



CHILDREN WITH ADHD, CLASSROOM INCLUSIVE PROGRAMMES

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Abstract:

Attention Deficit/Hyperactivity Disorder (ADHD) is a common disorder known to be associated with behavioural and academic difficulties. This article describes effective school-based intervention strategies including programmes designed with the focus on the importance of the level of information on ADHD, awareness, training of teachers and school psychologists on the types of intervention in class and supporting children in classroom. One overlooked aspect of treatment of children with ADHD is the need to form partnerships among school professionals who can work collaboratively on interventions for children with ADHD. Approaches to developing effective practices of training of teachers in the classroom for school based strategies are presented. Multiple treatment strategies implemented in a consistent fashion across school years can optimize the school success of students with ADHD. The methodology used to achieve these objectives is based on the implementation of an experiment (quasi), to measure the impact of the use of some effective strategies for teachers and children identified with ADHD in schools. The evolution of the experiment include academic assessment of children before the intervention, training of teachers for the school intervention strategies, measuring instruments setup effectiveness of intervention strategies in school, academic assessment of children after the intervention. This methodology supports the main goal of treatment of children with ADHD in the classroom through effective techniques on the school premises for their academic work. The Sample participating in the experiment were children diagnosed with ADHD, aged 8-9 y.o, by psychologist or psychiatrist, whose academic results were analyzed. Also, teachers were trained to produce change in the academic performance of children. The results have

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shown that children with ADHD are faced with many difficulties and often they are misunderstood by their teachers and parents for their symptoms, like intentional behaviors. School-based intervention strategies resulted successfully applicable to children with ADHD symptoms. Although intervention programs for children with ADHD that include a focus on both home and school are beginning to emerge.

Keywords: ADHD, school performance, school intervention strategies, academic intervention

1. Introduction

Attention deficit hyperactivity disorder (ADHD) is characterized by pervasive and developmentally inappropriate difficulties with attention, impulsivity, and hyperactivity (American Psychiatric Association, 2000). ADHD symptoms cause significant impairments at home and in school and are associated with a number of behavior difficulties such as aggression and noncompliance ([Barkley, 2006](#)). Research also suggests that children with ADHD are more likely than typically developing classmates to be rejected socially and to have greater difficulties with their peers ([Hinshaw, 2002](#)). In addition, teachers are more likely to perceive a child with an ADHD label less favorably with respect to intelligence, personality, and behavior ([Batzle, Weyandt, Janusis & Devietti, 2010](#)).

Academically, children with ADHD are more likely to have poorer grades, lower scores on standardized tests, greater likelihood of identification for special education, and an increased use of school-based services, compared to peers without the disorder ([Loe & Feldman, 2007](#)). Students with ADHD are also more likely to have a higher absenteeism rate, are three times more likely to be retained during elementary school, and are at a higher risk for dropping out of high school than their peers without ADHD ([Barbaresi, Katusic, Colligan, Weaver, & Jacobsen, 2007](#)). Students with ADHD who graduate from high school are less likely than their peers to pursue a post-secondary education ([DuPaul & Weyandt, 2009](#)). Interestingly, less research is available concerning methods to remediate academic problems associated with ADHD, compared to studies regarding ways to treat behavioral and social difficulties associated with the disorder ([Jitendra, DuPaul, Someki, & Tresco, 2008](#)). Given the less-than-favorable prognosis for children with ADHD, it is imperative that empirically supported interventions are implemented early, particularly during the elementary school years.

The most common interventions for students with ADHD include psychotropic medication and behavioral strategies implemented in home and school settings

([Barkley, 2006](#)). Although stimulant medication frequently is used to reduce ADHD symptoms, pharmacological treatment rarely is sufficient in addressing the multiple, chronic difficulties faced by students with ADHD ([DuPaul & Stoner, 2003](#)). The purpose of this article is to describe effective school-based intervention strategies for children with ADHD including the development of an inclusive programme to be followed by their teachers in order to support children with ADHD in classroom. Also discussed are approaches to developing partnerships among school professionals including methods to facilitate collaborative relationships between teachers and school psychologist consultants.

2. Actual Research

Child development field of study is very extensive, and increasingly is growing attention to children with ADHD, whose problems are too big nowadays. There are many studies done on these children that comprise about 8 to 10% of children attending primary school. These studies have given their contribution in exploration of the programs and more efficient treatments for supporting these children's needs.

Complementary general goals of research were to provide an overview of the symptoms of the disorder of attention with hyperactivity in children attending primary schools in Tirana. At the same time to explore the possibilities easing symptoms of attention disorder with hyperactivity in the classroom with the support of trained teachers, with a focus on their academic performance.

The main objectives were:

1. To explore the unknown a good view of the diversity of symptoms of children diagnosed with attention disorder with hyperactivity.
2. To explore and evaluate current challenges of educating children with ADHD in areas lacking attention of professionals.
3. To develop new practical techniques for the classroom for children with ADHD.
4. To train teachers who care about the education of children in the classroom about the characteristics of the ways of working in the classroom with children with ADHD.
5. To find out whether the training of teachers with information package on the techniques of working with children diagnosed with ADHD increased their academic performance and facilitates their performance in the classroom.
6. To provide some recommendations on how to work with children who have been diagnosed with ADHD at school but necessary for teachers and other professionals

3. Methodology

The choice of methods for data collection is determined by the hypothesis or research questions and research aspects of the topic are the main focus of the research. Research approach to the problem of choice is empirical methodology including the combination of qualitative and quantitative methods for data collection. This in turn not only to draw a statistical result about the search results, but also to give the opportunity to explore in greater depth some of the issues or factors affecting or arising from the quantitative data. To measure and maintain the quality and validity of the research will were triangolare methods of collecting qualitative and quantitative data. Triangolare method includes quasi-experimental realization of the experiment in natural conditions practically in classes in schools), intervention and observation. There are three ways that will provide data collection and above all to make this research as valid. Also, it is anticipated that looking the part of the pilot, which was a stage that aimed to standardize instruments and provided more information on training techniques, more efficient and borrowed into Albanian in the most accurate possible.

3.1 Sample

As research approach is focused on children diagnosed with ADHD, meaning that representatives in the sample is small, but that allows the search to explore in depth the hypothesis and not only. The sample were deliberate usually referred to studies specified small-scale models of research that rely on the selection of qualitative and quantitative data focusing on the exploration and interpretation of experiences and perceptions. Children with ADHD are selected on the basis of characteristics or experiences related directly to the area of interest and research question is chosen. Total is intended that 32 children respectively aged 8 or 9 years old, in grade 2 and 3, were part of the quasi-experiment (training of teachers and parents towards the administration deficits on performance development displayed by children ADHD).

Children were selected in the elementary school age because children with ADHD can be identified after age 7 years and second grade or third is the age where children develop the skills of writing, reading and understanding as well as the age where the symptoms of ADHD were more visible. It was selected a purposeful homogeneous sample, children with ADHD that belong to the same group and will have the same features, so children with attention disorder with hyperactivity in selected schools randomly. Also, intentional part of the sample will be teachers who will be trained.

Research methodology will be built in accordance with the need of gathering information regarding variables and relationships between them.

3.2 Procedure

The first step was identification of the potential school who had identified children with ADHD symptoms with the support of pedagogical staff. Also was taken into consideration all the ethics procedures for taking permission from the school institutions and from the teachers. The research was supported by the experimenter team composed by 4 psychologist. The team designed and developed the content of the programme important for the training process of teachers and for children in the classroom.

Quasi-experiment consists in separating the case into two groups of control and experimental groups. Experimental group included 15 children where teachers once they were informed and trained on ADHD guidelines in classroom and were observed on the facilitation techniques of these features in children with ADHD will apply these techniques to the children to see the effect. While in the control group included 16 children, teachers applied techniques or exercise routine that usually implemented in the classroom. The period of implementation of this process was 3 months and after this phase, quasi-experiment was repeated again to measure the validity of the research and its credibility. But to understand the factors that may affect these results and to understand the terms and conditions that may affect and may interfere with the confirmation of the hypothesis is the analysis difference of the academic performance of the children before and after intervention.

4. Academic characteristics of children with ADHD

Children with ADHD have low academic achievement, poor academic performance and education problems. In terms of damaged functions, children with ADHD show the degree of intelligence reduced compared with the average of normal scale scores. In terms of activity limitations, children with ADHD reach the lowest point in reading and arithmetic. Inhibitions in terms of social participation, children with ADHD show growth in recurring grades and academic services character using "healing". Children with ADHD are more likely to be excluded, suspended or repeating a grade. Children with ADHD have 4 to 5 times more likely to use specific educational services than children without ADHD. Children can use ancillary services, including mentoring, support classes, after school programs and specific adaptations.

Educational characteristics and academic achievement in children with ADHD are different from one child to another. Some studies in terms of academic achievement, the use of special services, and found similar evaluation rates. However, a large study of students in primary schools found that children with ADHD-type impulsive were more likely to be rated as below average or to be losers in school than children with

ADHD-combined type of ADHD and hyperactive-impulsive type. A category of children with ADHD-type impulsive are described as children with slow cognitive swing, leading to the assumption that there is a higher prevalence of the learning disorders in children with ADHD-type impulsive than to children with ADHD-type combined.

5. Inclusive programmes for children with ADHD

Schools often try to change the child with ADHD to adapt to the school environment. Attempt to "normalize" behavior include the adoption of a child outside the classroom, perhaps applying a remedial strategy and putting the baby to the previous position with the hope that now it will be successful. This strategy identifies as a problem child, serves to isolate and stigmatize the child and prevent exploration environments. The advantage of general designs is that many children with ADHD are educated in general classes. Benefit from the overall design of all children in the classroom, especially those with ADHD. These interventions may not reduce the differences between children with ADHD and their peers without ADHD in some measure, it can be standardized tests. However, the most important is whether children with ADHD reach a higher threshold of achievement as may be reading improvement. The second approach includes specific interventions for children with ADHD. These interventions may include teaching methods, new curriculum, behavior management and intervention with specific focus school.

When selecting and implementing successful instructional strategies and practices, it is imperative to understand the characteristics of the child, including those pertaining to disabilities or diagnoses. This knowledge will be useful in the evaluation and implementation of successful practices, which are often the same practices that benefit students without ADHD.

During the quasi-experiment the inclusive programme that was designed involved several components important for implementing the intervention. These components were part of the training curricula for the teachers in order to be treated with children with ADHD in classroom.

- Teachers who are successful in educating children with ADHD use a three-pronged strategy. They begin by identifying the unique needs of the child. For example, the teacher determines how, when, and why the child is inattentive, impulsive, and hyperactive.
- The teacher then selects different educational practices associated with academic instruction, behavioral interventions, and classroom accommodations that are appropriate to meet that child's needs.

- Finally, the teacher combines these practices into an individualized educational program (IEP) or other individualized plan and integrates this program with educational activities provided to other children in the class.

Because no two children with ADHD are alike, it is important to keep in mind that no single educational program, practice, or setting will be best for all children. Successful programs for children with ADHD integrate the following three components:

- Academic Instruction;
- Behavioral Interventions; and
- Classroom Accommodations.

The article describes how to integrate a program using these three components and provides suggestions for practices that can help children with ADHD in a classroom setting. It should be emphasized that many of the techniques suggested have the additional benefit of enhancing the learning of other children in the classroom who *do not* have ADHD. In addition, while they have been used most widely with children at the elementary level, the following practices are useful for older students as well.

6. Results and Discussions

The study included the development of a structured methodology based on research issues raised in the design phase of the study. Experimental methods included concrete measures related to the recognition of the relationship between the implementation of programs of teachers and improving the academic performance of children with ADHD and children with ADHDs symptoms displayed. This relationship was explored in two different times before and after the intervention of an experimental intervention through instruments that assessed the academic performance and number of symptoms in children with ADHD in the classroom.

The program was effective for the experimental group and social skills training gains were successfully transferred to integrated settings. Was concluded that training which includes modeling, role-playing, behavioral rehearsal, reinforcement, and self-recording can be effective in teaching skills that maintain over time and generalize to untreated settings. Since only one of the participants had ADHD, it is difficult to draw conclusions about the use of this intervention with children with that disorder.

Pelham et al. (1988) studied the adjunctive effects of methylphenidate and social skills training for children receiving a 5-month course of clinical behavior therapy. The participants were 32 children (28 boys and 4 girls) with ADD-H ranging in age from 5 to 10 years. The behavior therapy focused on teacher and parent training in contingency management. The social skills training included weekly three hour sessions for eight

weeks. The sessions focused on displaying appropriate social behavior in a peer group context and rewards for appropriate peer interactions. Instruction, modeling, and roleplaying were used to teach and demonstrate appropriate social behavior. The concepts addressed included communication, participation, cooperation, and validation-support. Findings indicated that clinical behavior therapy showed statistically significant improvement on all dependent measures. The addition of the medication and/or the social skills training did not significantly facilitate the improvement shown with the clinical behavior intervention. A weakness of this study is that data was collected only pre- and post-intervention.

Their results indicated that children had a mean increase in target behaviors with the onset of intervention implemented by the teachers with the support of trainings. However, intervention effects were only evident during analogue observations. This suggests that the behavior change did not generalize to the child's real world experiences. However, the results express that this is evidence of how intractable social skills deficits are in children with ADHD. Perhaps the length of the training was too short and a longer intervention would have demonstrated greater behavioral change.

Frankel, Myatt, Cantwell, and Feinberg (1997) examined the effectiveness of an outpatient social skills training program for children with ADHD which used parents to aid in transfer of training. In their study, the children were given 12 one-hour sessions of social skills training. All children with ADHD were on stimulant medication. Each child session consisted of reviewing homework from the previous session, a didactic presentation, behavioral rehearsal between children and coaching, coached play, and contracts for homework for the coming week. The children were taught conversational techniques, group entry techniques, "rules for a good host," handling teasing and confrontations with adults. Concurrently, the mothers of the children participated in 12 one-hour sessions as well. Each parent session included a review of homework, reading and discussing handouts related to what parents can do to promote good social skills, planning the next homework assignment, and returning to the child group to make homework contracts. Results indicated that children with ADHD showed improved on all teacher and parent-reported measures of peer adjustment and social skills, except teacher reported withdrawal. It was concluded that children with ADHD are best helped by a combination of social skills training for themselves, collateral training for their parents, and stimulant medication. This study demonstrates that social skills training can be effective when generalization is strategically planned for. However, the amount of parent involvement in this intervention may be problematic for many busy parents of children with ADHD. Further, no direct measure of generalization was used, only teacher reports and instrument of academic evaluation.

Children with ADHD can have a better academic performance in the classroom settings if the classroom environment, teacher programme, and behavioural treatment is constructive and inclusive. Teachers have a big role on implementing suitable programmes for children with ADHD and not only. They face the biggest difficulties on managing symptoms of children with ADHD in the classroom and if they do accept and implement such programmes for supporting children with ADHD in the classroom could have the possibility not only to discipline the children symptoms in the classroom but in the same time facilitate their learning in the classroom and their emotional and social problems. The research indicated that children with ADHD can benefit from these programmes if the programmes are inclusive and if their content considerate such kind of interventions that support in the same time all the children of the classroom.

7. Conclusions

There are still needs to be informed on how to improve the academic and educational outcomes in children with ADHD, despite decades of research on diagnosis, prevalence and effects of short-term treatment. It may be impossible to carry out tests in the long term, controlled and randomized medications and behavior management used as treatments, for ethical and practical reasons. However, large scale studies using statistical methods suggest that should be considered the number and type of interventions, duration of treatment, the intensity of treatment and implementation of protocols. Educational interventions for children with ADHD should be studied.

It is recommended to be conducted studies on large scale, prospective study to assess the impact of educational interventions. These studies may be related, including universal design improvements and specific interventions for ADHD. They can include multiple, with an emphasis on academic skills, graduation and successful completion of nine years of education. A broad coalition of parents, educators and health professionals can work together to advocate for a more ambitious and looking after the design, implementation and interpretation of research findings. Changes in local policies, the central may facilitate these efforts by creating relevant databases and collaborations.

What was achieved on the basis of statistical analyzes and those interpretative it is:

1. A higher level of knowledge about the ADHD features and symptoms and their identification in natural conditions in the classroom.
2. Perspectives and new insights regarding the evaluation of children with ADHD specifically in classroom conditions.

3. Training of teachers and parents with a set of exercises and techniques for managing the situations where children with ADHD show low academic performance in the classroom.
4. Reduction of symptoms and therefore academic progress as well as the facilitating role of working memory that affects performance in school.
5. Mirroring a reflection of how this target group of children facing learning difficulties when display these deficits.
6. It is considered the most important is the construction of a set of techniques and exercises in the form of a manual with recommendations for teachers as well as parents to help children cope with learning difficulties and contribute to their education.
7. Information on a wide scales for the features and characteristics of children with ADHD and deficits of working memory and thus facilitates the process of identification and intervention at the right moment.

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