

Social relationships of adolescents with attention deficit hyperactive disorder**Relações sociais de adolescentes com transtorno do déficit de atenção com hiperatividade****Relaciones sociales de los adolescentes con trastorno por déficit de atención con hiperactividad****Received: 20/08/2019****Approved: 16/06/2020****Published: 29/07/2020****Fernanda Bachur Resende¹****Erika Renata Trevisan²****Andrea Ruzzi Pereira³**

This is an exploratory and descriptive research, of qualitative nature, carried out in 2016, with the objective of analyzing and describing the social relationships of adolescents with attention deficit hyperactivity disorder being treated at the Child and Youth Psychosocial Care Center. Five adolescents undergoing treatment participated, using a semi-structured interview script that addressed social relationships and aspects of entertainment. Three categories were obtained: Entertainment, Friendship and Family. There were good social relationships with friends and family; and that entertainment is present in the daily lives of teenagers. Despite the presence of attention deficit hyperactivity disorder, adolescents are not excluded by their friends and family.

Descriptors: Attention deficit disorder with hyperactivity; Social participation; Adolescent.

Esta é uma pesquisa exploratória e descritiva, de natureza qualitativa, realizada em 2016, com o objetivo de analisar e descrever as relações sociais de adolescentes com transtorno do déficit de atenção com hiperatividade em tratamento no Centro de Atenção Psicossocial Infanto-Juvenil. Participaram cinco adolescentes em tratamento, utilizando um roteiro de entrevista semiestruturado que abordou as relações sociais e aspectos sobre o entretenimento. Obtiveram-se três categorias: *Entretenimento*, *Amizade* e *Família*. Verificou-se boas relações sociais com amigos e familiares; e que o entretenimento se faz presente na vida diária dos adolescentes. Apesar da presença de transtorno do déficit de atenção com hiperatividade, os adolescentes não são excluídos por seus amigos e familiares.

Descritores: Transtorno do déficit de atenção com hiperatividade; Participação social; Adolescente.

Esta es una investigación cualitativa exploratoria y descriptiva realizada en 2016, con el objetivo de analizar y describir las relaciones sociales de los adolescentes con trastorno de déficit de atención con hiperactividad, que están siendo tratados en el Centro de Atención Psicossocial Infantil y Juvenil. Cinco adolescentes en tratamiento participaron y se utilizó un guion de entrevista semiestruturado, que abordó las relaciones sociales y aspectos acerca del entretenimiento. Se obtuvieron tres categorías: *Entretenimiento*, *Amistad* y *Familia*. Se observó buenas relaciones sociales con los amigos y la familia; y que el entretenimiento está presente en la vida diaria de los adolescentes. A pesar de la presencia del trastorno por déficit de atención con hiperactividad, los adolescentes no son excluidos por sus amigos y familiares.

Descriptor: Trastorno por déficit de atención con hiperactividad; Participación social; Adolescente.

1. Occupational Therapist. Equoterapist, São Carlos, SP, Brazil. ORCID: 0000-0001-7050-9257 E-mail: nanda.bachur@hotmail.com

2. Occupational Therapist. Specialist in Public Health and Mental Health. Master and PhD in Medical Sciences. PhD in Health Care. Post Doctor in Psychology. Adjunct Professor of the Occupational Therapy Course at UFTM, Uberaba, MG, Brazil. ORCID: 0000-0002-3015-1630 E-mail: erikatouftm@hotmail.com

3. Occupational Therapist. Specialist in Mental Health Technologies. Master in Psychiatric Nursing. PhD in Health Care. Adjunct Professor of the Occupational Therapy Course at the Universidade Federal do Triângulo Mineiro (UFTM), Uberaba, MG, Brazil. ORCID: 0000-0001-6014-0468 E-mail: andrea.pereira@uftm.edu.br

INTRODUCTION

According to the Child and Adolescent Statute (*Estatuto da Criança e do Adolescente - ECA/Brazil*), adolescents are all people aged between 12 and 18 years¹. However, adolescence is a social phenomenon shaped by development and socio-cultural contexts in which the individual is inserted. It is marked by peculiar characteristics due to changes in relation to physical, sexual, cognitive, emotional and social aspects. During this period there are also new social roles and new attitudes towards adults².

According to the Ministry of Health (Brazil), it is estimated that 10% to 20% of the children and adolescents suffer from mental disorders. Among the most frequent disorders are: anxiety disorders, mental deficiency, autism, psychoses, severe neuroses and other psychic conditions that prevent them from maintaining or establishing social ties³. Among these disorders, attention deficit hyperactivity disorder (ADHD) is one of the mental disorders that can affect adolescents.

ADHD is characterized by being a developmental disorder of self-control, affecting the level of attention and concentration, the control of impulses and level of activity of the individual. The symptoms of the disorder can manifest in at least two environments and must be present before the age of seven⁴.

ADHD has a comorbidity with other disorders, such as: learning, behavior, mood, anxiety and abuse of alcohol and other drugs. Its main characteristics are inattention, impulsivity and hyperactivity; which affect the individual's academic performance, family and social relationships in different ways, including psychosocial adjustment⁵.

Individuals with special needs, such as mental disorders, demand specialized care. In the case of children and adolescents, treatments are offered through the Child and Youth Psychosocial Care Center (*Centro de Atenção Psicossocial Infanto-Juvenil - CAPSi*), which has specialized services in the area, offered by a multiprofessional team, characterized as a place of daily care for the care for children and adolescents with moderate or severe psychological impairment³.

Occupational therapy is a profession active in CAPSi, and it focus on the different types of occupation in which its clients can engage. The wide variety of occupations or activities is classified into categories called occupation areas, named: activities of daily living, instrumental activities of daily living, rest and sleep, education, work, playing, leisure and social participation⁶.

Among human occupations, social participation is defined as patterns of organized, characteristic and expected behaviors, of a person in a position within the social system, in the community in which the individual lives, in the family in which they are inserted and in friendship relationships⁶. People affected by ADHD may have the performance of personal relationships affected by their symptoms. Consequently, these individuals may have impaired personal and social skills, stemming from socialization and social participation, low self-esteem, little ability to tolerate frustration and little ability to build future personal and professional relationships⁷.

In view of this, the present study aimed to analyze and describe social relationships of adolescents with attention deficit hyperactivity disorder being treated at the Child and Youth Psychosocial Care Center.

METHOD

It is a qualitative, descriptive and exploratory study. The use of the qualitative method allows to know the facts, processes, structures and people in its entirety and depth. Therefore, it is considered an appropriate method to capture and identify relevant phenomena in this field.

Realism was used as an etymological and ontological reference, which narrates experiences, meanings and the reality of the participants, which recognizes the ways in which individuals create meaning for their experience and, in turn, the ways in which the broader

social context is presented in these meanings, keeping the focus on the material and other limits of reality. Thus, realistic research presupposes that the world has a recognizable and real natural truth, discovered through experience⁸.

Data were collected from August to November of 2016, through semi-structured interviews, looking for sociodemographic factors, such as gender, age, and questions about: daily life (with friends and family), entertainment (how and with whom they do leisure activities to have fun), and the friendship and family relationships of these adolescents.

The sample was chosen for convenience. For the selection, all adolescents who attended the service during the period of data collection were personally invited. None of the researchers knew the interviewees (without any personal or professional relationship). Adolescents who met the following inclusion criteria participated: (1) being between 12 and 18 years old; (2) having been diagnosed with Attention Deficit Hyperactivity Disorder by the service's medical professional; (3) being under treatment at CAPSi during the data collection period; (4) agree to participate in the research, through the Informed Consent Form and have the informed consent form signed by a legal guardian. And, as exclusion criteria: (1) having a diagnosis of chronic or disabling disease that would prevent them from responding to the interview; (2) request withdrawal from the survey at any time. As for the confidentiality of the interviewees, the study participants were identified by fictitious names, which they themselves chose.

Data were collected in a CAPSi in the city of Uberaba, in the state of Minas Gerais. The adolescents were invited to participate in the study after authorization by a guardian, and the data collection took place in a private room, in which the interviews lasted an average of 30 minutes.

The interviews were carried out at the time for the adolescent's appointment at CAPSi, after authorization by a guardian by signing the Informed Consent Form (ICF) and the adolescents' consent by signing the Fee and Informed Consent Form (FICF). The responses were recorded digitally with the consent of the participants and later transcribed in full. There was also a record of impressions about the participants and the context in the field notebook, always after each interview. These were analyzed with the data from the interviews, through the analysis of thematic-categorical content, with a qualitative approach⁹.

As for interpretation and analysis, it started with a complete reading of all the selected material, it was carried out in an exhaustive manner, seeking to have a global view, apprehending particularities of all material to be analyzed, elaborating initial assumptions that would serve as a parameter for the analysis and interpretation. From the material, the forms of initial classification were chosen and the theoretical concepts that guided the analysis were determined.

In the second stage, an exploration of the material was carried out, interacting with the parts of the analysis text, identifying through inferences, the nuclei of meaning pointed out by the fragments of the text in each class of the classification scheme, dialoguing with the initial assumptions. Subsequently, different cores of meaning present in different classes of the classification scheme were analyzed, the parts of the text were grouped by themes found and a writing by theme was elaborated and, subsequently, the interpretative synthesis was constructed.

The ethical aspects of this research met the guidelines for good research practices of the Research Ethics Committee of the Universidade Federal do Triângulo Mineiro and were approved under opinion number 2418/2013 and by the Municipal Health Secretariat of the municipality where CAPSi is located.

RESULTS

During the data collection period, there were 10 adolescents who met the inclusion criteria of the research, and only five participated in the study, named according to their preference, so that identities were preserved. The adolescents interviewed were between 12

and 15 years old, all male and diagnosed with an activity and attention disorder (F 90.0), according to the International Classification of Diseases, tenth review¹⁰, with only one participant being also diagnosed with a depressive conduct disorder (F92.0). The participants' current age and diagnosis were obtained by consulting the service's medical records. These data are described in Table 1.

Table 1. Adolescents with ADHD attending the CAPSi. Uberaba, MG, 2016.

Participant	AGE	GENDER	CID
Spongebob	12 years old	Male	F 90.0/F 92.0
Max	12 years old	Male	F 90.0
Daffy Duck	12 years old	Male	F 90.0
Naruto	13 years old	Male	F 90.0
Cat	15 years old	Male	F 90.0

After exhaustive reading of the transcription of the interviews, data analysis was carried out, identifying the main social relationships of the participants, how these relationships occur and how important they are to them, in addition to identifying aspects about entertainment in their daily lives. teenagers. Thus, through the content of the participants' speeches, three thematic categories can be constructed: *Entertainment*; *Friendship*; and *Family*.

In the *Entertainment* category, the type of leisure performed stands out, such as: playing football, playing video games, playing on the street and at school, and listening to music:

We play, sometimes play at home, at school. Then we play ball, video game, talk and then go to class [types of games with friends]. (CAT)

The content of the speeches of the participants shows that adolescents keep listening to music as one of the main entertainments, usually associated with the company of friends or in socializing activities, with the musical style being varied among the participants. The teenagers Daffy Duck, Cat and Max like to listen to funk music; Daffy Duck and Cat also like *sertanejo* music; SpongeBob listens to all styles and Naruto likes the *pagode*.

When asked the teenagers if there was any special moment in their life marked by some music, SpongeBob reported recalling the death of his grandmother and Daffy Duck referred to his aunt's birthday as a remarkable moment due to a song that played a lot at the party. And, SpongeBob and Daffy Duck usually listen to music with their families, Max likes to listen when he is alone and Naruto and Cat listen a lot with friends. And everyone reported listening to a lot of music at home. They also mention sensations of the songs:

A good feeling, that we are feeling good, even if we feel sad, we are happy. If something happens we remember, cry, then everything is fine, laugh and stuff [feeling when listening to music]. (DAFFY DUCK)

Regarding the *Friendship* category, all research participants reported having many friends and good relations with them. These friendships are considered important for them and they happen with friends from school and the street where they live, as shown in the statement:

[Friendship] It is important for us to talk, to reflect together. (DAFFY DUCK).

When asked if respondents thought that the friendships they currently have will be the same in the future; SpongeBob and Cat don't think so, Daffy Duck and Naruto didn't know how to answer and Max thinks it probably would. SpongeBob and Daffy Duck go to church and also have friends there and Max, Cat and Naruto don't go to church. Everyone believes that having a lot of popularity makes no difference in their lives and that if they have few, but good friends is what matters. And yet, they report that they have the initiative to talk to new people and are not ashamed:

It's like that for me, having a friend is very good, right. And I really like having friends. Sometimes we disagree, then we understand again, but I really like having friends. (CAT)

In the *Family* category, it was identified in the content of the statements that they relate well with their family members and receive full support, affection and respect from parents:

My dad plays video games, my mom helps me get with schoolwork. When I do something at school and have to go there to get compliments, my mother goes, my stepfather too. Now I have a little sister and we play, I help my mother. (DAFFY DUCK)

They report having a lot of friendship with their mothers and more conflicts with their siblings. All participants report having occasional family fights. Naruto, Max, Cat and Daffy Duck say they fight more with the siblings, because there is a lot of teasing with each other:

I like my family a lot, I play with them a lot. There are times when I play an insensitive game, but then I apologize. Just like my sister, I like her a lot too, so we fight, then it's okay. (CAT)

All, without exception, report having a very good relationship with their mother, with a lot of affection and companionship from both parties. All participants live with their parents, except Cat who lives with his uncles, as his parents are deceased, but says he is treated like a son to them and refers to his uncles as parents:

It's just that when I listen to music, I think a lot about my mom and dad, who like me a lot and always support me. I also think about my uncles, my aunts, my brothers. (CAT)

DISCUSSION

A game is characterized by some structure and the use of rules, and it can be collective or individual. In playing, there are rules that do not limit the ludic action, the adolescent can create and recreate new games, including new members and new situations¹¹. In the case of hyperactive adolescents, games are extremely important in everyday life, because, through them, limits and behaviors can be understood by these subjects.

The subject gets involved with the ludic acquires the possibility of overcoming fears, anxieties, traumas and everything that involves their sensitivity and personality¹¹. The games must be spontaneous and, through them, it is possible to observe how the subject thinks and feels some situations. In addition, this individual's intellectual development, emotional balance, communication, creativity and independence can also be observed.

Music was brought by teenagers as an important form of entertainment. Music is characterized by being a combination of rhythmic, harmonic and melodic sounds, which raises self-esteem and makes the individual share their life experiences and express themselves through different musical styles¹².

Leisure and entertainment are areas of occupation in the domain of occupational therapy. In this way, the occupational therapist must identify skills, opportunities and what are appropriate activities for the client, as well as identify the interests regarding the life and health situation⁶. In a study in which the use of music was found with children and adolescents with ADHD¹³, it was observed that, during this practice, there was a regulation of blood pressure and a significant reduction in hyperactive behavior. Thus, it was found that listening to music was beneficial in the treatment of hyperactive people, helping to control impulsivity, hyperactivity and lack of attention.

The school has an important role in human development, as it is a space for socialization, communication and coexistence. Especially when referring to teenagers with ADHD. The greatest social difficulties of these individuals are seen from the entrance to the school, where difficulties are also observed in carrying out some activities requested by the teachers, or even failing to remain in a group¹⁴.

The school can become a space for social and educational inclusion, where relationships based on principles and strategies between teacher, special student and classmates must be built. These relationships must support the process of inclusive education, transforming the school into a great partner for the development of the subject, allowing them to be involved and to be agents of their own learning processes¹⁵.

From childhood to adolescence, everyone needs to have a social life, especially with colleagues of the same age and with the same lifestyle. This is difficult, but indispensable for individuals with ADHD, because with this interaction they learn to deal with rules, with structure and limits of an organized education; favoring their social relations and, consequently, also favoring their development throughout life¹⁶.

The experiences lived by the individual, both in the family context, as in other contexts, contribute directly in the adult phase, and the family environment is characterized by being a place where the human being will go through a series of remarkable and influential experiences, dealing with affection, pain, fear, anger and other feelings. These experiences will enable learning for their future performance, regarding personality and attitudes¹⁷.

Parents have a central role in this children's maturation process, as they are characterized as the initial basis for adolescents' relationships and experiences. They also offer a set of rules and norms essential for social interaction. The parents' relationship generally works as a model for young people, most of the time seen as ideal and intrinsic for future generations¹⁸.

The way family members relate, companionship and support are essential for adolescents, especially when they need differentiated attention, as in the case of people with ADHD. The family relationship influences the treatment and temperament of the person who suffers from this disorder, in which, family dysfunction can become a risk factor that, when interacting with the adolescent's neurobiological predisposition, exalts the expression of symptoms and changes the course of life. disease¹⁶.

It is important that professionals who care for adolescents with ADHD guide families towards understanding and reasons for anxiety, lack of attention and hyperactivity, thus having a better view of them, providing them with emotional support in unpleasant and difficult situations¹⁹.

Occupational therapy intervenes in social participation, in which it works with the social relationships of individuals. Thus, the occupational therapist must propose activities that favor family, friendship and community interactions, inserting or reinserting the individual in it and helping him to maintain constructive and healthy relationships for him⁶.

It is possible to verify the lack of research related to ADHD, with regard to the social relationships of these individuals. Currently, work has focused on the definition, treatment, diagnosis and cause of the disorder. This highlights the importance of conducting more scientific research, to expand and update knowledge on the subject, covering other important aspects, not only for health and education professionals, but also for patients and families who live with ADHD on a daily basis.

CONCLUSION

Adolescents with attention deficit hyperactivity disorder have good social relationships and are not excluded from society because they have a disorder. On the contrary, all respondents have many friends and good relationships with family members, who are very present and participatory in their daily lives and in their treatment routine.

It is recognized as a limitation the number of participants in the research and that access to them occurred in only one health equipment, suggesting studies that access participants in schools, as the presence of the family in treatment can lead the adolescent to greater recognition support and friendship.

Since ADHD is a disorder that can affect about five percent of the world's children and adolescents, and considering that it can affect the overall occupational performance of the individual affected by it, it is necessary to consider it an issue that deserves attention from health and education professionals. Thus, the occupational therapist can contribute to improving the areas of occupation most affected, recognizing that music can be a valid therapeutic resource with these users in this stage of life.

REFERENCES

1. Presidência da República (Brasil). Lei n. 8.069, de 13 de julho de 1990. Dispõe sobre o Estatuto da Criança e do Adolescente, e dá outras providências [Internet]. D.O.U., Brasília, DF, 16 jul 1990 [cited in 27 Oct 2019]. Available from: http://www.planalto.gov.br/ccivil_03/leis/l8069.htm
2. Garcia NR, Pacciulio AM, Panúncio-Pinto MP, Pfeifer LI. Intervenção terapêutica ocupacional junto a adolescentes com câncer em contexto hospitalar. *Rev Bras Cancerol.* [Internet]. 2011 [cited in 27 Oct 2019]; 57(4):519-24. Available from: https://rbc.inca.gov.br/site/arquivos/n_57/v04/pdf/08_artigo_intervencao_terapeutica_occupacional_junto_adolescentes_com_cancer_em_contexto_hospitalar.pdf
3. Ministério da Saúde (Br), Secretaria de Atenção à Saúde, Departamento de Ações Programáticas Estratégicas. Saúde mental no SUS: os centros de atenção psicossocial [Internet]. Brasília, DF: Ministério da Saúde; 2004 [cited in 25 June 2020]. 86 p. (Série F. Comunicação e educação em saúde). Available from: http://www.ccs.saude.gov.br/saude_mental/pdf/sm_sus.pdf
4. Santos DFM, Tuleski SC, Franco AF. TDAH e boa avaliação no IDEB: uma correlação possível? *Psicol Esc Educ.* [Internet]. 2016 [cited in 27 Oct 2019]; 20(3):515-22. DOI: <http://dx.doi.org/10.1590/2175-3539201502031037>
5. Oliveira CT, Dias ACG. Psicoeducação do transtorno do déficit de atenção/hiperatividade: o que, como e para quem informar? *Temas Psicol.* [Internet]. 2018 [cited in 27 Oct 2019]; 26(1):243-61. DOI: <http://dx.doi.org/10.9788/tp2018.1-10pt>
6. American Occupational Therapy Association. Estrutura da prática da terapia ocupacional: domínio e processo. *Rev Ter Ocup USP* [Internet]. 2018 [cited in 27 Oct 2019]; 26(esp):1-49. DOI: <https://doi.org/10.11606/issn.2238-6149.v26iespp1-49>
7. Rohde LA, Miguel Filho EC, Benetti L, Gallois C, Kieling C. Transtorno de déficit de atenção/hiperatividade na infância e na adolescência: considerações clínicas e terapêuticas. *Rev Psiquiatr Clin.* [Internet]. 2004 [cited in 27 Oct 2019]; 31(3):124-31. Available from: <http://www.scielo.br/pdf/rpc/v31n3/a02v31n3.pdf>
8. Braun V, Clarke V. *Successful qualitative research: a practical guide for beginners.* London: Sage; 2013. 396p.
9. Bardin L. *Análise de conteúdo.* 4ed. Lisboa, Portugal: Edições 70; 2010.
10. *Classificação Internacional das Doenças - CID - 10: descrições clínicas e diretrizes diagnósticas.* Porto Alegre: Artmed; 1993. 105p.
11. Brandolise, FM. *Desenvolvimento humano, brincadeira, educação infantil e as contribuições de Vigotski e Winnicott [dissertação].* Piracicaba, SP: Universidade Metodista de Piracicaba; 2018. 126p.
12. Ribeiro, FS, Santos, FH. Enhancement of numeric cognition in children with low achievement in mathematic after a non-instrumental musical training. *Res Dev Disabil.* [Internet]. 2017 [cited in 27 Oct 2019]; 62:26-39. DOI: <https://doi.org/10.1016/j.ridd.2016.11.008>
13. Sutoo D, Akiyama K. Music improves dopaminergic neurotransmission: demonstration based on the effect of music on blood pressure regulation. *Brain Res.* [Internet]. 2004 [cited in 27 Oct 2019]; 1016(2):255-62. DOI: <https://doi.org/10.1016/j.brainres.2004.05.018>
14. Rangel Júnior EB, Loos H. Escola e desenvolvimento psicossocial segundo percepções de jovens com TDAH. *Paidéia (Ribeirão Preto)* [Internet]. 2011 [cited in 27 Oct 2019]; 21(50):373-82. DOI: <https://dx.doi.org/10.1590/S0103-863X2011000300010>
15. Coelho, CMM. Inclusão escolar. In: Maciel DA, Barbato S. organizadoras. *Desenvolvimento humano, educação e inclusão social.* 2ed. Brasília, DF: UNB; 2015. p. 59-76.
16. Cunha ACT. *Importância das atividades lúdicas na criança com hiperatividade e déficit de atenção segundo a perspectiva dos professores [dissertação].* Lisboa, Portugal: Escola Superior de Educação João de Deus; 2012. 105p.

17. Costa RDB, Costa CB, Mosmann CP, Falcke D. Experiências na família de origem que repercutem no clima familiar dos descendentes. *Estud Pesqui Psicol.* [Internet]. 2018 [cited in 27 Oct 2019]; 18(2):408-25. Available from: <http://pepsic.bvsalud.org/pdf/epp/v18n2/v18n2a02.pdf>
18. Amoris TKB. Patologização e TDAH: a importância de considerar a influência do meio, dos aspectos sociais e culturais. *Rev Cient Eletr Psicol.* [Internet]. 2018 [cited in 27 Oct 2019]; 31(1):79-88. Available from: http://faef.revista.inf.br/imagens_arquivos/arquivos_destaque/qbthx1YD5rdU20V_2019-3-8-17-26-39.pdf
19. Silva VMB. O diagnóstico do transtorno de déficit de atenção e hiperatividade (TDAH) e seu tratamento medicamentoso: vivências de mães de crianças diagnosticadas (dissertação). Maringá, PR: Universidade Estadual de Maringá; 2016. 128p.

CONTRIBUTIONS

Fernanda Bachur Resende collaborated with the conception of the project, data collection, data analysis and writing. **Erika Renata Trevisan** contributed with revision. **Andrea Ruzzi Pereira** participated in the conception of the project, data analysis and revision.

How to cite this article (Vancouver)

Resende FB, Trevisan ER, Pereira AR. Social relationships of adolescents with attention deficit hyperactive disorder. *REFACS* [Internet]. 2020 [cited in *insert day, month and year of access*]; 8(Suppl. 2):719-726. Available from: *insert access link*. DOI: *insert DOI link*.

How to cite this article (ABNT)

RESENDE, F. B.; TREVISAN, E. R.; PEREIRA, A. R. Social relationships of adolescents with attention deficit hyperactive disorder. *REFACS*, Uberaba, MG, v. 8, p. 719-726, 2020. Suppl. 2. Available from: *insert access link*. Access in: *insert day, month and year of access*. DOI: *insert DOI link*.

How to cite this article (APA)

Resende, F.B., Trevisan, E.R., & Pereira, A.R. (2020). Social relationships of adolescents with attention deficit hyperactive disorder. *REFACS*, 8(Suppl. 2), 719-726. Retrieved in *insert day, month and year of access* from *insert access link*. DOI: *insert DOI link*.