



## ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD) —A SERIOUS PROBLEM OF SOME SCHOOL CHILDREN

**Pradip Debnath, Ph. D.**

*Assistant Professor, Department of Education, UGB, W.B.-732103,*

*E-mail-ugbpdn@gmail.com*

### Abstract

*Children with ADHD are those who have three key problems: inattentiveness, hyperactivity, and impulsivity. It's a worldwide problem that's only getting worse, yet few people are aware of it. As a result, the investigation was required. Secondary data sources were investigated for the study, and the data were handled utilising an analytical method. According to the findings, early intervention is vital for effective ADHD control. Special education with a customised curriculum and style is extremely beneficial to children with ADHD. It is feasible to identify youngsters with ADHD based on their characteristics and symptoms. The only safe method to overcome ADHD is to raise awareness about it at an early age. Care, treatment, and education would aid in their adjustment and academic performance. Utmost importance should be given to prevention as it may not be completely cured even in advanced stage.*

**Key Words:** *ADHD, children, special education, problem, care, identification, intervention.*



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### Introduction

It is very much natural that children would pass their childhood merrily in the world of play and imagination. They like to pass time being engrossed in their own world. However, they leave behind such behavior and activity as they grow in age. But there are some children who bear such characteristics along with the growing of age. Actually they face three major problems—inattentiveness, hyperactivity and impulsiveness. They cannot give close attention to their studies. So they do not listen to all the points of class-lecture minutely, and they cannot organize any activity or task properly. They talk excessively and change their seats in the class frequently. They cannot await their turn. These children cannot perform better in

academic subject, though their IQ level is average. According to Goldstein (1999), “ADHD is characterized by a constellation of problems with inattention, hyperactivity and impulsivity. These problems are developmentally inappropriate and cause difficulty in daily life.” A meta-analysis of 175 research studies worldwide on ADHD prevalence in children aged 18 and under found an overall pooled estimate of 7.2%, approximately 129 million in 2013 ( Ref. Thomas et al., 2015 ). In our country the prevalence varies from 1.2% to 12.2% of children (Neha, 2012).

### **Related studies**

The relevant studies that were consulted in preparation of the base of the present study are presented below---

Swarup and Chopra (2002) investigated the typical behaviours of children in mainstreamed classes who were diagnosed with ADHD. The sample was taken from a population of 1920 children aged 5 to 7 years old who were enrolled in eight English medium private schools in Mumbai. Only eight children were chosen for the case study based on the exclusionary criteria. Interviews with teachers and parents were conducted, and rating scale and systematic observation were used. Individualized management plans were created for both instructors and parents, and they were implemented over the course of two weeks in 30-45 minute sessions. On the majority of the behaviours, the parents' and instructors' ratings were similar. Using the management plan developed by the researchers, the intensity of identified behaviour was investigated and remediated.

Gershon and Gershon (2002) looked at gender differences in ADHD in a meta-analysis. In an attempt to replicate and extend a recent metaanalysis on gender differences in ADHD, effect size estimates for key symptoms and correlates of the illness were calculated. In order to maximise the number included in the effect sizes, rather lenient inclusion criteria were utilized. ADHD girls exhibited lower scores on hyperactivity, inattention, impulsivity, and externalising difficulties than ADHD boys, according to the findings. More, ADHD girls showed more cognitive deficits and internalising issues than ADHD guys. Overall, the present metaanalysis' findings were consistent with those of prior metaanalysis. The clinical consequences of these gender discrepancies as well as future research issues were examined.

Krain and Castellanos (2006) put forward that excessive inattention, hyperactivity, and impulsivity, either alone or in combination, are symptoms of Attention Deficit Hyperactivity Disorder (ADHD). These behaviours are thought to be the result of underlying deficiencies in response inhibition, delay aversion, and executive functioning, which are linked to frontal–striatal-cerebellar circuit dysfunction. Magnetic resonance imaging (MRI) has been utilised to investigate anatomic differences in these regions between ADHD and control children for the past decade. Prefrontal regions, basal ganglia, the corpus callosum, and cerebellum have all been studied in addition to changes in overall brain volume. Gray and white matter differences have also been investigated. The ultimate goal of this study is to learn more about the neurophysiology of ADHD and how different phenotypes are linked.

Arns, Conners, and Kraemer (2012) emphasize that as per many EEG investigations, ADHD is associated with a higher Theta/Beta ratio (TBR). They did a metaanalysis on the TBR in ADHD in this study. TBR data from children and adolescents aged 6 to 18 years old with and without ADHD were evaluated during Eyes Open from position Cz. A total of 1253 children/adolescents with ADHD and 517 without were included in 9 investigations. For the 6-13 yearold, the grandmean effect size (ES) was 0.75, and for the 6-18 yearolds, it was 0.62. The test for heterogeneity, remained significant, indicating that these ESs are misleading and an overestimation. Following a posthoc analysis, a diminishing difference in TBR was discovered over time, which was explained by a growing TBR for the non-ADHD groups. Excessive TBR is not a reliable diagnostic marker of ADHD, but it does deviate in a significant sub-group of patients, and TBR has prognostic value in this sub-group, justifying its use as a prognosis measure rather than a diagnostic measure.

### **Rationale of the study**

ADHD isn't completely curable; it's more of a lifelong struggle. ADHD can be caused by a number of different circumstances. These can include genetic, environmental, and family factors, among others. ADHD can be caused by any structural or functional impairment of brain. Children may develop ADHD as a result of a broken home, poor parenting, family tension, accidents, or alcoholism. Children with ADHD do not appear to differ much from children without the disorder. As a result, it is vital to be aware of and identify the variables, because effective assistance and intervention can assist persons with ADHD in attaining success in school, in workplace, and in any relationship. Such a disability has an impact on students'

academic achievement. Because the number of such children is growing every day, it is essential to identify them as soon as possible so that they can receive the required therapy and education. However, the issue requires immediate response.

### **Objectives of the study**

The present study was conducted keeping ahead the following objectives-----

- (i) To identify the symptomatic characteristics of children with ADHD.
- (ii) To ensure care, treatment and education of children with ADHD.

### **Characteristics of Children with ADHD**

The ADHD children do have some specific characteristics which may be stated as below-----

- 1) They cannot give full attention to anything.
- 2) They do not stick to any position or decision.
- 3) They cannot follow class instruction properly.
- 4) They show extreme hyperactivity in their actions.
- 5) They cannot sit in place for long duration.
- 6) They are easily moved by any criticism or failure.
- 7) They cannot perform better in academic fields.
- 8) They fail to maintain good relations with peers, teachers or parents.
- 9) They show impatience in their behavior and activity.
- 10) They become easily distracted by external stimuli.
- 11) They cannot organize any task properly.
- 12) They often talk excessively.
- 13) They hardly listen to others' words.
- 14) They have a tendency to lie.
- 15) They are forgetful in nature.

### **Treatment and education of ADHD children**

Care, treatment and education—each is a must for the ADHD children to help them in their adjustment and academic performance. The children with ADHD should be given special importance while preparing lesson plan. Good and attractive teaching aids help them respond little better. Such children should be given engagement in the form of tasks or activities so that they can avoid being inattentive at least to some extent. Interesting teaching methods and strategies are required to be used to help them in their learning. As they cannot retain their concentration for a little longer duration, they should be given small assignment which needs short time for its accomplishment. Teachers, parents, psychologists, physicians,

psychiatrists—all should work in co-operation with one another in order to mainstream such ADHD children.

### **Prevention of ADHD**

In order to avoid attention deficit hyperactivity disorder, care must be taken from the very early stage, even from pre-natal period. Medicines, if required during the period, may be taken only in consultation with a specialist doctor. A distraction free environment is very much essential for the children; so it should be ensured for them. Children must be given quality time and they must be listened to carefully. They should not be overburdened with academic or non-academic activities; rather, they should be given free time for creative activity. Alcoholism, smoking, familial strife---all should be avoided thinking of their present and future. Care should be taken about the food items they intake. Children should be taken outside at times and given an exposure to the natural environment. Any negativism must be avoided before them; rather a positive environment should always be tried to maintain in the family. Parents must be careful about the peer groups of their children and also about the school conditions. If necessary, they should talk to the teachers and also to his or her peer groups to gather information in detail. Parents must be friendly with their children.

### **Educational implication**

From an educational standpoint, the present study is undeniably significant. The concerned teachers will gather some ADHD information to guide the concerned students. Parents, guardians, and other family members who are concerned about their children's ADHD will receive important information that will help them better care for them. Policy-makers and curriculum developers may find some useful information in the report. Furthermore, the research will provide some guidelines for Voluntary Organizations (VOs) and nonGovernmental Organizations (NGOs) that work with children with ADHD. These principles will help them do a better job in the field. The study will help to raise awareness of ADHD and increase the morale of those who work with it. It will also help them to care ADHD children right from the beginning, and also to take some preventive measures to avoid this kind of situation in near future.

### **Conclusion**

There is no hundred per cent cure for ADHD with the help of medication or surgery; but it can be minimized. In this scenario, early intervention is vital, because success is contingent on it. As soon as an ADHD diagnosis is made, treatment must begin. It is a team effort where teachers, parents, therapists, experts, and psychologists work together to mainstream and re

habilitate ADHD youngsters. The most important element is to be aware. It is not easy to look after children who have ADHD. As a result, parents and other family members should learn everything they can about ADHD. Children with attention deficit hyperactivity disorder (ADHD) require extra care. Children with ADHD demand more attention and compassion since they have a different way of understanding and expressing things. If it is done whole heartedly, they will definitely gain knowledge properly overcoming their limitation. And for this, teachers, parents, psychologists, physicians, psychiatrists—all must work in good cooperation with one another.

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