

Attività Child Training



Fondazione IRCCS Ca' Granda
Ospedale Maggiore Policlinico

Sistema Socio Sanitario



Regione
Lombardia

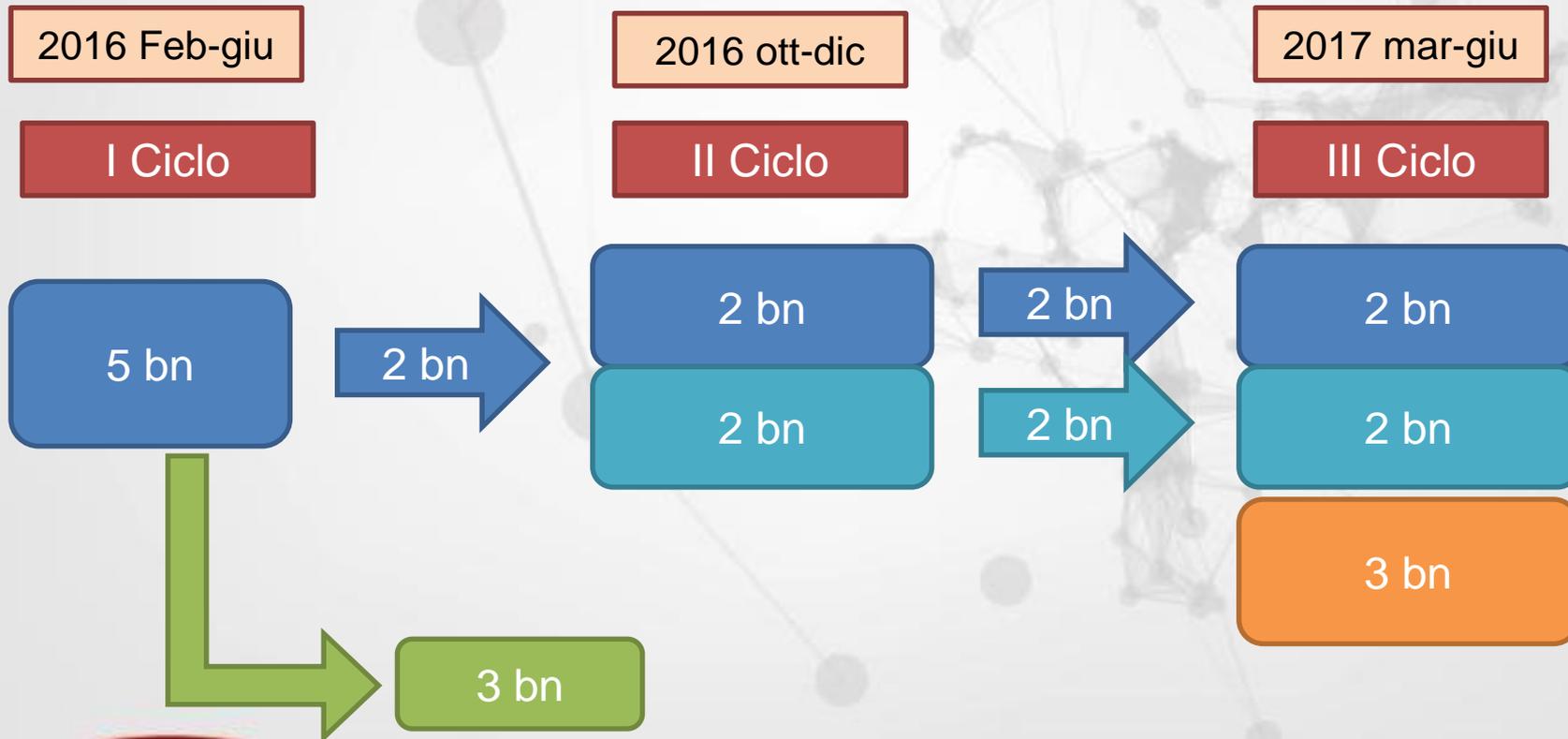


STORIA di un Child training

tra riflessioni cliniche ed esigenze di servizio

	Fino al 2013	2014	2015	2016 (feb- giu)	2016 (ott-dic)	2017 (mar →)
Genitori e Insegnanti	2 PT & TT in parallelo Centro ADHD	2 PT & TT in parallelo Centro ADHD	1 PT & TT in parallelo Centro ADHD	1 PT operatori UONPIA	1PT e TT IESCUM	1 PT & TT in parallelo Centro ADHD in corso
Bambino	Preso in carico individuale	Preso in carico individuale N°3 CT Pilota successivo al PT TT N° utenti= 5 N° incontri= 10	Prese in carico individuale N°3	Preso in carico individuale N°5 (1 inserito nel CT successivo) CT in parallelo al PT N° utenti: 5	Preso in carico individuale N°3 (1 inserito nel CT successivo) CT a "STAFFETTA" N° utenti: 2+2	Preso in carico individuale N°2 CT a "STAFFETTA" N° utenti: 4+3
Modello di riferimento per il CT		Modello Cognitivo Comportamentale		Modello Cognitivo Comportamentale + Pratiche di Meditazione	Modello Cognitivo Comportamentale + Pratiche di Meditazione	Modello Cognitivo Comportamentale + Pratiche di Meditazione
Formazione e Collaborazioni Centro ADHD e Uonpia Policlinico	Formazione Operatori UONPIA su PT & TT	Formazione Operatori UONPIA su PT & TT		PT avviato da operatori UONPIA	Progetto abbattimento liste d'attesa. CT in collaborazione con IESCUM N° tot utenti: 7	
N° CT N° utenti		1 CT centro adhd Tot Pz= 5 pz			2 CT centro adhd 1 CT IESCUM Tot Pz= 11	1 CT centro adhd Tot Pz= 7

Child training «Staffetta»



Child Training ADHD Cognitivo-comportamentale +/- mindfulness



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	COPING POWER PROGRAM	CT a STAFFETTA
destinatari	Bn a moderato/alto rischio di sviluppare un DCD (dop e disturbo della condotta) Previsto nel gruppo 1 bambino con ADHD	Bn con diagnosi di ADHD
età	Versione USA: 10-12 aa (ultimo ciclo delle elementari e primi 2 anni della scuola secondaria primaria) Versione IT: 7-14 aa	6-10 aa ()
N° bn per gruppo	Min 4 max 6	Min 4 max 7 ()
N° conduttori	2	2
frequenza	settimanale	settimanale
Durata incontro	80 min (60 min + 20 min di time free)	120 min
N° incontri	32+ 2 pre/post vacanza e 1 per la festa finale	I ciclo: 10 incontri II ciclo: 10 incontri III ciclo: 10 incontri
Tipo di gruppo	Gruppo Chiuso Con la possibilità di nuovi partecipanti fino alla 12° sessione	Gruppo chiuso Con la possibilità di inserire nuovi partecipanti alla fine di ciascun ciclo
Routine apertura	Ripasso di ciò che è stato fatto e detto nell'incontro precedente	Racconto di 1 episodio "bello" o "brutto" accaduto loro e usarlo come stimolo per un confronto costruttivo in gruppo
Token economy	Token economy con premi e multe dall'inizio alla fine del percorso. Elemento base utilizzato nella gestione del gruppo	Token economy con rinforzo sociale al bisogno.
Pratiche meditative	Non contemplate	Previste a partire orientativamente dal 4 incontro. Inserire almeno una pratica meditativa ad incontro.

Prese in carico individuali

- CGI-S: ≥ 4
- Situazioni familiari di alta conflittualità
- Elevati livelli di aggressività fisica
- Quando possibile, servono anche a “traghettare” verso il gruppo

Criteri di esclusione nel CT

- **Aggressività fisica esplosiva e distruttiva**

(prima dell'inserimento in gruppo è richiesto un preliminare intervento individuale e solo successivamente si può riconsiderare l'opportunità di un inserimento in un gruppo. Questo per garantire sicurezza e tutela a tutti i bambini e per evitare che l'attenzione degli operatori sia catalizzata esclusivamente dall'esigenza di contenimento degli atti esplosivi)

- **Situazioni familiari acute in atto**

(separazioni dei genitori in corso o altri eventi critici richiedono un precedente lavoro individuale prima dell'inserimento in un gruppo per consentire al bambino di sviscerare in uno spazio tutto suo dei nodi estremamente dolorosi)

- **Comorbilità DGS di gravità medio grave**

(abilità sociali minime assenti o scarse)

Criteri di inclusione nel CT

- **Diagnosi di ADHD**

Anche con comorbilità (DSA, DOP, Ansia, Depressione etc).

- **CGI ≥ 3**

- **PT o un percorso di accompagnamento alla genitorialità già effettuato o in parallelo**

Un intervento iniziale solo sul bambino può far passare il messaggio che sia il bambino a dover essere “aggiustato” e porrebbe i genitori in una posizione di passività

- **Età scolare (dai 6 ai 10 anni)**

Strumenti di misurazione dell'efficacia

All'inizio e alla fine di ciascun ciclo

- Genitori: Conners, CBCL
- insegnanti: Conners
- CGI-I e CGI-S



Qual è il target terapeutico?



Difficoltà di autoregolazione

ATTENZIONE

ORGANIZZAZIONE E CONTROLLO DEI PROCESSI COGNITIVI

GESTIONE EMOTIVA
(Consapevolezza dei propri stati emotivi)

COMPORAMENTO MOTORIO
(Consapevolezza del corpo)

AUTOSTIMA
(Locus of control
Senso di autoefficacia)

MOTIVAZIONE

PIANIFICAZIONE E SOLUZIONE DEI PROBLEMI

COMPORAMENTO CON GLI ALTRI
(Assertività, Perspective taking, locus of control)



Vio C., Marzocchi G. MOffredi il bambino con deficit di attenzione/iperattività: diagnosi psicologica e formazione dei genitori F 1999

Strumenti usati sul Modello Cognitivo e Cognitivo-Comportamentale

- Role playing
- Token economy
- Modeling
- Shaping
- Rinforzo soprattutto sociale
- Visione di video
- Ascolto di audio



Strategie declinate in svariate attività ludiche alcuni esempi

Per riflettere sull'utilità delle regole:

- Il gioco del “COSA ACCADREBBE SE...”
- Il gioco del “GIUSTO o SBAGLIATO”
- Il gioco del “POSSO o NON POSSO”
- Gioco del “SE FOSSI IL MAESTRO o la MAMMA/PAPÀ”

Emozioni

- Proiezioni video muto
- La danza delle emozioni
- La “camminata” emotiva

Perché proporre le pratiche meditative?

Dai dati di lettura sappiamo che le pratiche meditative forniscono l'opportunità di agire favorevolmente sulla disattenzione e sulla irrequietezza. Più in generale sulla reazione di stress del bambino.

Consapevolezza nel momento presente del:

- del proprio corpo
- del respiro
- delle proprie emozioni
- dei propri pensieri

Introduzione delle pratiche a partire orientativamente dal 4 incontro

Pratiche meditative declinate in svariate attività ludiche. Alcuni esempi

- gioco sull'attenzione consapevole verso un oggetto dell'ambiente (es. cellulare) o di qualcosa che pensano di conoscere (es. lo scudetto della squadra del cuore)
- Camminare con un bicchiere colmo d'acqua senza versarlo
- Camminare con un libro in testa senza farlo cadere
- Ascolto delle registrazioni: "Calmo e attento come una ranocchia"
- Barattolo della calma
- Facciamo parte della merenda in modo consapevole: ultimo incontro

“Il gruppo dei grilli parlanti alla ricerca della calma stellare”



Vantaggi del CT a “Staffetta”

Il CT a “Staffetta” permette di:

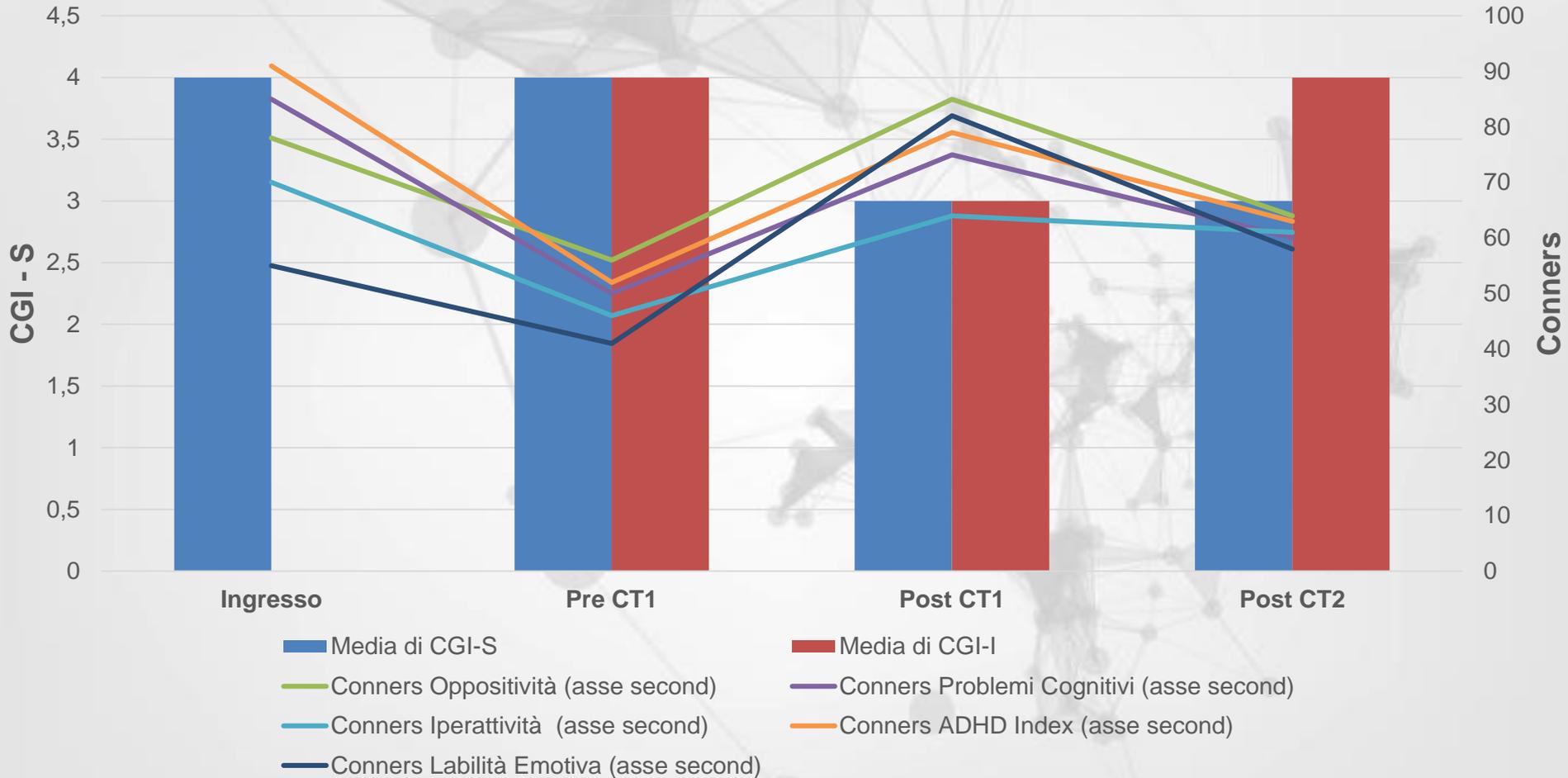
- lavorare in modo più specifico su aspetti clinici
 - Abilità interpersonali e competenze sociali
 - Flessibilità
 - Senso di autoefficacia
 - Presa di coscienza dei propri progressi e/o difficoltà
- Migliorare l’offerta del servizio
 - Permette prese in carico modulari, ma a ciclo continuo
- Gestire un numero più elevato di bambini per gruppo

In base a che cosa si decide se far concludere o far proseguire al bambino il lavoro di gruppo?

- Colloquio e/o Conners genitori, CBCL
- Conners insegnanti
- **Osservazione durante gli incontri da parte degli operatori**
- **Decisione clinica in équipe**

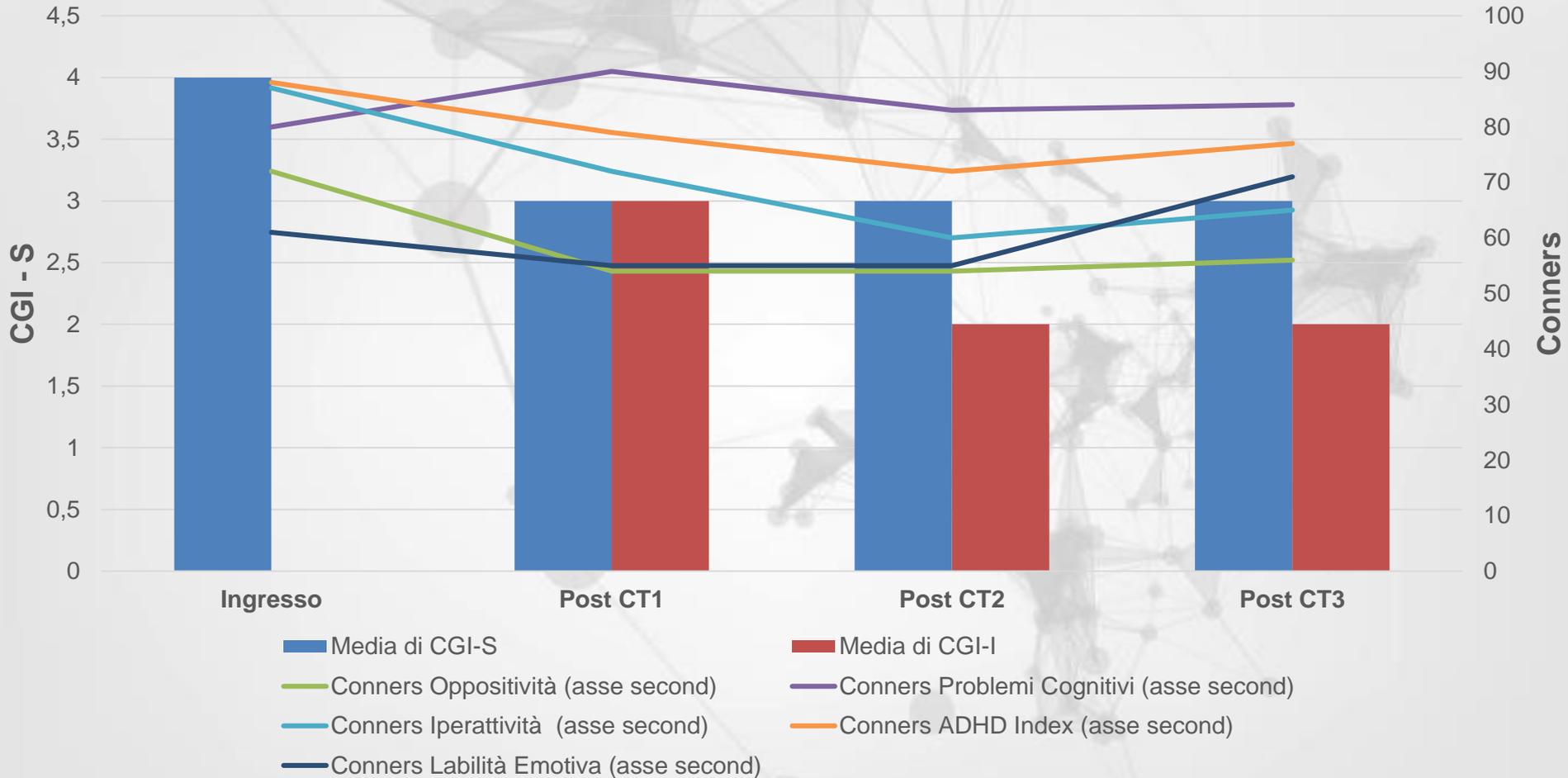
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Operatore VS Genitore



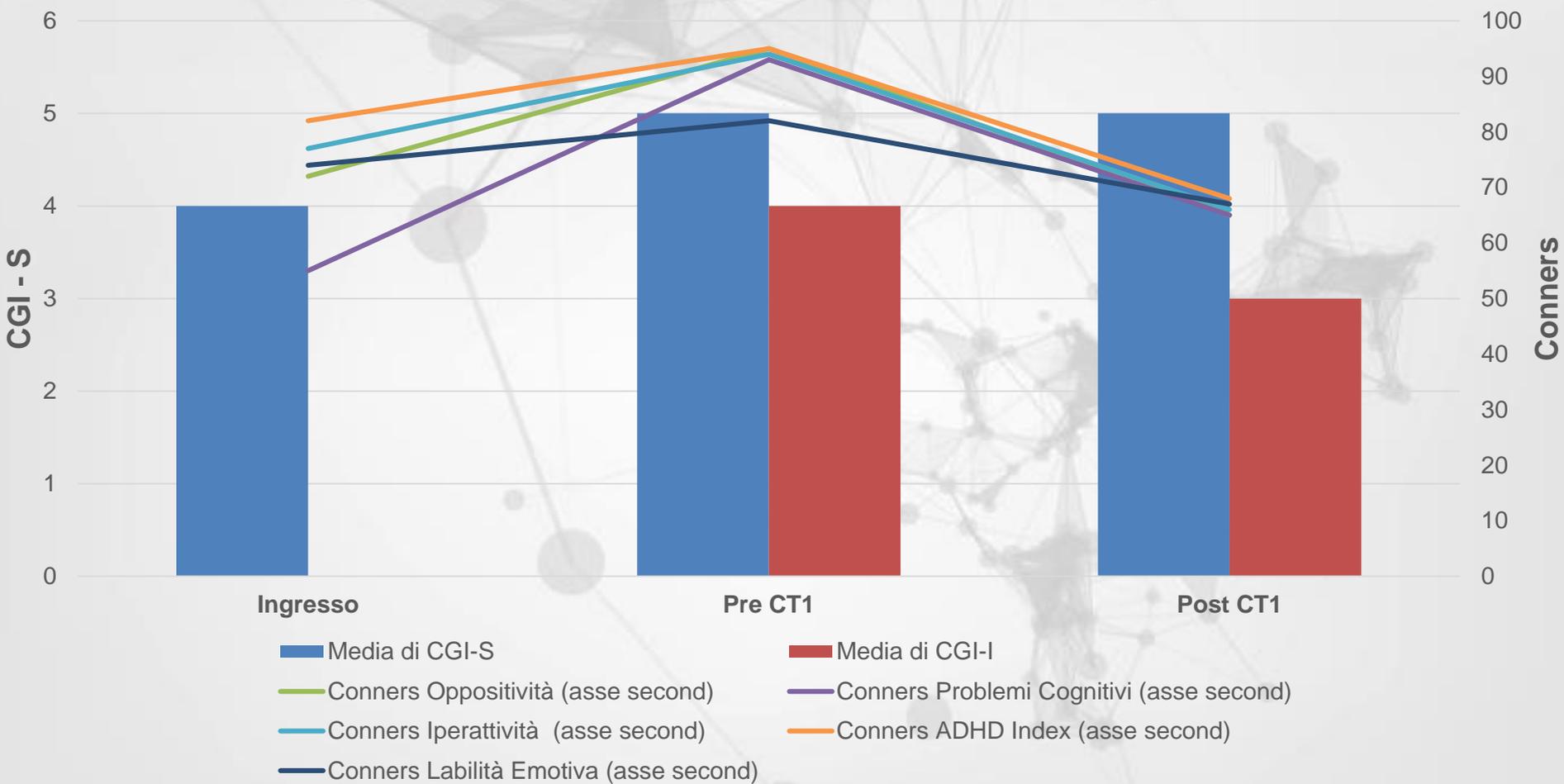
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Operatore VS Genitore



MG

Operatore VS Genitore



Mindfulness-Based Cognitive Therapy for Children: Results of a Pilot Study

Jennifer Lee, PhD
Randy G. Semple, PhD
Dinella Rosa, PhD
Lisa Miller, PhD

The purpose of this study was to evaluate the feasibility, acceptability, and helpfulness of Mindfulness-Based Cognitive Therapy for Children (MBCT-C) for the treatment of internalizing and externalizing symptoms in a sample of inattentive children. Twenty-five children, ages 10 to 12, participated in the 12-week intervention. Assessments were conducted at baseline and posttreatment. Open trial findings showed preliminary support for MBCT-C as helpful in reducing internalizing and externalizing symptoms while also preserving treatment feasibility and acceptability. Overall, this pilot study found 78% completion rate, 94% high retention rate (88%), and positive ratings on program evaluations supported treatment feasibility and acceptability. These findings support the use of MBCT-C as a potential treatment for internalizing and externalizing symptoms in children. Further studies are needed to test the effectiveness of this program with a larger sample of children who meet diagnostic criteria for clinical disorders.

Keywords: mindfulness, meditation, MBCT-C, children

In recent years, there has been a growing interest in innovative treatment approaches that address the chronic nature of psychological disorders (Segal, Williams, & Teasdale, 2002). Mindfulness-based therapeutic interventions promote the use of meditative practice to increase present-moment awareness of conscious thoughts, feelings, and body sensations (i.e.,

on purpose, i.e., the practice of experience of what is arising in the moment).

Mindfulness for Children

As many parents and educators know, the more engaged a child is in school, the more likely he or she will succeed. If a child has a hard time focusing in school, he or she may be having trouble with attention. This is a common problem for many children. It is important to understand why this happens and how to help. Mindfulness practices can help children learn to focus better. For example, mindfulness can help children learn to sit still and pay attention. This can be done through simple exercises like breathing and focusing on the present moment. These practices can be taught to children in a way that is fun and engaging. They can be used in the classroom or at home. Mindfulness can help children learn to manage their emotions and thoughts. This can help them to stay focused and motivated. Mindfulness can also help children learn to be kind to themselves and others. This can help them to build positive relationships and feel good about themselves. Mindfulness is a simple and effective way to help children learn to focus and manage their emotions. It can be used in many different ways and is suitable for children of all ages. Mindfulness is a valuable tool for helping children learn to focus and manage their emotions. It can be used in the classroom or at home. Mindfulness can help children learn to be kind to themselves and others. This can help them to build positive relationships and feel good about themselves. Mindfulness is a simple and effective way to help children learn to focus and manage their emotions. It can be used in many different ways and is suitable for children of all ages.

Some of the reasons a child may have trouble focusing in school are related to their brain chemistry. The brain has a part called the amygdala that is involved in processing emotions. If the amygdala is overactive, it can make it difficult for a child to focus. Mindfulness practices can help to calm the amygdala and improve focus. Another reason a child may have trouble focusing is related to their environment. If a child is in a noisy or distracting environment, it can be difficult for them to focus. Mindfulness practices can help a child learn to focus in a noisy environment. Mindfulness can also help a child learn to manage their emotions and thoughts. This can help them to stay focused and motivated. Mindfulness can also help children learn to be kind to themselves and others. This can help them to build positive relationships and feel good about themselves. Mindfulness is a simple and effective way to help children learn to focus and manage their emotions. It can be used in many different ways and is suitable for children of all ages. Mindfulness is a valuable tool for helping children learn to focus and manage their emotions. It can be used in the classroom or at home. Mindfulness can help children learn to be kind to themselves and others. This can help them to build positive relationships and feel good about themselves. Mindfulness is a simple and effective way to help children learn to focus and manage their emotions. It can be used in many different ways and is suitable for children of all ages.

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Mindfulness for Children and Youth: A Review of the Literature with an Argument for School-Based Implementation

Méditation de pleine conscience pour les enfants et les jeunes: Survol de la littérature et argumentation pour sa mise en œuvre en milieu scolaire

Kim D. Kempf
Ashley A. Remond

ABSTRACT
Interest in the use of mindfulness-based activities with children and youth is growing. The article outlines empirical evidence related to the use of mindfulness-based activities to facilitate enhanced emotion learning and to support students' psychological, physiological, and social development. It also provides an overview of interventions that lack mindfulness. There is a need to provide children with a way to combine the safety and presence of living in today's highly charged world with the benefits of mindfulness. As such, the implications of a structured school-based mindfulness intervention are discussed and directions for future research are offered.

RESUME
L'emploi des activités basées sur la pleine conscience avec les enfants et les jeunes attire de plus en plus d'attention. Dans cet article, on évalue les preuves empiriques concernant les implications des activités basées sur la pleine conscience qui favorisent la confiance et la résilience à l'école et à l'appartenance aux groupes de développement psychologique, physiologique, et social. Les implications d'une intervention structurée basée sur la pleine conscience en milieu scolaire sont discutées et des directions de recherche sont offertes.

Children and adolescents are experiencing stress at unprecedented levels (Barnes, Bales, & Trebot, 2006; Fisher, 2006; Mendelson et al., 2010). Increasing rates of anxiety, depression, and externalizing behaviors (e.g., conduct disorder), as well as lowered self-esteem and self-confidence (Barnes et al., 2006; Mendelson et al., 2010; Smith & Womack, 2007). Research suggests that anxiety, depression, and low self-esteem can negatively influence students' school performance by disrupting their thinking and hindering their learning (Barnes et al., 2006; Fisher, 2006; Mendelson et al., 2010). This places schools in the position of influencing students' social, emotional, and behavioral development in ways that educators did not see in previous generations. Teachers need new methods

Mindfulness training for childhood ADHD: a promising and innovative treatment

ABSTRACT
Attention deficit hyperactivity disorder (ADHD) is characterized by inattention, impulsivity, and hyperactive behavior. Studies of the social-emotional health of children with ADHD have shown that they are at risk for social difficulties, lower self-esteem, and lower academic achievement. Mindfulness-based interventions have been shown to be effective in improving social skills, self-esteem, and academic achievement in children with ADHD. This article reviews the literature on mindfulness-based interventions for children with ADHD and discusses the implications for practice.

RESUME
Le trouble déficitaire hyperactif de l'attention (TDAH) est caractérisé par une inattention, une impulsivité et un comportement hyperactif. Des études sur la santé socio-émotionnelle des enfants atteints de TDAH ont montré qu'ils sont à risque de difficultés sociales, d'un faible estime de soi et d'une faible réussite scolaire. Les interventions basées sur la pleine conscience ont été montrées efficaces pour améliorer les compétences sociales, l'estime de soi et les résultats scolaires chez les enfants atteints de TDAH. Cet article passe en revue la littérature sur les interventions basées sur la pleine conscience pour les enfants atteints de TDAH et discute des implications pour la pratique.

KEYWORDS
Attention deficit hyperactivity disorder, mindfulness, social skills, self-esteem, academic achievement

Attention deficit hyperactivity disorder (ADHD) is characterized by inattention, impulsivity, and hyperactive behavior. Studies of the social-emotional health of children with ADHD have shown that they are at risk for social difficulties, lower self-esteem, and lower academic achievement. Mindfulness-based interventions have been shown to be effective in improving social skills, self-esteem, and academic achievement in children with ADHD. This article reviews the literature on mindfulness-based interventions for children with ADHD and discusses the implications for practice.

KEYWORDS
Attention deficit hyperactivity disorder, mindfulness, social skills, self-esteem, academic achievement

Journal of Attention Disorders, Volume 12, Number 1, 2008

Mindfulness Training Improves Working Memory Capacity and GRE Performance While Reducing Mind Wandering

Michael D. Zeman, Michael S. Franklin, Dawa Tinichin Phillips, Benjamin Baird, and Jonathan W. Schooler

ABSTRACT
Given that the ability to attend to a task without distraction underlies performance in a wide variety of careers, training in mindfulness may be a useful tool to enhance attention. In a randomized controlled investigation, we examined whether a 2-week mindfulness training course would increase mind wandering and improve cognitive performance. Mindfulness training improved GRE reading comprehension scores and working memory capacity while simultaneously reducing the occurrence of distracting thought during completion of the GRE and the occurrence of mind wandering during completion of the GRE. Mindfulness training also improved GRE reading comprehension scores and working memory capacity while simultaneously reducing the occurrence of distracting thought during completion of the GRE and the occurrence of mind wandering during completion of the GRE.

KEYWORDS
mind wandering, working memory capacity, reading comprehension, attention, cognitive ability, reading tests

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The Effectiveness of Mindfulness Training on Behavioral Problems and Attentional Functioning in Adolescents with ADHD

Forbes U. Niven, Stephanie Anne R. Formosa, & Lisa M. Hejlskov

ABSTRACT
The effectiveness of 8-week mindfulness training for adolescents with ADHD was evaluated. Results showed that mindfulness training significantly improved attentional functioning and reduced behavioral problems. Mindfulness training also improved self-esteem and social skills. Mindfulness training was found to be an effective intervention for adolescents with ADHD.

KEYWORDS
Attention deficit hyperactivity disorder, mindfulness, attentional functioning, behavioral problems, self-esteem, social skills

Journal of Attention Disorders, Volume 12, Number 1, 2008

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A Randomized Trial of Mindfulness-Based Cognitive Therapy for Children: Promoting Mindful Attention to Enhance Social-Emotional Resilience in Children

Renee J. Semple, Jennifer Lee, Dinella Rosa, Lisa F. Miller

ABSTRACT
Mindfulness-based cognitive therapy for children (MBCT-C) is a manualized group psychotherapy for children ages 10 to 12 with internalizing and externalizing symptoms. This study evaluated the effectiveness of MBCT-C in promoting mindful attention to enhance social-emotional resilience in children. Results showed that MBCT-C significantly improved social-emotional resilience and reduced internalizing and externalizing symptoms. MBCT-C was found to be an effective intervention for children with internalizing and externalizing symptoms.

KEYWORDS
Mindfulness-based cognitive therapy, children, social-emotional resilience, internalizing symptoms, externalizing symptoms

Journal of Attention Disorders, Volume 12, Number 1, 2008

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Journal of Attention Disorders, Volume 12, Number 1, 2008

Consciousness and Cognition

Journal of Attention Disorders, Volume 12, Number 1, 2008

Mindfulness meditation improves cognition: Evidence of brief mental training

Fabrizio Zeman, Susan K. Johnson, Bruce J. Diamond, Zhanna David, Paula Gorkisyan

ABSTRACT
Mindfulness meditation has been shown to improve cognitive performance. This study examined the effects of a brief mindfulness meditation intervention on cognitive performance. Results showed that the brief mindfulness meditation intervention significantly improved cognitive performance. Mindfulness meditation was found to be an effective intervention for improving cognitive performance.

KEYWORDS
Mindfulness meditation, cognitive performance, mental training

Journal of Attention Disorders, Volume 12, Number 1, 2008

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Journal of Attention Disorders, Volume 12, Number 1, 2008

Journal of Attention Disorders, Volume 12, Number 1, 2008

Mindfulness Meditation Training in Adults and Adolescents With ADHD

A Feasibility Study

Laila Zylowka, Deborah L. Ackerman, May H. Yang, Nancy L. Hennen, T. Sig Hilde

ABSTRACT
Mindfulness meditation has been shown to improve cognitive performance. This study examined the effects of a brief mindfulness meditation intervention on cognitive performance. Results showed that the brief mindfulness meditation intervention significantly improved cognitive performance. Mindfulness meditation was found to be an effective intervention for improving cognitive performance.

KEYWORDS
Mindfulness meditation, cognitive performance, mental training

Journal of Attention Disorders, Volume 12, Number 1, 2008

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Journal of Attention Disorders, Volume 12, Number 1, 2008

The Effectiveness of Mindfulness Training for Children with ADHD and Mindful Parenting for Their Parents

Natalie van der Stoep, Susan M. Riggs, Dorine Potgieter

ABSTRACT
Mindfulness training for children with ADHD and mindful parenting for their parents was evaluated. Results showed that mindfulness training significantly improved attentional functioning and reduced behavioral problems. Mindfulness training also improved self-esteem and social skills. Mindfulness training was found to be an effective intervention for children with ADHD and their parents.

KEYWORDS
Attention deficit hyperactivity disorder, mindfulness, attentional functioning, behavioral problems, self-esteem, social skills

Journal of Attention Disorders, Volume 12, Number 1, 2008

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The Impact of Intensive Mindfulness Training on Attentional Control, Cognitive Style, and Affect

Richard Chhabria, Barbara Chuen Yee La, Ashwin R. Alan

ABSTRACT
The impact of intensive mindfulness training on attentional control, cognitive style, and affect was evaluated. Results showed that intensive mindfulness training significantly improved attentional control and reduced behavioral problems. Intensive mindfulness training also improved self-esteem and social skills. Intensive mindfulness training was found to be an effective intervention for improving attentional control, cognitive style, and affect.

KEYWORDS
Mindfulness training, attentional control, cognitive style, affect

Journal of Attention Disorders, Volume 12, Number 1, 2008

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