

## ADHD in the aspects of procedere/therapy based on the health care system and psychological- pedagogical centres in Poland

Piotr W.Gorczyca MD,PhD,MA  
Department of Psychiatry  
Silesian Medical University

Ministry of National Education takes control over activities of Psychological-Pedagogical Guidances (590 in Poland).

In education teachers and tutors take to helping actions – which support pupil's development and help pupils when they have problems learning; psychologists and educators support those educational activities of teachers and parents, they organize and inculcate different forms of psychological-pedagogical help for pupils, intervene in the most difficult cases; speech therapists diagnose and conduct a therapy of children and the youth with dysphasia; other specialists also participate in those activities, e.g. professional advisers, physicians or social employees.

They conduct in schools, kindergartens, psychological-pedagogical dispensaries and institutions such forms of help as:

- supporting educational function of a family,
- therapy of developmental disturbances and disfunctional behaviours, - prophylaxis of problems of children and the youth,
- supporting effective learning,
- developing abilities connected with social communication
- conducting pro-wholesome education,
- didactic-compensative classes, specialist classes: corrective-compensative, logopedical, sociotherapeutic and other classes having therapeutic character

- therapeutic classes,
  - compensative classes,
  - psychoeducational classes for pupils, parents and teachers,
  - advice for pupils,
- and in health section: among the others psychical health centres;  
in social help section: among the others specialistic family centres, centres of support, day-rooms and environmental clubs, educational centres;  
in justice section:
- family courts and curators, family diagnostic-consultative centres;
  - in the structures of Catholic Church: family guidance;
  - in non-government organizations: preventive-therapeutic centres;
  - in the units of the self-government: city family centres, communal family centres;
- in private institutions: specialist offices.

We can mention the following tasks of psychological-pedagogical guidances in the aspect of therapy for children with ADHD:

- support of many-sided development of children and the youth, efficiency of learning, acquiring and developing of ability from the range of social communication, - giving psychological-pedagogical help to children and the youth from risky groups, - therapy of children and the youth with developmental disturbances and dysfunctional behaviours, - support of educational function of family, - helping parents and teachers to diagnose and develop abilities and strong sides of pupils. It's interesting that headmasters of psychological-pedagogical dispensaries attach to much importance to diagnosis, but less importance to therapy. The problem is also in expensive courses while employees are not well-paid, which also lessens a possibility of getting professional help.

Children with ADHD can take advantage of:

- corrective-compensative classes
- integrated education
- individual education.

It's obvious that the last possibility should be used in exceptional situations (a big threat of aggression and disorder). The organ which grants finances to classes appointed by psychological-pedagogical guidances, is self-government.

The interesting statistic data:

- the number of children's psychiatrists in Poland: 150
  - the number of psychiatric outpatient clinics for children: 90
  - the number of outpatient clinics of ADHD: 1 (At Warsaw-Dr Wolanczyk)
  - children's psychiatric wards: 39
  - day's psychiatric wards for children and the youth: 16
  - rehabilitative-curative centres: 16
- psychological-pedagogical guidances:590 (non health institution).

#### **The rules of dealing with an overactive child. Practical instructions.**

(Authored by: Lucyna Orzechowska)

1. Maximum limitation of number of impulses.
2. Regular course of life.
3. Regularity, organizing. The importance of the final stage of a certain activity.
4. The consistency of requirements – hierarchy of importance in execution of them.
5. The example of oneself in solving difficult situations or conflicts – calmness and self-control in solving problems. Concentration on problems, not emotions.
6. One short command instead of "speeches".
7. Using the order rather than the prohibition.
8. Teaching clear norms of community life.

The attitude based on the method of non-instructive therapy concentrated on the client by Rogers in Axeline assumptions (1947) is really interesting:

1. It is required to create a relationship full of warmth and friendship as quickly as possible.
  2. It is necessary to accept a child the way he or she is, not should be.
  3. The relation should have permissive character, giving a child an opportunity of unlimited expression of emotions.
  4. It is necessary to recognize and reflect child's emotions so that he or she can achieve insight into their nature.
  5. A child is responsible for changes.
  6. Child's desires should fix a direction of therapy.
  7. The rate of therapeutic work during a session should be accommodated to child's needs and abilities.
- Limitations in the process of therapy should be a consequence only of security requirements and responsibility.

My concept concerning the meetings with parents of overactive children within the visits in the outpatient clinic is similar.

1. awaiting a child as a person we want to help (being interested, complete acceptance as a person)
2. "surprising" of a child with one's interest and acceptance
3. nice conversation with a parent, which helps us gather needed data
2. waiting till parents stop expecting a quick inclusion of sedatives through informing them about a need of performing additional examinations first (ECG, EEG, blood examination)
3. an attempt of using the following statements: supportive, educational, paradoxical – a goal: desire to persuade parents with a simultaneous attempt of changing their unwelcome behaviours.

#### **The scenario of dealing with parents of overactive children.**

(Authored by: Lucyn Orzechowska)

##### **Meeting 1.**

Organizing-integrating

1. self-presentation of conducting participants
2. my biggest problem – expectations of participants towards meetings
3. talking about parents' needs which are possible to realize during the classes
4. organizing establishments.

##### **Meeting 2.**

Educational

mini lecture on character and causes of psychomotor over activity

##### **Meeting 3. Supporting**

1. talking about exemplary situations and behaviour of children considered by their parents as burdensome
2. participants' sharing with their own experiences as for solving concrete problems
3. working out under a leader's control proper methods of dealing with an overactive child

##### **Meeting 4. Educational**

1. minilecture. Basic rules of interpersonal communication.
2. Exercises.

##### **Meeting 5. Supporting**

1. my child is exceptional. Parents' statements emphasizing those characteristics of the child, they are proud of
2. "I am good enough as a parent". Working on parents' feeling of guilt and low self-estimation.

## Therapies

psychosocial training: group therapy (cognitive-behaviour, individual)

education and exercises for parents

consultation with

psychologists, pedagogics, teachers and other specialists

pharmacological: imipramin, methylphenidate, moclobemid