

TEACHERS STRATEGIES FOR MANAGEMENT OF ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD) AMONG PRIMARY SCHOOL PUPILS IN OBIO – AKPOR L.G.A OF RIVERS STATE, NIGERIA

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ABSTRACT

This study investigated Teachers' Strategies for Management of Attention Deficit Hyperactivity Disorder among pupils in Obio – Akpor L.G.A. of Rivers state, Nigeria With this purpose in mind, five research questions were answered and four hypotheses tested at 0.05 level of significance. The research design was a descriptive survey. A sample size of 369 primary school teachers was drawn from a population of 1565 teachers. The respondents were sampled from 20 public and private primary schools out of the 135 primary schools in Obio-Akpor Local Government Area. The instrument for data collection was a researcher constructed questionnaire called Management Strategies for Attention Disorder (MSAD). Face and content validities of MSAD was established by two experts in department of Measurement of Evaluation of University of Port Harcourt. The reliability of MSAD was established using Cronbach Alpha method which produced a coefficient of 0.88 . MSAD has 28 items and was scored using Likert type scale of 4 points for always, 3 points for sometimes, 2 points for rarely and one point for never. Data was analyzed using frequency, percentages, mean and standard deviation for the research questions and for the null hypothesis generated, independent sample t-test and ANOVA were used at 0.05 level of significance. Some of the management strategies adopted by the teachers are peer tutoring, proximity control, token economy, tangible rewards and usage of pointer to track written words on a page. The results of the study showed no significant gender difference in the management strategies of pupils with ADHD adopted by primary school teachers. Though, the findings found a significant difference in the strategies adopted for managing ADHD by teachers with respect to their experience, class taught and educational qualification. It is recommended that there should be a deliberate effort to update teachers' knowledge and skills in the management of ADHD.

Keywords: *Deficit Hyperactivity Disorder, management, attention disorder*

INTRODUCTION

For the greater part of their lives, many children of primary school age (ages 6-13 years) and above affected with attention deficit hyperactivity disorder (AHDH) went undiagnosed and untreated. Their problems were suggested as resulting from poor motivation, ineffective parenting or simple disobedience. Since the nineties, the rate of referral for these problems

has increased, with a corresponding increase in the use of stimulant medications for the treatment of ADHD symptoms (Goldstein and Goldstein, 1998).

Recent research has revealed that ADHD affects people of all ages, sex and from a diversity of cultural and racial backgrounds. However, sex differences with regards to ADHD prevalence has it that boys are anywhere from 4 to 9 times more likely than girls to be diagnosed with ADHD (Evert & Everett, 1999). There is of course, a selective issue here, in that males more commonly display the hyperactive and impulsive symptoms related to behaviour disturbance and conduct disorders, Thus these males tend to be referred more frequently for clinical service than females.

Medical and psychiatric practitioners first recognized the symptoms that defined our present understanding of ADHD in the late 19th century. In the 1900s, patients who had experienced neurological damage either through trauma or central nervous system infections displayed behaviours that typically included hyperactivity, impulsivity and distractibility and therefore the disorder was originally termed brain damage (Everett & Everett, 1999). There have been many different terms for ADHD throughout the years. In 1940, the disorder at the time was called minimal brain syndrome; in 1955-hyperkinetic reaction of childhood (DSM 111), and in 1987 they came up with the term that is currently used by the DSM IV, ADHD (Parker, 1998).

Currently, the Diagnostic and Statistical Manual of Mental Disorder (DSM IV), published by the American Psychiatric Association (2000) specifies criteria that needs to be met to be diagnosed as having ADHD. There are three sub types of the disorder: combined type; predominantly hyperactive-impulse type; and predominantly inattention type. The combined type and predominantly hyperactive type make up around two-thirds of individuals with ADHD. Individuals with the predominantly inattentive type have problem with attention span but not hyperactivity or impulsivity. To be diagnosed with any three of these types, the symptoms must have been present before age seven(primary school age); impairment from these symptoms must be present in two or more settings (i.e. at school, work and at home) and must not be as a result of another medical or psychiatric disorder (Dupaul & Stoner, 1994).

ADHD is a syndrome that has a cluster of symptoms that include short attention span, difficulty concentrating, poor impulse control, distractibility and moods that change quickly (Friedman & Doyal, 1987). The most recent diagnostic criteria for ADHD as defined in the DSM-IV stipulates that individuals have had their symptom of ADHD for at least six months, that these symptoms are to a degree that is developmentally deviant, and that they have developed by seven years of age. From the inattention item list (forgetful, easily distracted, loses things, avoids work, not organized, does not listen to instruction, does not pay close attention to details, does not seem to listen) six to nine items must be endorsed as developmentally inappropriate. From the hyperactive impulse list (Fidgets, leaves sit, runs, climbs excessively, difficult, “playing on the go”) talks excessively and blurts out answers six of nine items must be endorsed as deviant (America Psychiatric Association, 2000). Depending on whether the criteria are met for either of both symptom list will determine the type of ADHD that is to be diagnosed: predominantly inattentive, predominantly hyperactive impulse or combined type.

There is no apparent single cause of ADHD as it has multiple. some likely causes or contributing factor to this disorder are brain dysfunction, various psychological causes and many other biological causes. Some biological causes may include food substances, environmental toxins, allergies and difficult temperament (Du Paul and Stone, 1994).

Since ADHD can be diagnosed in approximately 3 to 5% of school-age children, there is pressing need for school personnel to be knowledgeable about the disorder and to have the ability to implement effective treatments and interventions. The most common treatment of ADHD is a medication called methylphenidate (Ritalin). Most of the time we take medication to cure a condition. Unfortunately, there is no known medical cure for ADHD; it can only be managed, the best that medication can do is to alleviate the core symptoms of the disorder; inattention, impulsivity and over activity. A multimodal management strategy is usually required in order for a child to be successful. Again, since medication is not a sufficient therapy when used alone, other interventions need to be implemented. Common intervention for ADHD children may involve one or more of the following procedure: medical management, behaviour modification, cognitive behaviour therapy, social skills training, counselling, family therapy, and the implementation of appropriate educational management strategies (Parker 1998). These management strategies must be individualized based on the function of specific behaviours, the age of the child, and the needs and practical constraints of the classroom (DuPaul & Eckert, 1997).

STATEMENT OF PROBLEM

With the improved familiarity of inclusive education in Nigeria, teachers have to cope with more learners in their classes with diverse needs, such as those who have ADHD. According to Pifner and Barkley (1998) teachers have a poor grasp of the nature, course and outcomes of ADHD, and they tend to have substantial misperception about appropriate management strategies for the children with ADHD. The point is, even though studies have been undertaken in Canada, USA, and in Australia, and some other places there has not yet been a study that provides data regarding teacher's knowledge and strategies for managing ADHD in Nigeria. Likewise, research has not shown the role teacher's sex, qualification, class taught and years of experience could play in managing ADHD in Nigeria.

In view of the possible support for teachers training and the psychological benefit to the primary school pupils who have been wrongly diagnosed as being deviants, dunces, 'imbeciles' and 'underachievers' (to mention but a few of the names given to them); it seemed imperative that a study be done in Nigeria, which would compare its findings with findings of the studies in the previously mentioned countries. With this in mind, the problem of the study is to find out teachers strategies for management of Attention Deficit Hyperactivity Disorder among pupils in Obio – Akpor L.G.R of Rivers state, Nigeria.

AIM AND OBJECTIVES

The main aim of the study is to investigate strategies adopted by teachers in the management of Attention Deficit Hyperactivity Disorder (ADHD) among pupils in Obio- Akpor L.G.A of Rivers state, Nigeria. In specific terms, it is the objective the study to;

- 1) Investigate the difference in the strategies adopted by male and female teachers in the management of ADHD among pupils in Obio-Akpor L.G.A of Rivers state, Nigeria.
- 2) Ascertain the difference in the strategies adopted by teachers in the management of ADHD with regard to years of experience.
- 3) Find out the difference in the strategies adopted by teachers in the management of ADHD with regard to class taught.
- 4) Find out the difference in the strategies adopted by teachers in the management of ADHD with regard to qualification.

HYPOTHESES

The following null hypotheses which were testable at 0.05 level of significance were formulated for this study.

- 1) There is no significant difference in the strategies adopted by male and female teachers in the management of ADHD among pupils in Obio-Akpor L,G,A of Rivers state Nigeria.
- 2) There is no significant difference in the strategies adopted by teachers in the management of ADHD with regard to years of experience
- 3) There is no significant difference in the strategies adopted by teachers in the management of ADHD with regard to class taught
- 4) There is no significant difference in the strategies adopted by teachers in the management of ADHD with regard to qualification

METHODOLOGY

This study adopted a descriptive survey research design. This research design studies group of people or item by collecting and analysing data from only a selected few people or items considered to be representative of the entire group and generalizing the result to that group (Kpolovie, 2011).

The area of study was Obio/Akpor Local Government Area in Rivers State. It is a highly metropolitan and industrialized local government area, which is adjudged by standards as the second richest local government area in Nigeria. The population for the study consists of all the primary school teachers in Obio/Akpor Local Government Area of Rivers State. There are a total of 135 primary schools (48 public and 87 private) in Obio/Akpor Local Government Area of Rivers State. These are staffed with 700 and 865 teachers respectively to give a grand total of 1565 primary school teachers. Most of the teachers are professional teachers and have been engaged at no small costs with their qualification and experience in mind of this number, the simple random and stratified random sampling techniques were used to draw a sample of 369 teachers (148 from private schools and 221 from public schools)

The instrument for data collection was a questionnaire developed by the researcher tagged Management Strategies for Attention Disorder Deficit (MSADDA). This questionnaire was made up of two sections, A and B. Section A elicited personal information of the respondents while section B consisted of 28 items meant to assess the management strategies being implemented by primary school teachers. Face and content validity was ascertained by three experts in Measurement and Evaluation in the department of Educational Psychology, Guidance and Counselling of University of Port Harcourt. They assessed the suitability of the items of the questionnaire with regards to the objectives of the study. The reliability of the instrument MSADDA was determined using Cronbach Alpha.

The high reliability coefficient of 0.88 was obtained which certified the use of the instrument for the study and ensured its reliability.

Copies of the instrument (MSADDA) were administered directly to the teachers by the researcher. Data was analysed with independent samples t-test. and analysis of variance (ANOVA).

RESULTS

Hypothesis 1: There is no significant difference in the strategies adopted by male and female teachers in the management of ADHD.

Table 1: T-test analysis of the difference in strategies adopted by male and female teachers in managing ADHD.

Gender	N	X	SD	t-cal	t-crit	df	p	Result
Males	73	100.30	10.894	1.256	1.960	367	0.05	Not significant
Females	296	98.82	8.471					

The result of the analysis on table 1 showed that the t-calculated was less than the t-critical at 367 degrees of freedom. The null hypothesis was therefore retained. This means that coping strategies adopted by male and female teachers in the management of ADHD do not differ significantly.

Hypothesis 2: There is no significant difference in the strategies adopted by teachers in the management of ADHD with regards to years of experience.

Table 2: Summary of ANOVA on the difference in strategies adopted by teachers in the management of ADHD with regard to years of experience.

Source of variance	Sum of squares	df	Mean square	f-cal	f-crit	p	Result
Between groups	1565.566	4	391.391	5.038	2.37	0.05	Sig
Within groups	28278.424	364	77.688				
Total	29843.989	368					

Analysis of variance in table 2 showed a calculated F ratio value of 5.038 which is more than the critical value. The hypothesis is therefore rejected and the alternate hypothesis accepted. This means that there is significant difference in teacher’s management of ADHD with regard to years of experience.

Hypothesis 3: There is no significant difference in the strategies adopted by teachers in managing ADHD with regard to class taught.

Table 3: Summary of t-test analysis of the difference in the strategies adopted by teachers in managing ADHD with regard to class taught.

Gender	N	X	SD	t-cal	t-crit	df	p	Result
Lower primary	169	93.49	9.567	13.485	1.1960	367	0.05	Significant
Upper primary	200	103.88	4.747					

The result of the analysis on table 3 showed a calculated t of 13.485 which was more than the t critical of 1.960 at 367 degrees of freedom. The null hypothesis was therefore rejected. This means that management strategies of lower and upper primary school teachers are not the same.

Hypothesis 4: There is no significant difference in strategies adopted by Teachers in management of ADHD with regard to qualification.

Table 4: Summary of ANOVA on the difference in strategies adopted by Teachers in managing ADHD with regard to qualification.

Source of variance	Sum of squares	df	Mean square	f-cal	f-crit	p	Result
Between groups	546.782	2	273.391	3.415	3.00	0.05	Significant
Within groups	29297.207	366	80.047				
Total	29843.989	368					

Table 4 showed analysis of variance with a calculated f-ratio value of 3.145 which is more than the critical value. The hypothesis is therefore rejected and the alternate hypothesis accepted. This implies that there is no difference in strategies adopted by teachers in managing ADHD with regards to qualification.

DISCUSSION

The result of hypothesis one shows that there is no significant difference in the management of ADHD with regards to gender. That is, male and female primary school teachers in Obio/Akpor Local Government Area of Rivers State adopt the same management strategies (academic instruction, behavioral intervention and classroom accommodation) in tackling incidences of ADHD in their schools.

This result is not surprising as in recent times more awareness is being created and in-service training programs organized which are attended by teachers of both gender. Hence, the adoption of the same strategies is consistent with the findings of Mehl-Madiona (2002) who found no significant difference between male and female teachers in their management strategies of ADHD.

The result of the hypothesis two reveals that there is significant difference in the strategies adopted by teachers in the management of ADHD with regard to years of experience. Teachers with more years of experience seem to have better skills than those with relatively fewer years of experience. This result is not surprising when viewed from the perspective that skills build with experience. In other words, the more an individual is exposed to the same problem, the better he is able to take care of it compared to one with minimal exposure. This finding supports that of D’La Paz (2001), whose studies in Canada showed that experience significantly improved the knowledge and skill base of teachers in the management of ADHD

Result of hypothesis three showed that there is a significant difference in the strategies adopted by teachers in the management of ADHD with regard to class taught. The researchers observed that lower primary school teachers generally did not give advanced warning when about to conclude lessons as well as failed to check their pupils’ assignments regularly compared to high primary school teachers. This might have resulted from the fact that they have not been properly schooled in the latest modes of handling these young ones. The younger the children with this challenge, the more likely it will be difficult to manage. This finding agrees with the work of Meyer (1988) who maintained that teachers in the higher junior schools are in a better position to handle their ADHD children.

The result of hypothesis four shows that there is a significant difference in teacher's management strategies of ADHD with regard to qualification. This is not also really surprising as the more trained and prepared a teacher is, the better he is positioned with knowledge and skills to manage whatever he has to.

This finding is not consistent with that of Mc Ardle (2004) which showed that qualification alone is not enough in distinguishing between a good teacher manager of children with ADHD and a bad one. The difference between the findings of the present study and this one may not be unconnected with the fact that in the knowledge society which we are today, though there is emphasis on higher education, mere higher qualification gotten from higher education is not enough. Personal development and continuous learning is very important. Hence a teacher may have a better qualification, but if he is not constantly updating what he knows, he may still be incompetent. This finding is supported by the work of Mc Ardle (2004) which showed that qualification alone is not enough to prepare one to handle this category of children. Personal development of the necessary skills is what seems to matter.

CONCLUSION

Based on the findings of his study, the following conclusions were made:

1. There is no significant difference in the management of ADHD with regard to gender.
2. There is a significant difference in the strategies adopted by teachers in the management of ADHD with regard to years of experience.
3. There is significant difference in the strategies adopted by teachers in the management of ADHD with regard to class taught.
4. There is a significant difference in teacher's management strategies of ADHD with regard to qualification.

IMPLICATION OF THE STUDY

The result of this study has shown that we have children suffering from Attention Deficit Hyperactivity Disorder in private and public schools. However, more cases seem to be associated with the public schools. In the face of this challenge there is yet any meaningful attempts being made to mollify the situation. Furthermore, the easy explanation that a pupil with low academic achievement is so because of low intelligence rather than the result of learning disability has been brought to light in this study.

This really implicates the counsellor and the teacher who need to understand that not all problems are from intelligence. Consequently in helping a child with learning difficulty, there is need to ascertain the real root cause of the learning difficulty. In this way, a more professional and thereby result oriented intervention could be planned.

Though all the classes used in the study need to be adequately monitored, special attention needs to be paid to the lower classes as they represent the of the pupils. Skills adopted here go a long way to impact the learning progress and adaptation skills of the pupils.

Finally, the belief that the higher the qualification one has the more experienced and better positioned to professionally assist with problems was debunked by the findings of this study as paper qualification did not correlate positively with professional experience. This, especially in this age of information and communications technology suggests the need for continuous learning to keep abreast with current knowledge and skills. This is particularly important with respect to this psychological challenge in which a lot of research is presently being carried out.

RECOMMENDATIONS

There should be a deliberate effort to update teachers' knowledge and skills in the management of ADHD.

1. Government and other agencies should be more involved in the education of teachers on modern strategies of management of ADHD.
2. Programmes on ADHD should be incorporated in academic curriculums of universities and especially, colleges of education.
3. Because of the very important role the guidance counsellor plays especially in the diagnosis of ADHD, there is the need to open counselling units manned by professional school counselling psychologists in primary schools.
4. Furthermore, courses that will help guidance counsellor to diagnose and manage ADHD should be incorporated in the guidance and counselling academic curriculum.

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