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PRINCIPLES OF EDUCATION, METHODS AND PROCESSES
APPLIED TO ADHD CHILDREN

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Abstract

Raising a child with ADHD (Attention Deficit Hyperactivity Disorder) and problems connected to this are a burden that the parents have to deal with while educating the child and during its period of socializing. The parents often apply the same model of education they know from their family. Whether due a lack of knowledge or not being informed correctly, they may even hurt their children by applying incorrect education. The goal of this research study was to establish the following: 1) What does educating an ADHD child look like in a specific family? 2) What events or facts have influenced the child's educating in the family or in school? 3) What led the parents to seek professional help, and whether the experts were helpful regarding the problems educating the child? 4) What specific principles, methods and processes have been applied to the child? 5) How does the cooperation between the family of a specific child and his/her school continue? Research method – qualitative research: observation, conversations with the mother of a child with ADHD. The case study describes approaches to his/her education in preschool age, and [non]cooperation with the kindergarten teacher, and approaches to his/he education after starting school attendance, and [non]cooperation with the school teacher. Positive approach and advice by a psychologist. The work and its conclusions may be beneficial for the parents, teachers, educators, and psychologists who are interested in learning more about this topic.

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1. Introduction

Raising a child with ADHD (Attention Deficit Hyperactivity Disorder) and problems connected to this are a burden that parents have to deal with while educating the child and during his or her period of socializing.

1.1. ADHD - characteristics

In comparison to a child who does not suffer from this syndrome, a child with ADHD is more lively, more impulsive, has trouble concentrating, has trouble maintaining concentration. There are many ways that parents, legal guardians, teachers, and educators altogether choose to educate their children. However, they can be very tangled and one may as well meet dead ends out of which they try to find a way back, often by having the child examined by an expert, or by seeking professional advice. What is vital for the problem to be solved is an early diagnosis of the child. However, there are parents, legal guardians, teachers, educators who take a child with specific needs as a challenge, a goal, as a possibility of self-realization in parenthood or in pedagogical work to achieve some satisfaction from their often very hard work. Their patience is tested constantly, by having to supervise the younger child practically 24-7, because the children always keep moving about, do not protect themselves, fail to properly anticipate the consequences of situations, act impulsively, constantly disrupt, keep fidgeting around, do not concentrate, or wake up repeatedly at night. Dealing with such difficult situations is undoubtedly exhausting. Parents often apply the same model of education they know from their family. Whether due to a lack of knowledge or not being informed correctly, they may even hurt their children by applying incorrect educational methods.

6-9% of Czech children suffer from an attention deficiency disorder, hyperactivity or impulsiveness. That's roughly one every thirteen children (Asociace dospělých pro hyperaktivní děti - "Adults for Hyperactive Children Association", 2009, online). Munden and Arcelus (2008) claim that a large group of children with ADHD suffer from specific learning disorders, mostly having problems with written production and reading. These children may also suffer from other mental health issues. It was documented that 60% of children can suffer from oppositional defiant disorder (ODD). Regarding behavioural disorders, according to scientific papers, 45% of children with ADHD show traits of aggressiveness and destructive behaviour. Half of the children have difficulties in social skills and dealing with emotions. This syndrome may also cause other disorders such as depression and anxiety, antisocial or delinquent behaviour. Drtílková and Šerý (2007) provide a more detailed analysis of mental issues associated with ADHD, claiming that they are caused by the frustration that children with ADHD often suffer. Although aggressiveness is generally not considered as a symptom of ADHD, they rank it as a behavioural disorder.

1.2. System of classification of disorders, illnesses and syndromes applied in diagnosis of ADHD

Although there are several possible causes of ADHD, the disorder is most likely triggered by a combination of multiple factors. No single cause has yet been proven to be the primary cause of the disorder (Mathis et al., 2014).

Currently, two major classification systems are used, as explained by Munden and Arcelus (2008, p. 16).

Classification system of the World Health Organisation - The International Classification of Diseases, 10th edition, ICD-10, 10 Revision, or ICD-10 (Hyperkinetic Disorder), designated F 90. Two disorders that occur frequently and both fall into Hyperkinetic Disorder (F 90) are defined. One is disturbance of activity and attention (indicated by code F 90.0), and the other is hyperkinetic behavioural disorder (F 90.1).

The Classification System of the American Psychiatric Association - The Diagnostic and Statistical Manual of Mental Disorders, 4th edition, or DSM-IV. Attention deficit associated with hyperactivity (ADHD).

When comparing US and European criteria, we find that the definition of the disorder in the European classification is narrower. If we apply the European classification, some children do not meet the conditions for the diagnosis of hyperkinetic disorder. Thus, they are then not entitled to the treatment they need to overcome the problems and symptoms they experience and limit them in everyday life. It should be noted, however, that most of the global ADHD research is conducted according to US diagnostic criteria. If clinicians want them to be used in European countries, they must be applied to the same clinical population selected according to DSM-IV diagnostic criteria (Goetz & Uhlíková, 2009, p. 59). For these reasons, it seems more useful to apply criteria from the American Psychiatric Association rather than to stay with the traditional European classification according to ICD-10. Europeans therefore prefer the American concept of disease - the term ADHD (Munder & Arcelus, 2008, p. 19).

1.3. Demonstrations of ADHD

It is typical for children with ADHD to lose focus quickly. They are constantly busy with trying to explore everything around them and forget about what they were meant to do. They may have problems with practical skills - such as swimming, cycling, engaging in group activities and conversation (Wolfdieter, 2013). The problem lies in the inability to concentrate for a longer period of time, to grasp the gist and to finalise projects they started (Munden & Arcelus, 2008, p. 23). The problems associated with ADHD are most observable in the child's school age. This is also the time when ADHD is most commonly diagnosed (Weiss & Hechtman, 1993). By giving the child appropriate professional support we provide them with a chance of a good life.

As for the typical demonstrations ADHD in a child, these are:

Errors resulting from inattention

Inattention and the resulting greater risk of injuries and accidents

Untidiness

Long-term focus and school preparation is an activity to which they usually do not invest too much time.

Once they are interrupted during an ongoing activity, it takes them longer to regain concentration.

They prefer to stay in chaos rather than being organised

They note instructions, but sometimes they do not follow them, sometimes they yield, but after some persuasion, and with great reluctance and as slow as possible.

When given a task, they often drown in details, failing to understand the essence of the problem.

They are prone to quickly change their attitudes and give up easy with the first sign of failure.

They have difficulties with real time perception.

If they choose the subject of the conversation themselves, they talk about it smoothly.

When answering questions, the speech changes from disfluent to austere.

They are constantly losing things.

They often engage in many activities except the one thing they are supposed to be doing.

They fail to correctly assess their possibilities and do not think of the possible consequences.

They require more time to calm down.

They find it difficult to adequately portion the performance of individual movements when engaging in activities.

They have problems with sleep, it is necessary to observe and supervise their regular sleep regimen.

Their aptitude of inner speech is not developed. They speak to themselves and often memorise tasks, rewards and punishments by speaking aloud.

They buy what sparks their interest, not what they necessarily need.

They live for the moment, they do not think about tomorrow.

Hasty connection and termination of relationships.

They are disruptive in the class, when they are passionate about something, they often fail to wait for a permission to talk.

Hastiness: they are finished with the task before they even read the assignment.

They face difficulties with being included in a peer group.

Eagerness combined with impatience

Risky behaviour, they do not assess consequences.

They are sensitive to criticism and have difficulties accepting failure.

They tend to overstate and to have inadequate responses (Goetz & Uhlíková, 2009; Prekopová & Schweitzerová, 2008).

Overall, they are open-hearted people who can ignite passion within themselves and others. They are prone to find unconventional solutions to problems for which they are admired. But at the same time, they are quick to change their decisions. They are quick at changing their goals.

2. Problem Statement

An inclusive education model is being promoted in the Czech Republic, but care for pupils with special educational needs does not always take place in a sufficient range, while the role of teacher in the pupil's education and socialization is of great importance. Children with ADHD are part of today's population, they have their specific needs and it is upon the competence of each individual teacher and their own willingness to create the most suitable conditions for the children and choose appropriate methods in the educational process and curriculum. Case study allows us to examine the problem in greater depth and understand the child's experience with ADHD in the family and among their peers.

3. Research Questions

- 1) What does educating an ADHD child look like in a specific family?
- 2) What events or facts have influenced the child's educating in the family or in school?
- 3) What led the parents to seek professional help, and whether the experts were helpful regarding the problems educating the child?
- 4) What specific principles, methods and processes have been applied to the child? 5) How does the cooperation between the family of a specific child and his/her school continue?

4. Purpose of the Study

The aim of the study was to find out how a mother educates a child with ADHD and what is the nature of her collaboration with kindergarten and elementary school. What were the advantages and disadvantages in the cooperation between the family and the kindergarten or elementary schools. Based on an interview with the mother of a child with hyperkinetic syndrome and an observation in the family, we compiled a case study and we deduced the research findings for the child's education.

5. Research Methods

5.1. Participants

The choice of the research sample - the respondent, was deliberate. It was a mother of a child with hyperkinetic syndrome (ADHD) She educates him and experiences his everyday worries with him, throughout his life.

5.2. Instruments and methodology

For the sake of the objectives of the research problems, the qualitative method of research - case study was chosen. It was about describing the case and getting into the depth of the problem. The aim was to make sure that relevant context, situations and conditions are also included in the study. The research was conducted in natural conditions of the social environment. The research plan was flexible. This means that the plan developed, transformed and adapted according to the circumstances and the currently obtained results (Hendl, 2005). The focus of the research was the case. By the case we understand the object of our research interest, which is a child with ADHD. The analysis of this case allowed us to monitor, describe and explain the case in its complexity, thus gaining more accurate and in-depth results (Miovský, 2006). The research methods were observations and semi-structured interviews.

First, we received the informed consent of the respondent - mother of the child with ADHD. The research was conducted in June 2015 in the environment the mother proposed, i.e. in her home. This was where a background for informed consent, explaining the purpose and course of the research was provided. The order and wording of the semi-structured interview questions were chosen according to the answers to the previous questions and the information already obtained. Each interview was approximately 40 minutes long, and the interview sessions were a total of five, with a two-day interval. The questions were gradually developing. The total number of questions the respondent answered was 46. The data obtained were recorded in the record sheets. For the sake of anonymity, the names of the child, their parents, and the school teacher's name were changed in the case study, and information on the place of residence and the

name of the school was omitted. At the beginning of the interview, the mother of the child with ADHD was asked for anamnestic family data. These data were included in the case study.

6. Findings

Boy A (10 years), lives in a complete family, in a family house with a garden in a larger town (over one hundred thousand inhabitants), both parents have a university degree. In the education of the boy were also involved his two sisters, both already grown up, financially independent and living with their partners. The sisters were not diagnosed with ADHD. The mother, after reading the symptoms of ADHD, thought she herself could be diagnosed with ADHD. She was not diagnosed because such diagnostics were not being performed at the time of her childhood. Mother stated that when the boy was of 3 years of age, visiting the nursery, where the child would always play among his peers, was a big help. The boy could ride on push bikes, play and run with others in a large enclosed space. He liked to play next to other children, and often attended a program that was organized by the local centre for children and parents. Here he also met a friend who later became his classmate. After playing in the nursery home, the boy would naturally be very tired when they got back home and thus he would refrain from making mess and the tiredness would cause him to sleep calmer.

The boy grew accustomed to collective facilities over time, so by the age of three, he was able to accommodate himself to the kindergarten environment very well. The mother said she believed it was also because the nursery school teachers were university alumni with care for children, empathy, and showed interest in the boy's well-being.

However, mother stated that this was when she also began to observe some impulsiveness in the boy's behaviour, injuries from games and inability to assess danger.

Parents have chosen a well-reputed school in the centre of the city. At first, the class teacher appeared to them as an experienced professional. The teacher told the parents that everything would be done at school, that no homework would be given. Mother liked the teacher's approach. Later, however, she went to the classroom and asked her to give the boy special assignments because she found that her son had problems with handwriting and especially reading. On the other hand, he did well in maths. She started to give the boy additional home preparation. The teacher assigned homework only for weekends, but with a comment left, that it was because of the mother of one of the boys, and that because of that, all other children were to do homework assignments. Mother tried to defend herself by stating that she would hardly convince her son to do any homework, unless it was given by the authority of the teacher. The boy did not want to do anything extra apart from what the teacher assigned. However, the mother insisted. Writing was still illegible, the boy was making errors in diacritics. At the end of the third year of elementary school, the size of individual letters in his handwriting was inconsistent. He had no handwriting competence for writing complete words. He read non-rhythmically, but according to the pedagogical-psychological counselling expert, no dyslexia was recorded. In midterm of the third year of elementary school, the boy began to attend tutoring in the Czech language once a week. Here he improved in reading and handwriting under the guidance of another educator. Selected children from all third year went there. The mother then sought a psychologist's help, where the boy was diagnosed with ADHD, and the psychologist also suggested some didactic recommendations that the mother gave to the teacher. She tried to manage the problem children

in the classroom, but after a few months from the beginning of the school year, it was evident that she no longer had enough strength to keep going. Mother once learned that the teacher often snapped when her instructions were not followed immediately. This had once escalated to the point that she reportedly hit a student with a textbook. Furthermore, the class teacher showed little interest in the boy's needs. Her interest in this child with special needs was only motivated by formal protocol. The boy started to skip classes, often running from home. Eventually, mother decided to take the boy to a different school, one that was reputed for ensuring inclusion of problematic children in the class. The boy feeling more confident in this new school, he quit running from home, and his mother appreciated the approach of the school teacher who proved to have been able to employ ADHD children and spark their interest in teaching.

7. Conclusion

The aim of the research was to summarize the basic knowledge of hyperkinetic syndrome and also to examine education of children with ADHD in family and school. Children with hyperkinetic syndrome fall under the category of pupils with special educational needs. There is a relatively complex legislature for this group of special needs students in the Czech Republic, that provides schools with support and other opportunities to work with special needs students. Sometimes, however, parents still meet with lack of awareness and reluctance to get more information about special needs students on the side of teachers. Furthermore, there being not enough awareness raised on the matter, these children are often seen as misbehaved and spoiled in the eyes of the society. A great help and support for parents is advice from experts from the pedagogical-psychological counselling centre, or child psychologist. Raising a child with hyperkinetic syndrome is not easy. With a tolerant, kind, assertive and most importantly consistency, together with effective education choices and establishing order in all the child's activities, demonstrations of ADHD can be mitigated.

The question still remains, however, whether it would be more feasible for children with ADHD to be educated in specialized classes where the teachers would be trained to know how to deal with the students' demonstrations of their hyperactivity. For as it appears, inclusion has its great pitfalls. In particular, teachers generally do not apply individual approach to ADHD learners. However, based on our research, it was shown, interestingly enough, that the boy did not show any traces of problematic behaviour when he was in smaller groups of children.

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