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The Role of Professional Primary School Services (Pedagogue, Psychologist) in the Process of Inclusion (with Special Aspect of Hyperactive Children)

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Abstract

Restlessness, inattention, excessive activity of children are characteristics that are increasingly noticed in the behavior of school children. What is important for the teacher, and for professional school services, is their awareness and knowledge of the category which these symptoms belong to. In practice, there are often cases where these symptoms may occur among children who are restless, with behavioral problems, but these symptoms may also occur among children with hyperactive behavior. Their clear delineation and placement in the appropriate category of children are the first steps in the identification of children with hyperactive behavior, which is a requirement for a timely and appropriate treatment of these children. Hence the role of professional services in the school is of invaluable importance and therefore their education and training to work with these children are essential.

We conducted a research in the primary schools in Stip in order to see how much knowledge about the hyperactive child symptoms and their treatment our professional school services have. Thereby through the interview with pedagogues and psychologists we wanted to get the data on: their capability for recognition of hyperactive children, their information about the same issue and their skills and abilities to deal with them.

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Inclusion

In recent years in the world, together with the regular and the special system, the inclusive educational system has been systematically and spontaneously developing. The process of inclusion of children with various developmental disabilities in regular schools, deinstitutionalization, which means leaving the specialized institutions and special schools, demystification of this broad and diverse population and its incorporation into communicational, social and educational context in the primary child population, have been current lately. This certainly is a world trend and a part of the global social care for people with special needs, for their protection and rehabilitation, for their education, work training and, of course, employment.

According to the basic postulates the inclusive educational process relies on, each child has its special needs. Hence, every modern society has an assignment to provide the best conditions that will enable a flexible educational system in which each child could develop and prosper according to its own abilities (Boot, 2000, Ludajić, & Markov, 2011).

The population of children with special educational needs includes. Children with developmental disabilities (children with physical, mental and sensory disabilities); children with behavioral disorders; children with severe chronic diseases and other sick children on a long-term hospital or home care; children with emotional disorders; children from socially, culturally and materially deprived areas; children without parental care, abused children, children victims of war, refugee and displaced children; as well as gifted children. (Lazor, Marković, Nikolić, 2008)

Hyperactivity among children

Hyperactivity is a specific developmental disorder that includes decreased ability to maintain and direct the attention and concentration to an assignment, involving other symptoms such as impulsivity, motor restlessness, inability to delay rewarding and behavioral disorder (Goodman & Scott, 2005; Kendall, 200; Hales & Yudofsky, 2004, according to Golubović, Jerković, Rapaić, 2008). In the modern classification of the diseases and health problems the commonly accepted term for this condition is attention deficit / hyperactive behavior (ADHD-Attention deficit Hyperactivity Disorder).

The hyperactivity with attention disorder (ADHD) is manifested in 3-5 % of preschool and school age children (Barkley, 1981; according to Golubović, Jerković, Rapaić, 2008). Hyperactivity occurs in early childhood, around the third year of life, but it is usually noticed later - when the child starts school. The reason for intensification of symptoms is associated with the fact that school poses new challenges and major requirements to the child. The placement of a child in other institutions, or a major change in family circumstances, where the child is faced with a new and unfamiliar situation (Jordanovska, Cenevska, 2008, p.57-58) also have a similar effect. According to some sources this phenomenon is more often manifested among male children, unlike among female ones, and this ratio is 2:1, while according to other authors hyperactivity occurs equally in both sexes. It is thought that girls, unlike boys, have less impaired attention and cognitive problems, show less aggressive and impulsive behavior and they less frequently enter into problems in society. The reasons for the appearance of hyperactivity among children are still not known. There is an increasing number of research results indicating that the reasons for its occurrence are disorders in genetic factors, changes in brain metabolism and some damages of this organ, psychosocial factors, and emotional problems. (Jovanović, 2012) The disturbance may occur as a consequence of an allergy to salicylates (Aspirin), food additives, and changes in the metabolism of sugar. Besides the above mentioned, excessive TV watching, playing video games, surfing on the internet etc. are often mentioned as reasons for hyperactivity among children. The number of children in the family, parents' age, social status and education level of parents, different social stress, family relationships, concordance and functionality of the family, all this may affect the emergence of hyperactivity among children.

Characteristics in the behavior of hyperactive children

Usually young children are very active, they are constantly in motion, they explore their surroundings and they are restless. The hyperactive children also have these characteristics. Hence, the following questions are imposed:

When should the concerns arise? How can we know how to recognize where the border is?

In order to be clinically relevant and to satisfy the criteria for diagnosis, the symptoms of hyperactivity must be more expressed than what is thought normal considering the child's age and the developmental level i.e. the functioning in various aspects of a child's life should be significantly disturbed (functioning in kindergarten, in school, in leisure activities, social relations).

The orientation towards a certain goal is a key difference between **clinical and nonclinical hyperactivity**. We cannot call clinically hyperactive the children with high levels of motor activity, but whose activity is always directed towards some goal. As opposed to them, hyperactive children have high level of motor activity, but this activity is not directed towards some goal.

As early as newborns hyperactive children are unusually active: they cry a lot, want to eat late in the night, they have difficulty sleeping, they often wake up, and it is hard to calm and comfort them. Later, these children are constantly in motion, they cannot sit calmly, they are touching everything, constantly asking for something, their attention is inappropriate for their age, and it is very hard for them to play alone. Because of their restlessness, hyperactive children are at greater risk of an injury. Although very often they start walking early, they are clumsier than other children, they usually plan and predict the consequences of their actions badly. Sometimes the fear of separation does not appear in these children and they are uncritical regarding contacting people they do not know. They more frequently than not, they are not afraid so they run into situations that scare other children, just because of the difficulties they are facing when it comes to predicting the consequences of their behavior. They cannot follow and respect their parents' demands and prohibitions, so this is an additional problem for their parents.

In their preschool and school age hyperactive children are exclusively impatient, they cannot sit on their place, they do not listen to their teacher, and they speak while other children work in silence. They often interrupt the work of the group, they interrupt and interfere with others in the performance of the tasks or activities. They are having difficulties in organizing, they often forget to bring books, notebooks, accessories, and they are prone to losing their things.

Because of this behavior of the hyperactive children, teachers see them as undisciplined and spiteful. Other children initially see them as funny and interesting, but when a hyperactive child starts to react impulsively, when such a child physically and verbally attacks and hurts another child or when he/she hinders another child in studying, testing or playing, his/her peers begin to avoid him/her.

Students who are hyperactive show some characteristic forms of behavior that are manifested through the following (Prvcic, Rister, 2001; Markov, 2006):

- They start working before getting instructions for work and before they understand what they should do;
- They work fast and makes unnecessary mistakes, not mistakes of ignorance;
- They are unable to follow the instructions given to the entire group;
- They respond to questions too quickly, without consideration;
- They do not remember instructions, although they do not have problems with memory;
- They move from one activity to another, rarely completing the initiated tasks;
- They have difficulties in the organization of written tasks;
- They talk too much, very often interrupting the conversation;
- While other children sit quietly, they very often leave their desks searching for something in the classroom;
- When the teacher explains something, they are not listening, but looking around;
- They are unable to express their thoughts in a logical and understandable manner;
- They constantly talk, sing or whisper.

These are usually the best indicators (symptoms) for recognition of hyperactive behavior among students that can be identified by parents and teachers. But it is not clearly specified to what extent these manifestations should be present, and because of this some difficulties arise. Therefore, in the determination of this issue, it is most important not to consider these characteristics partially, apart from the whole, because very often several symptoms can occur simultaneously, and to take into account the mental and developmental level of the child, the nature of the disorder, the presence of affective disorders, or other factors such as anxiety or family dysfunction.

Although this is a relatively mild disorder in the development phase, this syndrome is a problem that cannot be ignored both for the children who suffer from it, and for their parents, teachers, educators, and the wider community.

Therefore this disorder is a major challenge for different types of specialists who deal with this issue.

Identification, assessment and inclusion of hyperactive students

Restlessness, inattention, and excessive activity of the child are the most common reasons due to which parents and teachers seek help from professional services in school (psychologist, pedagogue, special educator, social worker). Usually, parents and teachers are the first who recognize the symptoms of hyperactivity in the child (student). After that, these children are referred to professional services in the school who assess and identify these children. Proper and timely identification of these children is essential for their inclusion in school, so that they could receive proper treatment in school, which would enable their normal psycho-physical development.

For this purpose, the knowledge and proficiency in this area of professional services is necessary, aiming at timely and accurate recognition of the symptoms and the ways of behavior typical for hyperactive children, and their proper treatment. This is of particular importance because very often in practice it is difficult to distinguish and mark off the symptoms of a hyperactive and restless child. Therefore we conducted this study in order to determine how much basic knowledge the professional services in primary schools have about this problem and what they are doing to overcome it.

The great role of professional services is also confirmed by the findings about the insufficient knowledge of teachers about the recognition of hyperactive children. This has been confirmed in the studies listed in Gaddes (cited in Golubović & Tubić, 2010) which states that there is little correlation between the estimates of the teachers and medical personnel. On the sample of 2000 children teachers have recognized hyperactive behavior in 8% of the children, while psychiatrists have diagnosed this behavior only in two children. Hence emerged the importance of professional services in the role of a school teachers' helpers.

In order to see how much knowledge our professional services have about the symptoms of hyperactive children and about the way they can be treated, we conducted research in the elementary schools in Stip. Through interviewing professional services we wanted to get the data about: their competence in the process of identification of hyperactive children, their information about the same issue, and their skills and abilities to deal with this category of students.

Research methodology

The subject of our research was to determine the professional services familiarity with the issue of hyperactive children and their treatment in elementary schools in Stip, the Republic of Macedonia. Our research aim was to determine the situation regarding the following aspects: recognition, treatment and recommendations of professional services for hyperactive children. The survey encompassed four primary schools, with the following structure of professional services (Primary school Vanco Prke: pedagogue and psychologist, Primary School Dimitar Vlahov: pedagogue, Primary School Goce Delchev: pedagogue and psychologist, Primary School Toso Arsov: pedagogue and psychologist. The survey was conducted during the month of May. The survey data were collected through a structured interview and were processed qualitatively.

Results of the survey

The questions in the interview were organized into three sections and we interpreted them in the same order.

1. Recognition

For successful treatment of these children in school professional school services need to be informed and skillful in recognizing their symptomatology. Numerous studies (previously mentioned) indicate the problem professional services are faced with in the process of recognizing these children. We came to the same findings in our study. None of the schools included in the survey had any official data on the presence of hyperactive children. School age is the best time to identify these children.

Short-term attention, poor concentration, aggressiveness, indiscipline, negligence, disturbing other students and so on is an array of characteristics listed and recognized by the professional services among a large number of

children in school. But hence arises the question whether all the children with these symptoms are hyperactive, or they are just restless and temperamental. In order to find the correct answer, beside the opinion of teachers and professional services in school, confirmation from adequate medical service is also required.

Medical treatment of hyperactive children is usually conducted by a multidisciplinary team (clinical psychologist, special education teacher, pediatrician, child psychiatrist, school psychologist, pedagogue) in close and continuous collaboration with parents and other people involved in children's upbringing and caretaking, as well as with educational institutions (kindergartens, schools).

In their daily teaching work with students teachers are the first who are able to recognize and identify hyperactive children in their class. The initial contact between professional services and the children, during the enrollment process, is very short and insufficient for them to identify these children. Therefore, teacher's dexterity is very important in their early identification. From pedagogues and psychologists' responses we have found that teachers are able to recognize symptoms that indicate a possible hyperactivity in the child.

After identifying these children professional services, in collaboration with teachers, cooperate with parents through conversation. This cooperation is mainly advisory, and in some cases with recommendations to visit some relevant institutions. In most cases there was resistance from parents to accept the fact that their child is hyperactive. As a justification of the situation parents often remark: when I was a child, I behaved in the same way, this behavior is normal for that age. However, there are situations when parents come to school services for help and advice, and they mostly complain about the inappropriate behavior of the child at home.

2. Treatment

Recognition is the first step in working with hyperactive children. The next step that should be undertaken by teachers together with the professional services in the school is the special treatment of these children. Therefore, in the second part of our research attention is being directed to this issue. As we did not receive an official verification of registered children with hyperactive behavior from the schools, we could not talk about the treatment of these children.

3. Recommendation

The absence of data about the presence of hyperactive children leads us to the dilemma: whether this is because there are no children with these symptoms in our schools, or, what is more worrying, or because we have insufficient information and education of professional services for hyperactivity among children. From the discussions with the professional services in the schools we can conclude that there is an insufficient information about this issue. This is confirmed with their statements about the need for additional training seminars in order to broaden their knowledge of how to identify the characteristics that hyperactive children have and their appropriate treatment.

Conclusion

The existence of joint cooperation and mutual support between parents and teachers is of special importance for successful education of hyperactive children. In this way parents will be familiar with the demands that are placed in front of a child, the school organization, they will agree about the ways of solving unwanted behaviors, while teachers will become familiar with: children's capabilities, their positive sides, motivation etc. (Golubović & Golubović, 2003).

Teachers need to know that these children have a serious problem and they need to have a special relation with them. Hyperactive children can successfully learn in an environment which will recognize their individual differences, and the excessive emphasizing of differences, can lead to stigmatization and loneliness of these children. Hyperactive children react well to the caring attitude of the teacher and, as a consequence, they are highly motivated and achieve excellent results.

It has been confirmed in one survey that the development of hyperactive children who have become successful adults was dominantly positively influenced by the person who believed in them – the teacher (Child protection Center of Zagreb).

Besides the successful cooperation among parents of hyperactive children and teachers who teach these children, the existence of successful collaboration with school professional services is also of great importance. Early detection and finding appropriate ways and methods for working with these children is of crucial importance for behavior correction of hyperactive children as well as not allowing the deepening and persistence of this problem in higher levels of education. Therefore even from the lowest levels of education professional services in schools (pedagogue, psychologist).should be consulted.

The person who spends most time with these students and who knows them best is the teacher, so, because of this, the teacher is the first link that identifies children with hyperactivity and directs them to professional service for further help.

The professional service continuously requires the teachers to prepare reports about hyperactive children's condition and progress, in order to stay informed about the development process of these children. At the same time, it has conversations with students and their parents. The professional services mainly have an advisory role, but their role is not always positively accepted by parents. Therefore we need to emphasize the importance of parents' education so that they could accept the difficulties their children have and find out the appropriate measures for overcoming the problem. This will avoid the disagreement between them and the school services and a climate for children's advancement in accordance with their abilities, interests and preferences will be created.

Another problem that we particularly observed in our study was: Is additional professional training of schools professional services necessary, aiming at more correct and precise estimate of different aspects of problematic behavior in different contexts, and all this in the interest of early detection, prevention and intervention in the behavior of children at this age.

The responses obtained indicate that additional training about this issue is required by everyone. At the same time, they pointed out that they need greater involvement of the Bureau of Education through the preparation of special programs for work with these children, i.e. frequent organizing of training and seminars so that teachers and professional services could be educated further about the problems that these children have and the ways of overcoming them.

The recent trend of increased number of hyperactive children suggests that special attention should be paid to this problem and it should be approached with great seriousness. A common commitment of all stakeholders who are directly or indirectly related to these children: family, teacher, professional services and immediate environment is essential, so that hyperactive children could successfully fit in and function in everyday life (in school and at home).

Professional services and teachers need to have fundamental knowledge and proficiency about this issue because of:

- Timely identification of symptoms of hyperactive behavior among children;
- Successful and proper guidance of hyperactive children;
- Creation of adequate working environment in which there will be no space left for the hyperactive child to be able to bother, distract and disrupt the working environment of other children in the classroom;
- Creation of an environment in which individual differences are respected, in order to avoid stigmatization and loneliness of hyperactive children.

Early detection of the disorder and early and proper treatment of these children (behavior modification, training in learning, and individual and/or family psychotherapy) and continuous guidance and counseling of parents provide opportunities for optimistic predictions aimed at directing hyperactive behavior towards constructive and creative behavior.

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