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## EFFECT OF SELF REGULATION ON CLASSROOM BEHAVIOR OF CHILDREN WITH ATTENTION DEFICIT HYPERACTIVITY DISORDER

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### Abstract

The Present study was conducted on the Children with Attention Deficit Hyperactivity Disorder and it explored the Intervention self-regulation in Classroom Behavior. The sample consisted of 30 children in two groups. ADHD Rating Scale-5 was used to identify ADHD children, selected randomly in two group's self-Regulation and one control. Pre-test and Post-test were conducted. Different Interventions were administered for 30 sessions of 40 minutes each on experimental group. The results revealed there was significant effect of self-Regulation on Classroom behavior of ADHD children.

**Keywords:** Self-Regulation, Classroom Behaviour and Attention Deficit Hyperactivity Disorder

### INTRODUCTION

The future of any country lays in the hands of the children their mentality, their wellbeing and their mental health. The young ones can be naughty, manipulative and stubborn from time to time, which is perfectly normal. However, many children show some enormously complex and challenging behavior which is very inappropriate and unacceptable according to their age. Although Parents and Teachers need to understand the basic reason for that behavior for better understanding of their behavior. There can be plenty of reasons for that like, stressors in their lives. One the other hand if proper care does not help rather than dealing child harshly, it is very necessary to seek out professional help, predominantly if the condition of the child does not improve months and becoming severe.

In schools, teacher comes across certain children who have diverse issues and challenges in relation to Mental Health of Children although they are hidden in like lack of attention or missing attention of the students to a particular task lack of concentration, loses focus on study, forgetfulness, memory problems and so many. Such one disorder is Attention Deficit Hyperactivity Disorder (ADHD). Attention Deficit Hyperactivity Disorder (ADHD) is one of the most common neuro-developmental disorders of childhood and one of the most common among the chronic health conditions that impact school-aged child, globally. Studies suggest over 5 per cent of children to be affected by ADHD across the world and over 2.5 per cent being carried on to adults (American Psychiatric Association, 2013).

According to National Institute of Health (2003), —ADHD refers to a family of related chronic neurobiological disorders that interfere with an individual's capacity to regulate activity level (hyperactivity), inhibit behavior (impulsivity), and attend to tasks (inattention) in developmentally appropriate ways.

### Diagnostic Criteria of ADHD (According to Diagnostic and Statistical Manual of Mental Disorders (DSM-5, 2013)

A. A persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development, as characterized by (1) and/or (2):

## 1) Inattention

Six (or more) of the following symptoms have persisted for at least 6 months to a degree that is inconsistent with developmental level and that negatively impacts directly on social and academic/occupational activities:

- Often fails to give close attention to details or makes careless mistakes in schoolwork, at work, or during other activities (e.g., overlooks or misses details, work is inaccurate).
- Often has difficulty sustaining attention in tasks or play activities (e.g., has difficulty remaining focused during lectures, conversations, or lengthy reading).
- Often does not seem to listen when spoken to directly (e.g., mind seems elsewhere, even in the absence of any obvious distraction).
- Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (e.g., starts tasks but quickly loses focus and is easily sidetracked).
- Often has difficulty organizing tasks and activities (e.g., difficulty managing sequential tasks; difficulty keeping materials and belongings in order; messy, disorganized work; has poor time management; fails to meet deadlines).
- Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (e.g., schoolwork or homework; for older adolescents and adults, preparing reports, completing forms, reviewing lengthy papers).
- Often loses things necessary for tasks or activities (e.g., school materials, pencils, books, tools, wallets, keys, paperwork, eyeglasses, mobile telephones).
- Is often easily distracted by extraneous stimuli (for older adolescents and adults, may include unrelated thoughts).
- Is often forgetful in daily activities (e.g., doing chores, running errands; for older adolescents and adults, returning calls, paying bills, keeping appointments).

## 2) Hyperactivity and impulsivity.

- Six (or more) of the following symptoms have persisted for at least 6 months to a degree that is inconsistent with developmental level and that negatively impacts directly on social and academic/occupational activities:
- Often fidgets with or taps hands or feet or squirms in seat.
- Often leaves seat in situations when remaining seated is expected (e.g., leaves his or her place in the classroom, in the office or other workplace, or in other situations that require remaining in place).
- Often runs about or climbs in situations where it is inappropriate. (Note: In adolescents or adults, may be limited to feeling restless.)
- Often unable to play or engage in leisure activities quietly.
- Is often —on the go, acting as if —driven by a motor (e.g., is unable to be or uncomfortable being still for extended time, as in restaurants, meetings; may be experienced by others as being restless or difficult to keep up with). Often talks excessively.
- Often blurts out an answer before a question has been completed (e.g., completes people's sentences; cannot wait for turn in conversation).
- Often has difficulty waiting his or her turn (e.g., while waiting in line).
- Often interrupts or intrudes on others (e.g., butts into conversations, games, or activities; may start using other people's things without asking or receiving permission; for adolescents and adults, may intrude into or take over what others are doing).

- B.** Several inattentive or hyperactive-impulsive symptoms were present prior to age 12 years.
- C.** Several inattentive or hyperactive-impulsive symptoms are present in two or more settings (e.g., at home, school, or work; with friends or relatives; in other activities).
- D.** There is clear evidence that the symptoms interfere with, or reduce the quality of, social, academic, or occupational functioning.
- E.** The symptoms do not occur exclusively during the course of schizophrenia or another psychotic disorder and are not better explained by another mental disorder (e.g., mood disorder, anxiety disorder, dissociative disorder, personality disorder, substance intoxication or withdrawal).

**According to Lougy, DeRuvo and Rosenthal (2008) Inattentive behaviour often seen in preschool and Early School Age Classroom.**

- Difficulty paying attention when given directions by the teacher.
- Difficulty staying focused on a school task or play activity for an extended period of time compared with other children in the classroom.
- Does not seem to be listening when spoken to or given directions.
- Often does not complete school tasks and has difficulty with follow through in the classroom.
- Is often forgetful and fails to remember daily rules or activities.
- Often will be inattentive during classroom discussions and needs constant reminders to join the group
- Plays alone and is often —in his or her own world.

## **CLASSROOM BEHAVIOR**

Education is the main tool for developing the human resources. The man has been using education in different ways for fabricating and developing the innate human potentialities since times immemorial. Education is a process to accumulate the change and also to make child socialize. Classroom behavior of children depends on various things, student's well being, self esteem, eagerness and willingness to learn, motivation to listen to teacher, sustainable school environment. Classroom Behavior problems enlarge the tension, stress and make classroom hassle for both the teacher as well as learner.

Haraway (2012), —Students with ADHD can present unique challenges within the school environment. It is important to remember that the population of students diagnosed with ADHD is a heterogeneous one, and every child is an individual presenting unique characteristics.

According to Murphy (2014), —Difficulties related to ADHD may first become apparent at school due to a mismatch between children's behavior and classroom expectations.

## **SELF-REGULATION**

Self-regulation is well thought-out as an extremely adaptive competence, so self-regulation processes are pertinent to disciplines that hunt for to add to people's physical health, psychological well-being, and job performance (Kuhl, Kazn, and Koole, 2006). Self-monitoring is particularly efficacious when the targeted behaviors or the desired outcomes of the intervention are valuable to the student (Reid, 1993). The self-regulating approach comprised of self-reinforcement which needs a student to make an individual aim or goal for a change in the target or desired behavior. The goal should be in within reach of the child but one that dares the student. The student self-monitors his or her behavior. If the student attains the goal, he or she obtains a reinforcer (Briesch and Chafouleas, 2009). Self-regulation in education is linked to the ability of the students to monitor their own actions in relation to the learning process (Gonzalez, 2013). Self-

regulating is an effective strategy to address academic and behavior challenges in students including those with ADHD. Self-regulating has been found to be successful in bringing about more on-task behaviors for students as well as creating an environment that requires less teacher monitoring of behaviors. Through self-regulating, students become aware of their own behaviors and learn to change those behaviors through various methods (Muehl 2015). Self-regulation is allied to act organize and to attention control and is regarded as the ability to keep one's attention focused on a specified aim in spite of distractions and disruptions (Diehl, Semegon, and Schwarzer, 2006). Effective self-regulators positively and proactively move their strategies to accomplish self-set goals (Zimmerman, 2002). Self-regulation is the process of interminably monitoring advancement in the direction of a purpose examining results, and redirecting ineffective efforts (Berk, 2003). Self Regulation interventions, which include self monitoring, self-reinforcement as well as cognitive training in self-instruction and problem solving. However self monitoring, and self-reinforcement strategies are the most promising self regulation intervention. In self monitoring and self reinforcement , students monitor and evaluate their own academic and social behavior , and reward themselves based on those evaluations. (Barkley 2015)

## RATIONALE OF THE STUDY

Attention Deficit Hyperactivity Disorder (ADHD) is a problem that affects millions of students. In the United States, it is now the most commonly diagnosed psychological disorder of childhood. Worldwide prevalence is estimated at 5% among school children, but in India the Teachers still lack the general information about it. Students with ADHD have to bear a lot of problems in Classroom as well as in the social arena. Therefore without understanding the phenomenon of the ADHD, and the criteria to identify and assessment of ADHD we cannot solve the problems of child, and instead of understanding the condition of child we term child as problem child and with so many other names. Students with ADHD are at risk for significant difficulties in a variety of functional areas. It appears as though problems with inattention, impulsivity, and high rates of physical activity serve as a magnet for other difficulties that are, in some cases, more severe than the core deficits of ADHD. Classroom behavior of children depends on various things, student's well being, self esteem, eagerness and willingness to learn, motivation to listen to teacher, sustainable school environment. Classroom Behavior problems enlarge the tension, stress and make classroom hassle for both the teacher as well as learner. It also interrupts the stream and course of teaching and learning hazard and it makes impossible to achieve the objectives of the learning by creating the nuisance in the procedure of learning.

Self-regulating is an effective strategy to address academic and behavior challenges in students including those with ADHD. Self-regulating has been found to be successful in bringing about more on-task behaviors for students as well as creating an environment that requires less teacher monitoring of behaviors. Through self-regulating, students become aware of their own behaviors and learn to change those behaviors through various methods (Muehl 2015). Self-regulation is allied to act organize and to attention control and is regarded as the ability to keep one's attention focused on a specified aim in spite of distractions and disruptions (Diehl, Semegon, and Schwarzer, 2006). Effective self-regulators positively and proactively move their strategies to accomplish self-set goals (Zimmerman, 2002). Self-regulation is the process of interminably monitoring advancement in the direction of a purpose examining results, and redirecting ineffective efforts (Berk, 2003).

## OBJECTIVE

- To study the effect of self-regulation on Classroom Behavior of Children with Attention Deficit Hyperactivity Disorder.

## HYPOTHESIS

- There will be no significant difference in the effect of Self-regulation on Classroom behavior of children with Attention Deficit Hyperactivity Disorder.

## SAMPLE

- Private Schools were selected randomly for selection of subjects.

## TOOLS USED

- ADHD Rating Scale-5 by Dupaul, Power Anastopoulos and Reid(2016)
- Self-Made Teacher Referral Form
- Self-Made Test on Classroom-Behaviour(Pre-test and Post-test )

## PROCEDURE

The present study was experimental in nature. Pre-test post-test control group design was employed for the study. The current research exploited the Intervention method which aims at examining the effectiveness of Self regulation on Classroom Behavior of Children with Attention Deficit Hyperactivity Disorder. To examine the same 30 children with Attention Deficit Hyperactivity Disorder were identified from different schools of district fazilka were selected and screened for traits similar to children with Attention Deficit Hyperactivity Disorder. Firstly the Referral form was given to Teachers for identification of Children, and then the 30 children were selected 15 in Each Group. The sample divided into 2 groups 1 being Experimental and other being control group. The test was conducted, after that implementation of Self regulation strategy for 30 sessions of 40 minutes each. No Intervention was given to Control group. The last step involved the administration of Post-test in both groups as a measure of Post-test to see the relative effectiveness of intervention Self regulation.

## RESULTS

**Table:1 t- ratio among Self regulation and Controlled Group at post-test level in Classroom Behaviour of Children with Attention deficit hyperactivity disorder**

Classroom Behaviour	N	Mean	SD	Difference in Mean	t-value	p-value
Self regulation	15	10.20	1.33	1.14	2.60	0.0147
Control Group	15	8.93	1.03			

Table values of t at 0.05 = 1.70; 0.01 = 2.47; for df = 28

As shown in the table 1 the subjects in Experimental Group had higher mean scores in Classroom Behaviour at post-test level than Control group. This indicates that experimental group improved as compared to control group at post-test level. There was a difference of 1.14 in the mean scores of experimental group and control group, Experimental group performed better than controlled group as it's score higher than Control group. This difference was found to be significant as  $t = 2.60$  at 0.01 level. Thus hypothesis "There will be no significant difference in the effect of Self Regulation on Classroom behavior of children with Attention Deficit Hyperactivity Disorder" is not accepted.

## EDUCATIONAL IMPLICATIONS

Children with ADHD are very different from the normal children their requirements, capabilities and interests vary from normal children, their needs and capabilities cannot be nurtured and shaped in tradition setup. They Children with ADHD have various issues and challenges of inattention, hyperactivity and impulsivity. These issues hinder and obstructs with the growth and development of cognitive and affective realm of the children with ADHD. They are more prone to critical thinking, social skills and behavioral issues even though having normal I.Q. Hence, our education system needs to pull up the socks and create some highly developed and innovative Instructional strategies to provide meaningful learning experience to students with ADHD.

- The Intervention Self Regulation is suitable for improving Classroom Behaviour of Children with ADHD.
- Identification of children with ADHD as early as could be possible. If parents notice a delay in normal development, or Inattentive, Hyperactivity or Impulsivity should contact Teachers or expert so that proper screening can be done. After the identification they can focus their attention towards interventions. Attention deficit hyperactivity disorder (ADHD) is a neuro-developmental disorder, which many recognize as a childhood disorder (Rosler et al. 2010).
- To make the Lesson plan by using Self Regulation, to improve their Classroom Behaviour.

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