



## STRATEGIES ADOPTED FOR THE WELL-BEING OF SCHOOL CHILDREN IN DHARWAD EXHIBITING ATTENTION DEFICIT HYPERACTIVITY DISORDER SYMPTOMS

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### ABSTRACT :

*A childhood developmental disorder is Attention Deficit Hyperactivity Disorder (ADHD) a group three of troubles in areas of attention which show challenges with school working. Hyperactive- including strolling around the classroom when seating is expected, talking out of turn, intrusive verbalizations, not finishing on directions and interfering with educator guideline less emotionally mature, more reactive with feelings which requires strategies to control above symptoms from Parents and Teachers. The present study stresses on the strategies adopted for the well being of school children exhibiting ADHD symptoms. Premises and Methodology: A study is conducted from different Government, Pvt Aided and Pvt Unaided Schools in Dharwad City by taking a sample size of 500 children and parents, 250 teachers by adopting descriptive design, random sampling method, self constructed questionnaire is framed to know the Strategies adopted and conners scale was administered to teachers and parents to identify children exhibiting ADHD symptoms Results: The value of  $F=90.0982$ ,  $p<0.05$  related to motivation strategies,  $F=241.7172$ ,  $p<0.05$  for counselling services and referral services Conclusion: Thus study aims in understanding the intervention techniques to prevent from long term negative outcome for ADHD symptoms.*



**KEYWORDS :** *Strategies, ADHD Symptoms, Children, School, Parents and Teachers.*

### INTRODUCTION:

In the present era where every day we are stepping ahead to technological advancement with the increasing pressure in children to get 100% in academics. If there is any institution which exerts the greatest influence on children after the family it is the school where child spends much time. When children are unable to match up to expected academic standards, the result could be low self esteem, diffidence, social withdrawal, psychiatric disorders such as anxiety and mood disorders and at times the extreme step of suicide. This paper highlights on Strategies adopted for children exhibiting Attention Deficit Hyperactivity Disorder (ADHD) symptoms. ADHD is a common behavioural disorder that affects about 10% of school-age characterized by a pattern of extreme pervasive, persistent inattention, hyperactivity and impulsivity For children to be diagnosed they must have developed symptoms prior to age 12, these behaviours must be more severe than in other kids of the same age and the behaviours must last for at least 6 months and negatively affect at least two areas of a child's life such as school, home, childcare settings, or friendships.

Thus it could be broadly divided into 3 types Inattentive type: with signs that includes trouble in paying attention to details or a tendency to make careless errors in schoolwork or other activities, difficulty staying focused on tasks or play activities apparent listening problems, difficulty following instruction problems with organization, avoidance or dislike of tasks that require mental effort,

tendency to lose things like toys, notebooks, or homework distractibility forgetfulness in daily activities. Hyperactivity: with signs that includes fidgeting or squirming, difficulty in remaining seated, excessive running or climbing difficulty, playing quiet always seeming to be "on the go "excessive talking.

**Impulsivity:** blurting out answers before hearing the full question difficulty in waiting for a turn or in line problems with interrupting or intruding others.

The DSM-5(Diagnostic and Statistical Manual of Mental Disorders) medical classification system for ADHD is published by the American Psychiatric Association and is used in the United States and the rest of the world. This classification system defines ADHD as "a persistent pattern of inattention or hyperactivity-impulsivity that interferes with development, has symptoms presenting in two or more settings (eg. at home, school, or work) and negatively impacts directly on social, academic or occupational functioning".

Stehen P. Hinshaw Katherine Ellison-(2003) regards that today roughly 11 percent of all US youth matured 4-17 have sooner or later got an ADHD diagnoses. McCloud (2014) said ADHD is a mental disorder, which approximately is present in three to seven percent children. Due to this disorder children manifest the characteristic of constant behaviour, loads of activity as well as are being considered disobedient. Gray (2014) stated that ADHD is definitely not just "psychological" nor is the solution. Modern brain scans can now detect clear differences in the ADHD brain verses the non-ADHD brain. ADHD is not just laziness or an excuse for poor performance it is not just in the "head" but it is literally in the brain. It is now proven to be a measurable physical impairment of normal brain function caused by oxidative stress. Jogsan (2013) held the opinion that 15 to 30 percent of children with ADHD have a learning disability in maths, reading, or spelling and about half of ADHD children are placed in special educational programs because of their difficulty in adjusting to a typical classroom environment. In families affected by ADHD, marital conflict is common, and has been consistently linked with poorer health and mental outcomes.

## REMEDIAL MEASURES

Psycho-stimulants are highly effective for 75 to 90% of children with ADHD. They consistently reduce ADHD core features, but do not appear to change long-term outcomes such as peer relationships, social or academic skills. The challenge is to provide the upcoming generation with the awareness, abilities and mental strength. Berk (2013) said to offer opportunities for divergent thinking and praise them so that they become creative to explore new fields rather than just accepting the interests that one values. Visser (2001) pointed out aims for intervention strategies which centre upon raising pupils achievements as well as their personal and social development. He urges teachers to develop an awareness of 'emotional literacy' asserting its importance for pupils in the wider social and economic changes The role of social workers in school becomes essential by impacting the educational system to meet the diverse needs of all learners and parents. Thus, a comprehensive treatment program A combination of behaviour management training and problem-solving ,communication training has been shown to be effective for addressing conflict between parents and children, wide range of literature, videos, and equipment adequate evaluation School-based intervention strategies should target deficits in behaviour control, academic performance, and social relationships. Family-school interventions (such as conjoint behavioural consultation, daily report card, and targeted homework intervention) capitalize on the potential benefits of promoting family involvement .Thus there is need to implemented various strategies for children exhibiting attention deficit hyperactivity disorder symptoms.

## OBJECTIVE

To study the strategies adopted for school children exhibiting attention deficit hyperactivity disorder symptoms from primary and upper primary grades from different Government, Private Aided and Private Unaided Schools

**HYPOTHESIS**

There is no significant strategies adopted for school children exhibiting attention deficit hyperactivity disorder symptoms from primary and upper primary grades from different Government, Private Aided and Private Unaided Schools

**METHODOLOGY**

This study was conducted in 37 primary/upper primary schools of Dharwad city Which includes in different Schools like (Government, Private, Aided/Unaided/ for students from 1<sup>st</sup> to 7<sup>th</sup> std both in Kannada and English medium Schools with a sample size of 500 children and parents, 250 teachers by adopting descriptive design, random sampling method, self constructed questionnaire is framed to know the Strategies adopted on various dimensions like Personality Development like if any activities undertaken for that child to excel in, such as sports, art, music, or other hobbies, realistic goals are established .positive feedback given clear daily routines are set, day planners, diaries, are used. 2)Motivation strategies such as Prasing appropriate behaviors, Point or token reward system ,Encourage older children to speak with child, and with one another, 3) Counseling service and Referral. Intervene early when problems arise ,Consulted with the social worker, school psychologist or special education teacher/Mental health practioner, Any informal advice from family, friends, self help groups Usage of resources 4)Teaching strategies:Are they taught self-monitoring, Self-evaluation, Self-instruction Apart from this conners scale was administered to teachers and parents to identify children exhibiting ADHD symptoms. After the data had been collected on different variables it was processed and tabulated using Microsoft Excel - 2007 Software. Then, the data were analyzed with according to the objectives and hypothesis by in terms of t-test using SPSS 20.0 statistical software.

**RESULTS AND DISCUSSIONS**

**Table-01: Results of ANOVA test between children, their parents and teachers on perceived service on personality development for symptoms of ADHD in children.**

Source of variation	Degrees of freedom	Sum of squares	Mean sum of squares	F-value	P-value
Between groups	2	247.05	123.5247	23.7892	0.0001*
Within groups	1497	7773.13	5.1925		
Total	1499	8020.18			

\*p<0.05

It can be seen that, a significant difference is perceived between children, their parents and teachers on perceived service on personality development. The value of F=125.1001, p<0.05 at 5% level of significance. It means that, the children, teachers and their parents perceive different service towards personality development.

**Table-02: Pair wise comparisons between the groups that is children, their parents and teachers on perceived service on personality development by applying the Tukeys multiple posthoc procedures the results are presented in the following table.**

Groups	Children	Teachers	Parents of children
Mean	6.21	6.96	7.16
SD	2.39	2.40	2.03
Children	-		
Teachers	P=0.0001*	-	
Parents of children	P=0.0001*	P=0.3621	-

\*p<0.05

It can be seen that, there is significant difference between children, their teachers on perceived service on personality development the difference. Tukeys multiple posthoc value is 6.96. The mean value shows that the teachers perceive higher service on personality development for symptoms of ADHD in children compared to children.

A significant difference between children, their parents on perceived service on personality development for symptoms of ADHD in children the difference between these groups is significant at 0.05 level. Tukeys multiple posthoc value is 7.16. The mean value shows that the parents perceive significant higher service on personality for symptoms of ADHD as compared to children. A non significant difference is observed between parents and teachers on perceived service on personality development for symptoms of ADHD in children at 5% level of significance. It means that, the parents perceive similar service on personality development for symptoms of ADHD in children as compared to teachers.

**Table-03: Results of ANOVA test between children, their parents and teachers on perceived service on motivation strategies for symptoms of ADHD in children.**

Source of variation	Degrees of freedom	Sum of squares	Mean sum of squares	F-value	P-value
Between groups	2	114.50	57.2507	90.0982	0.0001*
Within groups	1497	951.23	0.6354		
Total	1499	1065.73			

\*p<0.05

A significant difference is perceived between children, teachers and parents with respect to service related to motivation strategies, the value of  $F=90.0982$ ,  $p<0.05$ , children, teachers and parents have different service related to motivation strategies,

**Table-04: Pair wise comparisons of children, their parents and teachers on perceived service on motivation strategies for symptoms of ADHD in children by applying the Tukeys multiple posthoc procedures the results are presented in the following table.**

Groups	Children	Teachers	Parents of children
Mean	1.09	1.52	1.76
SD	0.74	0.77	0.87
Children	-		
Teachers	P=0.0001*	-	
Parents of children	P=0.0001*	P=0.0001*	-

\*p<0.05

A significant difference is observed between children, their teachers on perceived service on motivation strategies, Tukeys multiple posthoc value is 1.52. The mean value shows that the teacher perceives significant higher service related to motivation strategies as compared to children.

A significant difference is observed between children, their parents on perceived service on motivation strategies. Tukeys multiple posthoc value is 1.76. The mean value shows that the parents of children perceive higher service on motivation strategies as compared children.

A significant difference is observed between parents and teachers on perceived service on motivation strategies. Tukeys multiple posthoc value is 1.76. The mean value shows that the parents of children perceive significant higher service on motivation strategies as compared to teachers.

**Table-05: Results of ANOVA test between children, their parents and teachers on perceived services to counseling and referral services for symptoms of ADHD in children.**

Source of variation	Degrees of freedom	Sum of squares	Mean sum of squares	F-value	P-value
Between groups	2	658.01	329.0047	241.7172	0.0001*
Within groups	1497	2037.59	1.3611		
Total	1499	2695.60			

\*p&lt;0.05

A significant difference is observed between children, their parents and teachers on perceived services to counseling services and referral for symptoms of ADHD in children where  $F=241.7172$ ,  $p<0.05$  at 5% level of significance. It means that, the children, teachers and their parents perceive different services to counseling services and referral for symptoms of ADHD in children.

**Table-06: Pair wise comparisons of children, their parents and teachers on perceived services to counseling referral services for symptoms of ADHD in children by applying the Tukeys multiple posthoc procedures**

Groups	Children	Teachers	Parents of children
Mean	1.13	2.54	1.13
SD	1.13	1.25	1.12
Children	-		
Teachers	$P=0.0001^*$	-	
Parents of children	$P=0.9996$	$P=0.0001^*$	-

\*p&lt;0.05

A significant difference is observed between children, their teachers on perceived services to counseling and referral services of for symptoms of ADHD in children, Tukeys multiple posthoc value is 2.54. The mean value shows that the teachers of children perceive higher services on counseling services and referral compared to ADHD children themselves.

A non significant difference is observed between children, their parents on perceived services to counseling and referral for symptoms of ADHD in children. Tukeys multiple posthoc value shows that the parents of children perceive similar impact on perceived services on counseling services and referral as compared children.

A significant difference is observed between parents of children and teachers on perceived services on to counseling services and referral. Tukeys multiple posthoc value is 2.54. The mean value shows that the teachers perceive significant higher services on to counseling services and referral in children as compared to parents.

## DISCUSSION

A significant and positive relationship is perceived as a whole between personality development strategies, motivation strategies, counselling and referral services. It's often agreed that children are praised and they agree that they are motivated to attend personality development programmes, often asked to set a goals. parents are often communicated periodically and parental meetings are organised Though scientific counselling is not given yet they are guided about taking precautions of their child's behaviour Cornelius et.al.(2017) in their study have examined the effectiveness of physical activity for children on a number of cognitive, behavioural, and emotional outcomes. From 20 empirical studies, 164 effect sizes. Results indicated an overall moderate-to-large effect for physical activity on children proves a significant effect for emotion/mood.



## SUGGESTIONS

**Parent-Training Programmes:** Increase parental competence and confidence in raising children.

**Counselling:** Counselling must be introduced in all schools where School counsellors may create study skills, and social skills groups in dealing with how to communicate with parents, teachers and peers.

**Positive Attitude:** Relate the criticism to the action—NOT the child.

**Entrusting Responsibility:** Raise a confident child by giving them household duties.

**Discipline:** Yoga/Massage/Green Settings will be helpful to overcome hyperactivity limit television, mobiles, social networking sites.

**Define the Appropriate Behaviour while Giving Praise:** Praise should be specific for the positive behaviour displayed by the student.

**Exposure to Latest Application:** Computer Aided Instruction, E-libraries, Smart Classes is effective.

**Awareness:** Early identification and treatment, Strategic family therapies are essential

## CONCLUSION

Thus, social workers along with joint collaboration of mental health professionals can educate the parents and teachers to develop new skills, attitudes; the research has to build awareness regarding ADHD so that some fresh perspectives on management of these children can be undertaken. Ramnath Sharma et. Al. (2007) states India is scanty in counseling and guidance activity and the changing pattern of socio economic, socio-educational, socio-cultural system is changing and also the changing nature of human. Social worker in collaboration with the teachers and parents identify evaluate earlier in group work they compile and implement preventive or rehabilitation plans to help in establishing learning environments The specialists of the school psycho-social service have the responsibility to counsel the parents on the importance of continuation of the further education of their children based on their abilities and potential.

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