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**BEHAVIORAL INTERVENTION STRATEGIES FOR CHILDREN
WITH ADHD**

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Abstract

This article presents the results of the focus group applied on 6 active school counsellors and 7 teachers. The focus group aimed to reveal the participants' opinions about the behaviour intervention strategies involved at two levels: for the child who leaves the desk during working hours and the child who refuses to submit the teacher's request. The discussion was about alternative ways to interpret inappropriate behaviour in terms of explanatory mechanisms and appropriate management strategies through the cognitive deficits associated behaviour. The participants of the focus group discuss about how to increase the child's time on the desk and a decline in the child standing outside the desk, to increase the frequency of compliance behaviour and decrease the frequency of manifestation of refusal behaviour. Behavioural strategies of intervention mentioned by the focus group participants for children leaving the desk during the hours concerned: guiding children's behaviour through rules and providing the necessary support to facilitate remembering their immediate application of consequences for breach of a rule, change frequent reward system which helps positive reinforcement of desired behaviour of the child, use the negative consequences in an immediate response to the child's undesirable behaviour. In the case of children who refuse to submit the request of the teacher, very efficient communication instructions are by following certain rules: student attention through visual contact or obtained by providing a space proximity instructions clearly stated and to the point, given the small behavioural sequences.

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1. Introduction

Complex of specific manifestations for ADHD occurs more frequently in the context of mainstream school and pedagogical intervention depends in any context, on the experience and knowledge horizon of teachers, psychologists and parents.

The educational system, in many cases, is not sufficiently prepared to recognize the true nature of the child's disruptive behaviour. Medical treatments do not prepare children to adapt and socialise, leaving him indefinitely under the influence of drug therapies. Thus, if the child's problems are not noticed and one does not try to solve them, the child will have poor school performance, which will not reflect its real intelligence and skills. We must realize that the disorder has a significant impact on family life, social relations, mental health, academic and power of the working adult.

The most obvious difficulties faced by children with ADHD manifests itself in the process of adaptation to school work, their school performance and not the age of their intellectual capacities.

Also very important are the comorbidities that may arise along the way, the most conspicuous being conduct disorders, oppositional disorders, aggression and antisocial behaviour, anxiety and depression.

In most European countries, children with ADHD are included in special programs for medical, psychological and pedagogical, aimed at preparing them and people in charge of their education (educators, teachers, psychologists, parents, etc.) to successfully cope with the problems they face.

The desire to avoid such adverse situations motivated this study, moving the problem develop intervention of psycho-pedagogical strategies that could help children showing behaviours of ADHD, develop interpersonal interactions success with their immediate environment, home and the educational environment. These strategies could also equip these children's teachers with adequate skills to improve the quality of interaction between them and the child. Stressful situations will be reduced in this way in school by setting up a more appropriate atmosphere.

2. Problem Statement

Attention Deficit Hyperactivity Disorder is the latest term introduced to define a specific disorder of development of both children and adults, composed of deficits in sustained attention, impulse control and the level of control activity in situational requirements (Gilbert, 2000).

Like all other non sociological disorders listed in DSM, and ADHD label attributed comments on disease, disorder or condition. ADHD is actually a neurobiological disorder that is characterized by a level of mental development, inappropriate inattention (concentration, distractibility), hyperactivity and impulsivity symptoms that may occur in any combination, at school, at home and in other cases social (DSM-IV, 2000).

Chess defined hyperactivity as follows: *"a hyperactive child is performing daily activities at a higher speed than most of the children or the child is constantly on the move, or both"* (Chess, 1960, p.2379-2385).

Impulsivity may constitute a mechanism of protection against external threats and dangers (Barkley, 2003).

To adapt easily to the nowadays modern society requires certain prerequisites: Hyper vigilance - the ability to rapidly integrate new information and directions in every way possible; the response speed of reaction and the reaction of the other; body movement, etc. (Biederman et al., 1993).

In the light of these concepts, ADHD - as a phenomenon normally distributed to mass population is a heterogeneous entity of unknown etiology with a definition that has undergone many changes over time (Spencer et al., 1996, p. 409-432).

A study by Tannock (1998) suggests that only distraction is associated with significant neuropsychological impairment, as symptoms of inattention are more related to cognitive aspects and has a higher degree of irritability.

Other authors, Martinussen, Hayden, Hogg-Johnson, and Tannock, (2005) believe that the primary deficit in ADHD could be the working memory deficits.

Most researchers in this field recognize that ADHD etiology is multifactorial, combining factors neurological, genetic, and psychosocial.

3. Research Questions

The research results have answered the following questions: How to increase the child's time on the desk and a decline in the child standing outside the desk? How to increase the frequency of compliance behaviour? How to decrease the frequency of manifestation of refusal behaviour?

4. Purpose of the Study

The study aimed to reveal the participants' opinions about the behaviour intervention strategies involved at two levels: for the child who leaves the desk during working hours and the child who refuses to submit the teacher's request. The article analyzes alternative ways to interpret inappropriate behaviour in terms of explanatory mechanisms and appropriate management strategies through the cognitive deficits associated behaviour.

5. Research Methods

The present study is qualitative exploratory and based on the focused interview. Below are the main steps in conducting focus group:

- *establish basis for discussion*: the main axes of discussion which allowed the identification and delimitation of educational intervention teacher area of intervention of psychologists were specified (psychological counselling to children and teachers);

- *setting group structure* was made according to the following criteria: setting up a homogeneous medium, considering that everyone involved has as a common point the desire of improvement in the undesirable behaviour of children with ADHD;

- debates attract representatives of all interested professional (teachers, counsellors, psychologists, etc.)
- high recognition of professional skills held by those involved in the debate.

- *drafting guidelines for organizing the focused interview*:

- determining questions (questions funnel from general questions, to questions with concrete substance, formulation of open questions that allow the release of as many value judgments for this study)
 - setting up the team to record the results of the debates (one observer and one assistant moderator)
- *setting meeting place and time of the interview: Office Teacher, University of Pitesti, 2 hours.*
- *achievement of specific procedures:*
- before the onset of the focus group, the moderator introduced himself and mentioned his role in the work group;
 - the moderator introduced the purpose of the focus group and explained the rules of conduct (that there are no right or wrong answers, it is desirable that participants speak loudly and in turns, all to intervene with opinions, ideas that does not aim consensus, but the exchange of ideas and relevant experiences.
 - the moderator explained the need to record the discussion and assured participants of the confidentiality of the discussions.
- *focus -group composition:*
- a moderator, academics, PhD in science education;
 - 7 teachers with a wide practical experience in educational activities at schools in Pitesti
 - four school counsellors from high schools in Pitesti;
 - two psychologists at the County Centre for Resources and Educational Assistance in Arges.
- *objectives pursued in carrying out fire group:*
- identify perceptions, representations, motivations, attitudes of specialists with extensive experience in working with children with ADHD and behavioural strategies of intervention involved at two levels: for the child leaving the desk during classes and the child who refuses to obey the teacher's request ;
 - identify specific framework for research and analysis of the behaviour of children with ADHD from two perspectives: educational and psychological.

6. Findings

6.1. The child who leaves his desk during the classes when it is expected to remain in place

Participants in the focus groups have shown that typically above this behaviour is interpreted that the student does intend to defy the teacher, is uneducated, has no respect for authority, etc. Specialists (school counsellors and psychologists) involved clarify what lies actually in this behaviour and that behavioural intervention strategies to increase during the child to remain at his desk.

Brain areas that are responsible for attention, concentration and motor inhibition are subtasks for a child with ADHD. Leaving the desk behaviour may be the child's attempt to grow stimulation to achieve personal comfort zone when what happens in class did not provide the stimulation his brain needs. Another important aspect that can give rise to the child's behaviour is the inability to remember the context associated to school rules due to working memory deficit. The ability of inhibiting the immediate response

is associated with a further aspect of leaving the desk's behaviour when the context does not permit. This is possible because the child has difficulty in inhibiting his first reaction and delaying the first impulse.

School counsellors and psychologists focus group participants emphasized that behavioural intervention strategies in this case are to review the child's behaviour through rules and immediate consequences. It is very important that the rule should always be remembered by teachers with their foreign-prompts (ex. Display class rule) in contexts that apply, such as "sit at my desk during class."

Observance is conditional on support offered to recall them and the immediate application of consequences for its failure. To keep up the interest of the child with ADHD for school work it is recommended the use of various methods of working with children, frequently changing the reward system as 2-3 weeks after the child's interest for an activity may decrease if used the same rewards. Rewards symbolic of the type of the bullet, stick their pictures, cards are very useful because they can be changed objects, events, activities desired by the child.

It is noted that choosing a pleasant task and its realization immediately after a task less enjoyable is a method to increase the frequency or likelihood of execution as opposed to the less pleasant task. For example, the development of educational tasks - low probability behaviour (e.g. Read a text for school 15 minutes) before we watch your favourite show, cartoon – behaviour.

Using negative consequences immediate response to undesirable behaviour of children is another important strategy.

Situations where children exhibit inappropriate behaviour immediately after strengthening positive (out of desk immediately after receiving reward for the behaviour of state desk) and the behaviour of the child endangering other children or themselves (out of desk and went down the hallway of school) are situations that require the use of negative consequences. This strategy involves several steps:

-planned ignorance – the ignorance of the unwanted behaviour when it is maintained by the teacher's attention (e.g. That teacher stops making and asks the child to go to his place leads to an intensification of behaviour). The method does not work if the child's behaviour meets another need than to attract attention.

- cost method manifestation out of desk behaviour is sanctioned by the loss of a point of total points.

- the result of boredom - out of desk behaviour can use option " Wait and see. " When the child leaves the desk, the teacher tells the child that is inappropriate behaviour, shows him that situation. The child then goes into a classroom specifically designated as a place "where we and others observe them" for a period short 3-5 min. The child is required to see how others do the expected behaviour.

6.2. The child who refuse to submit to the teacher's request

The participants in the focus groups revealed that this behaviour is usually interpreted as: he defies and does not respect me, he wants to be in control. In fact, the request of fulfilled behaviour that the adult requires is learned in early childhood. The way to set this pattern of behaviour in early childhood is a predictor for subsequent children to adapt social contexts. Behaviour of meeting requests is greatly influenced by a number of factors related to the context of how the request is made.

Typical situations that favour refusal behaviour:

- when the teacher asks the child to do several things at once. Children with ADHD, because of the attention deficits in working memory and inhibition have difficulty in making a choice when given too

many things to do. To determine the child to do what is required, it is very important to give a single instruction / one thing to do at a certain time

- when children do not receive clear instructions about what is expected of them. Due to difficulties in the attention of working memory, children with ADHD have difficulty processing a verbal information as having several meanings or ambiguous formulated.

- the application / adult request is made at an unsuitable time . Children are more inclined to ignore the request when the burden given by the adult activity is competing with an immediate benefit (do something interesting, etc.).

- when the adult uses too general or vague terms. Children with ADHD cannot follow instructions or requests that are not clear - ex. "be good".

School counsellors and psychologists focus group participants stressed that increasing educational performance of children with ADHD depends largely on effective communication of instructions in the teaching activities. For children with ADHD, experts point out that the effectiveness of instruction is provided by the following rules:

- the student's attention is achieved through eye contact or by providing a space proximity (approaching the child, touch it with one hand on the shoulder or eye contact)
- instructions clearly stated and to the point; The instructions must state clearly what the desired behaviour is and they should not be vague. A specific instruction such as ' Put your books in the desk and the and pencil case in your bag '! It is more effective than instructions like : " Clear up your desk!"
- instructions to be presented on small behavioural sequences. For example, the instruction "Open the book at page 18 and read the first three sentences" can be formulated as follows: Give first statement: "Open the book at page 18 ... and then wait for the student to execute the command. If the behaviour is performed, praise him verbally "Good, well done!" Or approving gestures. Only then formulated last instruction "Read the first three sentences", wait for its execution and reward the student.

It is highlighted the importance of providing patterns of action when giving instructions, switching between types of activity and reducing length of the task in order to prevent distraction. For example the instruction "Open your history textbook" is more effective if performed while you say the command, the requested behaviour.

Opinion shared by most participants in the focus groups was that, most often the failure of children to pay attention in school tasks is the result of their inability to manage the boredom that occurs in situations where interest is low.

It was highlighted the need for teachers to activate and stimulate the interest of children, because they perceive it as a pleasant task and do not seek stimulation elsewhere.

7. Conclusion

Child's motivation to engage in inappropriate behaviour appears as an internal need to increase the level of stimulation. Thus, the child is looking for elements in the environment that may be more interesting than what is in the classroom. On the same desire line to stimulate are also behaviours of impulsivity and

hyperactivity. Consequently, the child in this situation is more likely to engage in maladaptive and disruptive behaviours.

Different variants of pedagogical intervention applied consistently and in close collaboration with families, schools can improve, significantly, unwanted behaviours.

Quite important is training and raising teachers in reducing ADHD disorder, to understand the problems of children suffering from this condition and in favour of their integration as effective as possible in the educational environment.

References

- Barkley, R. A. (2003). Issues in the diagnosis of attentions-deficit/hyperactivity disorder in children. *Brain and Development*, 25 (2), 77-83, [https://doi.org/10.1016/S0387-7604\(02\)00152-3](https://doi.org/10.1016/S0387-7604(02)00152-3)
- Biederman, J., Faraone, S.V., Doyle, A.E., Lehman, B.K., Kraus, I., Perrin, J., & Tsuang, M.T. (1993). Convergence of the child behavior checklist with structured-interview based psychiatric diagnoses of ADHD children with and without comorbidity. *Journal of Child Psychology and Psychiatry*, 34, 1241-1251, <https://doi.org/10.1111/j.1469-7610.1993.tb01785.x>
- Chess, S. (1960). Diagnosis and treatment of the hyperactive child. *New York State Journal of Medicine*, 60, 2379 -2385.
- Diagnostic and Statistical Manual of Mental Disorders, (2000). Fourth Edition DSM-IV-TR, Bucharest: Free Psychiatric Association in Romania.
- Gilbert, P. (2000). Copiii hiperactivi cu deficit de atenție [Hyperactive children with attention deficit]. Bucuresti: Polimark.
- Martinussen, R., Hayden, J., Hogg-Johnson, S., & Tannock, R. A. (2005). Meta-analysis of working memory impairments in children with attention-deficit/hyperactivity disorder. *Journal of the American Academy of Child and Adolescent Psychiatry*, 44(4), 377-383, <https://doi.org/10.1097/01.chi.0000153228.72591.73>
- Spencer, T., Biederman, J., Wilens T., Harding, M., O'Donnell, D., & Griffin, S. (1996). Pharmacotherapy of attention-deficit hyperactivity disorder across the life cycle. *Journal of the American Academy of Child and Adolescent Psychiatry*, 35(4), 409-432, <https://doi.org/10.1097/00004583-199604000-00008>
- Tannock, R. (1998). Attention deficit hyperactivity disorder: advances in cognitive, neurobiological, and genetic research. *Journal of child psychology and psychiatry* 39(1), 65-99, <https://doi.org/10.1111/1469-7610.00304>