a constant need to be touching others or to be in very close proximity to others consistently shoving, pressing, bumping and entering other students' "space". The investigating child's desire to socialize was the cause of him being inattentive to lessons, even when the lesson content was highly motivational. The investigating child's impulsive nature made it difficult for her to await her turn in games. She wanted to be first and wanted to control when playing games and she wanted to tell others how they could play.
- The investigating child has also been known to have emotional outbursts when playing with other children. While playing was critically important she he did not appear to connect friendship with give and take. She would insist on things being done her way and she became angry and stubborn until the other children finally left or / refused to play with her.
- Written work is a particular problem to her both in quantity and quality. While she had no difficulty in understanding what was to be done, her lack -of organization, or impulsivity did not allow her to settle into the task. She often lost the equipment needed for the task, and paid attention to other stimuli in the class. Settling down to do hers written work was difficult for the investigating child. She was in motion and restless and she wandered to her seat touching other children, talking about whatever was on hers mind at that moment. She did not see this as a problem as she he is cognitively involved in some other endeavor. It was difficult to determine the exact level at which The investigating child read as his performance varied considerably depending on the interest in what was being read. She had a superb sense of rhythm and read poems and chants without difficulty after they had been read to him. She had the ability to decode original print material was weak. It is not clear from this study whether the investigating child's difficulties in reading were the result of his learning disability, or the result of his ADHD symptoms interfering with his reading. She had difficulties in numeral writing and placement. This created difficulties in the operations to be completed. He understood the concepts, --- but - hers inattention to the task demands created problems in their completion.
- The investigating child's motivation to become involved in a task or to complete a task was inconsistent. As recorded earlier in the section on attention, Alan was on-task to a greater degree when she he was interested in the subject being studied. The investigating child was an eager learner. she had an amazing ability to remember facts and details of things and events in which she was interested. She had the ability to learn, but there was a considerable

variability in task performance. On some tasks, she would work for an extended period of time. While on other tasks, she would not settle into the work and would display the symptoms of the disorder, inattention, impulsivity, and hyperactivity.

- When the curriculum included learning about spiders, grasshoppers, salmon etc., she was a sponge for the information and could remember facts and details of the subject presented earlier. She certainly benefited from an integrated curriculum and her motivation to learn related subjects in the context of his interest was high. If the lesson involved an activity which was seen by her as being less interesting, she was not easily drawn into the task. She was distracted and her performance was poor. It was difficult for the investigating child to complete a task when she was not motivated.

Future prospect and suggested Interventions

Threat Factors: Experimenters aren't sure what causes ADHD. Like numerous other ailments, several factors can contribute to ADHD, similar as

- Genes
- Cigarette smoking, alcohol use, or medicine use during gestation
- Exposure to environmental poisons during gestation
- Exposure to environmental poisons, similar as high situations of lead, at a youthful age
- Low birth weight
- Brain injuries
- ADHD is more common in males than ladies, and ladies with ADHD are more likely to have problems primarily with inattention. Other conditions, similar as learning disabilities, anxiety complaint, conduct complaint, depression, and substance abuse, are common in people with ADHD.

Treatment and Curatives: While there's no cure for ADHD, presently available treatments can help reduce symptoms and ameliorate functioning. Treatments include drug, psychotherapy, education or training, or a

combination of treatments.

Drug-For numerous people, ADHD specifics reduce hyperactivity and impulsivity and ameliorate their capability to concentrate, work, and learn. Drug also may ameliorate physical collaboration. Occasionally several different specifics or tablets must be tried before chancing the right one that works for a particular person. Anyone taking specifics must be covered nearly and precisely by their defining croaker.

Instigations: The most common type of drug used for treating ADHD is called a "goad." Although it may feel unusual to treat ADHD with a drug that's considered a goad, it works by adding the brain chemicals dopamine and norepinephrine, which play essential places in thinking and attention. Under medical supervision, goad specifics are considered safe. Still, there are pitfalls and side goods, especially when misused or taken in excess of the specified cure. For illustration, instigations can raise blood pressure and heart rate and increase anxiety. Thus, a person with other health problems, including high blood pressure, seizures, heart complaint, glaucoma, liver or order complaint, or an anxiety complaint should tell their croaker before taking a goad. Talk with a croaker if you see any of these or other side goods while taking instigations

- Dropped appetite
- Sleep problems
- Singularities (sudden, repetitious movements or sounds)
- Personality changes
- Increased anxiety and perversity
- Collywobbles
- Headaches

Non-stimulants: A many other ADHD specifics are non-stimulants. These specifics take longer to start working than instigations, but can also ameliorate focus, attention, and impulsivity in a person with ADHD. Croakers may define a non-stimulant when a person has bothersome side goods from instigations; when a goad wasn't effective; or in combination with a goad to increase effectiveness. Although not approved by the U.S. Food and Drug Administration (FDA) specifically for the

treatment of ADHD, some antidepressants are occasionally used alone or in combination with a goal to treat ADHD. Antidepressants may help all of the symptoms of ADHD and can be specified if a case has bothersome side effects from stimulants. Antidepressants can be helpful in combination with stimulants if a case also has another condition, similar as an anxiety complaint, depression, or another mood complaint. Stimulants and cases can work together to find the stylish drug, cure, or drug combination. Learn the basics about stimulants and other internal health specifics on the NIMH Mental Health Specifics webpage and check the FDA website for the rearmost information on warnings, patient drug attendants, or recently approved specifics.

Psychotherapy and Psychosocial Interventions: Several specific psychosocial interventions have been shown to help cases and their families manage symptoms and ameliorate everyday functioning. In addition, children and grown-ups with ADHD need guidance and understanding from their parents, families, and preceptors to reach their full eventuality and to succeed. For academy-age children, frustration, blame, and wrathfulness may have erected up within a family before a child is diagnosed. Parents and children may need technical help to overcome negative passions. Mental health professionals can educate parents about ADHD and how it affects a family. They also will help the child and his or her parents develop new chops, stations, and ways of relating to each other.

Behavioral remedy: It is a type of psychotherapy that aims to help a person change his or her gesture. It might involve practical backing, similar as help organizing tasks or completing practice, or working through emotionally delicate events. Behavioral remedy also teaches a person how to cover his or her own gesture give oneself praise or prizes for acting in a asked way, similar as controlling wrathfulness or thinking before acting. Parents, preceptors, and family members also can give positive or negative feedback for certain actions and help establish clear rules, chore lists, and other structured routines to help a person control his or her gesture. Therapists may also educate children social chops, similar as how to stay their turn, share toys, ask for help, or respond to teasing. Learning to read facial expressions and

the tone of voice in others, and how to respond can also be part of social chops training.

Cognitive behavioral remedy; It can also educate a person awareness ways, or contemplation. A person learns how to be apprehensive and accepting of one's own studies and passions to ameliorate focus and attention. The therapist also encourages the person with ADHD to acclimate to the life changes that come with treatment, similar as allowing before acting or defying the appetite to take gratuitous pitfalls.

Family and connubial remedy: It can help family members and consorts find better ways to handle disruptive actions, to encourage gesture changes, and ameliorate relations with the patient. Parenting chops training (behavioral parent operation training) preceptors parent the chops they need to encourage and award positive actions in their children. It helps parents learn how to use a system of prizes and consequences to change a child's gesture. Parents are tutored to give immediate and positive feedback for actions they want to encourage and ignore or deflect actions that they want to discourage. They may also learn to structure situations in ways that support wanted gesture.

Specific behavioral classroom operation interventions: It has been shown to be effective for managing youths' symptoms and perfecting their functioning at academy and with peers. These exploration-informed strategies generally include schoolteacher-enforced prize programs that frequently use point systems and communication with parents via Daily Report Cards. Numerous seminars offer special education services to children with ADHD who qualify. Educational specialists help the child, parents, and preceptors make changes to classroom and schoolwork assignments to help the child succeed. Public seminars are needed to offer these services for good children, which may be free for families living within the academy quarter.

Conclusion

All children are equal and it should be a collaboration between parents, teachers and if needed then counselor to help and understand children who are disabled that may be whatever visually impaired, mentally retarded or any

other. Moreover the main role is played by the parents in identifying any uncommon behavior among their child and then start to understand them instead of scolding and pressuring their child. These children should always be provided with mental and emotional support and other necessary needs and always be encouraged. These children must never be kept alone and isolated.

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