

TEACHING STYLES FOR ATTENTION DEFICIT/ HYPERACTIVE DISORDERS LEARNERS



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Teaching Styles or Attention Deficit/ Hyperactive Disorders Learners

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Abstract

Attention Deficit Hyperactivity Disorder (ADHD) is a neurodevelopmental disorder that often emerges in childhood and manifests through persistent patterns of inattention, hyperactivity, and impulsivity that are inappropriate for the child's developmental level. The disorder can significantly disrupt academic performance, social interactions, and family dynamics, with symptoms often continuing into adulthood. ADHD affects approximately 3% to 7% of school-age children globally, with a higher prevalence in boys, and is frequently observed across all cultural, racial, and socioeconomic groups. The etiology of ADHD is multifaceted, involving genetic, neurobiological, and environmental factors. Potential causes include neuromaturational delays, neurotransmitter imbalances, and structural or functional abnormalities in brain regions, particularly the frontal lobes. Additionally, prenatal factors such as tobacco or alcohol exposure and environmental toxins are associated with increased ADHD risk. Symptoms of inattention include difficulties sustaining focus, disorganization, and forgetfulness, while hyperactivity is characterized by excessive movement and restlessness. Impulsivity in children with ADHD can lead to hasty actions without consideration of consequences. Early diagnosis and intervention are crucial for managing ADHD, as untreated symptoms can impair educational and social development. Understanding the diverse presentations and underlying causes of ADHD is essential for effective treatment and support strategies, highlighting the need for continued research and awareness.

Keywords: *Attention Deficit Hyperactivity Disorder (ADHD), neurodevelopmental disorder, Teaching Styles*

Introduction

Almost all children have times when their behavior veers out of control. They may speed about in constant motion, make noise nonstop, refuse to wait for their turn, and crash into everything around them. At other times they may drift as if in a daydream, failing to pay attention or finish what they started.

However, for some children, these kinds of behaviors are more than an occasional problem. Children with attention deficit hyperactivity disorder (ADHD) have behavior problems that are so frequent and severe that they interfere with the children's ability to live normal lives.

These children often have trouble getting along with siblings and other children at school, at home, and in other settings. Those who have trouble paying attention usually have trouble learning. An impulsive nature may put them in actual physical danger. Because children with ADHD have difficulty controlling this behavior, they may be labeled "bad kids" or "space cadets".

Keep in mind that ADHD is a condition that affects not only the people who have it but those around them as well. If left untreated, more severe forms of ADHD can lead to serious, lifelong problems such as poor grades in school, run-ins with the law, failed relationships, and the inability to keep a job.

Literature Review

Attention Deficit/Hyperactivity Disorder (AD/HD), historically known as Attention Deficit Disorder (ADD) is a medical condition that first appears in childhood. The condition manifests itself in levels of attention, concentration, activity, distractibility and impulsivity inappropriate to the child's age. Many children with the disorder will continue to have symptoms in adulthood, although the hyperactivity tends to decrease with age. ADHD affects not only the patient but also those involved in the patient's life. Symptoms often are severe relationships with others and function productively, whether at school, home or in social situations.

ADHD is a heterogeneous disorder with multiple etiologies. The symptoms have been attributed to neuromaturational delay, catecholamine deficits, altered glucose metabolism in the brain, and frontal lobe dysfunction.

Approximately 3% to 7% of prepubertal elementary school children have ADHD, and at least 25% of those children have parents who also have ADHD. It is not unusual for the proper diagnosis in a child to lead to the identification of ADHD or another psychiatric diagnosis in a parent or siblings. ADHD is more prevalent in boys, with a ratio ranging from 2 to 1 as much as 9 to 1 (Glod, 2001; Myers et. al., 2003; Saddock & Saddock, 2003)

During the school years, ADHD may have an impact on success in both academic and non-academic areas.

- ADHD occurs in various countries throughout the world and across all cultural, racial, and socioeconomic groups.
- It can also affect children and adults with all levels of intelligence.

Prevalence and Causes

ADHD is more common than any other child psychiatric disorder (Nolan et al., 1999).

The most frequently cited estimate of the prevalence of ADHD is 3% to 5% of all school-age children (American Psychiatric Association, 2000), and at least 25% of those children have parents who also have ADHD. It is not unusual for the proper diagnosis in a child to lead to identification of ADHD or another psychiatric diagnosis in a parent or siblings. ADHD is more prevalent in boys, with a ratio ranging from 2 to 1 as much 9 to 1 (Glod, 2001; Myers et al., 2003; Saddock & Saddock, 2003).

Hyperactivity and impulsivity are most likely to be observed in preschool and elementary children; inattention is more common in adolescents.

While boys are overrepresented in each subtype (Nolan et al., 1999), there is some concern that girls and children from minority families are at risk for not being identified to receive services (Bussing et al., 1998).

The prevalence of ADHD is increasing due to the increased media attention that alerts parents and teachers and to better training of clinicians and physicians (Weyandt, 2001).

The exact cause of ADHD is unknown, several theories have been proposed. And rigorous research is ongoing. Most professionals agree that ADHD is a neurobiological based condition. Listed below is a summary of the research on possible causes of ADHD summarized by Weyandt (2001).

- Neuroanatomical- related to brain structure
- Neurochemical- related to chemical imbalance in the brain or a deficiency in chemicals that regulate behavior.
- Neurophysiological- related to brain function.
- Neuropsychological- dysfunction of the frontal lobes resulting in deficits in attention, self-regulation, impulsivity, and planning, collectively called executive function.

Barkley (1999 – 2000) also noted that pre- and postnatal events may cause ADHD. Premature birth is associated with ADHD; other events include complications during pregnancy, fetal exposure to tobacco or alcohol, head trauma, lead poisoning in preschool years and strep infection.

Many factors are still being seriously considered as a potential cause of ADHD, others have little or no evidence to support them. These include aspects of the physical environment such as: fluorescent lighting, soaps, disinfectants, yeast, preservatives, food coloring, aspartame, certain fruits and vegetables, sugar, social factors and poor parental management (Barkley, 1998; Weyandt, 2001).

Characteristics of ADHD

The characteristics of ADHD manifest themselves in many different ways in the classroom. Recognizing them and identifying adaptations or strategies to lessen the impact in the classroom constitute a significant challenge for teachers.

Characteristics of ADHD include a short attention span (inattention), impulsivity, and hyperactivity.

Inattention is a problem of short attention span of the inability of a person to pay attention to a thought long enough to conceptualize it or an activity long enough to finish it.

Among the more common symptoms of inattention are:

- fails to pay attention;
- difficulty sustaining attention;
- does not seem to listen;
- does not follow instructions and fails to complete tasks;
- difficulty with organization;
- lose things;
- easily distracted
- avoids tasks requiring sustained mental effort;
- forgetful

Hyperactivity occurs because the brain is unable to control behavior and so there is general restlessness. Others show less physical activity but they talk with great speed and amount. Other symptoms include:

- fidgets with hands or feet or squirms in seat
- difficulty remaining seated;
- runs about or climbs excessively;
- difficulty engaging in activities quietly;



- acts as if “driven by a motor”;
- talks excessively

Impulsivity means that a person with ADHD can speak and act with great speed without even thinking of the consequences of their action.

- Other symptoms include:
- blurts out answers;
- difficulty awaiting turn;
- interrupts or intrudes on others.

Methodology

Research Design

This study will be a descriptive, quantitative, normative design.

Participants

- Head of Households, because the head of the family is most likely to know the information regarding the survey data to be collected.
- Teachers, because they are the one who handles the child having an ADHD problem.
- ADHD students, because they know more about themselves and we can get realistic information/ data.

Inclusion Criteria

Since the focus of this study is the “Teaching styles for ADHD students, the participants to be included in this study should meet the following criteria:

- Participants (Head of the Households) must be knowledgeable and a full time guardian of ADHD students.
- Participants (ADHD Students) should be enrolled in a school for Special Education.
- Participants (Teachers) should be so well-rounded, and expert in handling ADHD students.

Sampling Site

Thirty (30) participants will be interviewed. These participants will come from 3 selected schools in municipalities of Cebu.

Sampling Strategy

This study will employ the cluster sampling in 3 selected schools, with Special Education Program.

Table1. *Distribution of Sample Participants of the Study*

Schools	Respondents			Total
	No. of Teacher	No. of Parents	No. ADHD students	
Prime Foundation	10	5	5	20
MSC Montessori	10	5	5	20
Zapatera Elementary School	10	5	5	20
<i>Total Participants: 60</i>				

Work Plan of the Study

Date Started	Date Finished	Activity	Expected Output
Dec. 04, 2009	Dec. 06, 2009	Brainstorming for the best title and problem to be studied.	Proposed Title and Problem
Dec. 11, 2009	Dec. 20, 2009	Conceptualization and Finalization of the study Proposal	Formulation of Background of the study and Review of the Related Literature
Jan 15, 2010	Jan. 17, 2010	Formulation of the Questions	Draft Questionnaires
Jan. 22, 2010	Jan. 23, 2010	Data Gathering	Filled up Research Questionnaires
Jan. 29, 2010	Jan. 31, 2010	Data Analysis and Interpretation	Processed Data
Feb. 1, 2010	Feb. 7, 2010	Organization and Finalization of the Study Proposal	Whole Output of the Study Proposal

Gantt Chart of the Activities

Description of Activities	1	2	3	4	5
Brainstorming for the best title and problem to be studied.	XXXX				
Conceptualization and Finalization of the study Proposal	XXXX				
Formulation of the Questions		XXXX			

Data Gathering	XXXX
Data Analysis and Interpretation	XXXX
Organization and Finalization of the Study Proposal	XXXX

Budgetary Requirement

<i>Particulars</i>	<i>Cost</i>	<i>No.</i>	<i>Unit</i>	<i>Frequency</i>	<i>Total</i>
Travel/Transportation Expenses					
<i>1. Source Gathering</i>					
Destination 1	143.00	1	team	1	143.00
Cebu Normal University					
Destination 2	14.00	2	persons	1	28.00
Echavez street, Cebu City					
Destination 3	100.00	1	team	1	100.00
Inayawan, Cebu City					
<i>2. Group Meetings</i>					
Destination 1	100.00	1	team	1	100.00
Inayawan, Cebu City					
Destination 2	300.00	1	team	1	300.00
Balirong, City of Naga, Cebu					
<i>3. Data Gathering</i>					
Destination 1	143.00	1	team	1	143.00
Cebu Normal University					
Destination 2	70.00	1	team	1	70.00
Zapatera Elementary School					
Destination 3	100.00	1	team	1	100.00
MSC Montessori					
Supplies and Materials					
<i>1. For Data Gathering</i>					
Yellow Pad	38.00	1	pad	1	38.00
Ball pen (Red and Blue)	5.00	10	pieces	1	50.00
Plastic Envelope (Long)	5.00	2	pieces	1	10.00
Brown Envelope (Long)	3.00	2	pieces	1	6.00
Questionnaire Reproduction	.40	30	pieces	1	12.00
Stapler	30.00	1	pieces	1	30.00
Staple Wire	6.00	1	box	1	6.00
<i>2. For Technical Report Preparation</i>					
Bond paper	25.00	1	pack	1	25.00
Computer Rental	10.00	10	hour	1	100.00
White Folder	5.00	3	pieces	1	15.00
Communication					
Cell phone Load	60.00	5	persons	1	300.00
Meals/Venue Expenses					
Group Meetings	70.00	5	persons	2	710.00
					Total= 2,285.00

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