

**A.I.P.P.S. (ASSOCIAZIONE INTERNAZIONALE PSICOLOGIA E
PSICOANALISI DELLO SPORT) APPROACH TO ADHD: AN
INTERVENTION MODEL ALTERNATIVE/COMPLEMENTARY TO THE
SESSION AND TO THE DRUGS.**

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Abstract

“Clinical” sport psychology is an instrument to deal with problems related to different relational aspects concerning individuals in the age of development, both preadolescents and adolescents, with special needs as well.

The use of this instrument is meant to prevent juvenile problems such as bad aggressivity working over and ADHD syndroms; to provide the integration and/or the reintegration of people physically and mentally ill into the social community and to deal with the “wellbeing” linked to games and sports features tout-court, particularly for those people belonging to therapeutical communities and/or custody communities (prisons, reform communities and so on).

Models of intervention in a clinical applied context will be described here. The role of clinical sport psychologists is to link sport practice to good applied processes. Psychologists have to carry out clinical projects of a great therapeutical value for the social community within those institutions which ask for them.

Keywords: Clinical sport Psychology, ADHD syndromes, games

Problems with ADHD children are difficulty in:

- keeping attention,
- impulse control,
- waiting their own turn,
- delaying the gratification,
- using the rule-governed behaviour

and problems with disruptive behaviour.

We lean towards a multi-factorial model (Pennington 2005) and the presence of several deficits that cannot explain singularly the variability of behaviour and cognitive difficulties of these children.

Considering **neuropsychological** model (Barkley) that brings back the difficulties to two kind of deficit: an inhibition deficit and an executive functions deficit: they involve the prefrontal, dorsal neostriatal and caudate circuit.

Considering **motivational** model (Sonuga-Barke), that brings back the difficulties to the gratification delaying ability (“Delay aversion” DAV): it involves the anterior cingulate and orbitofrontal cortex, ventral striatum and accumbens circuit.

Considering this multi-factoriality we need multi-modal treatments that consider

both cognitive and motivational aspects.

Within the above mentioned problems related to ADHD, A.I.P.P.S. (Associazione Internazionale Psicologia e Psicoanalisi dello Sport) detected in the practice of sport a possible work setting since sport can modify some behaviour and attention difficulties these children have, acting as a multi-modal context in which the cognitive, problem solving, motivational-attributional and relational aspects can be handled by a clinical sport psychologist in order to intervene on the difficulties that he observes looking at the children.

Sport is highly motivating for every child: it acts as a codified play, regulated by precise interactions and rules.

Practicing a sport a child is introduced in a group of peers: to be part of the group means share the practice, its rituals, techniques, strategies and follow its rules: if you don't follow them you are 'out'.

A.I.P.P.S. invented the "sport and game room".

It's aimed at children between 3 and 7 years old.

It uses a sport setting and clinical psychological instruments to detect behaviour, attention and relationship difficulties in children of this age

It is focused on reading the behaviour and the movement in this context and also on the drawing and graphic symbol reading.

It structures the sport and game practice, introducing corrections through the handling of the way of communicating and the getting in touch with other people, the handling of game rules and role playing techniques in order to intervene on the observed difficulties using the sport context itself as auto-corrective.

Through this methodology the "sport game room" is really a clinical laboratory of intervention on the first ADHD symptoms detected in pre-school age and it's a prevention and monitoring place for children of this age.

In the "sport and game room" children start with fencing, with all its involvements as dealing with the fight and aggressiveness, observing rules, respect and relationship with peers, attention times, technique learning, problem solving and causal attribution.

They can express themselves through drawing which at this age is the preferred way of communication and knowing their inner world.

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