INCLUSION OF CHILDREN WITH ADHD IN PRESCHOOL
MAINSTREAM EDUCATION FROM ROMANIA

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Abstract

The purpose of this article is to detect behavioural disorders from early childhood and to implement programs where teachers can find solutions for the inclusion and learning of hyperactive and deficient children, and also to what extent the application of programs can generate growth the level of improvement. The choice of this theme is also influenced by the fact that I want to deepen this type of behavioural disorder to help include children with this type of disorder in mass education by applying complementary therapy methods, strategies, and interventions.

The research involved the design of an intervention program applied during the 2017-2018 school year and consisted of a formative experiment aimed at influencing the 30 subjects with ADHD, preschool age (3-6 years). Attention Deficit Hyperactivity Disorder (ADHD) is one of the most commonly diagnosed psychiatric disorders in childhood and adolescence. In Romania, it is estimated that there are over 200,000 thousand children diagnosed with this disease, occupying the second place as a frequency between the types of pathology in paediatric psychiatry.

The important role of teachers directly influences the process of student learning; it not only plays a mediating role in the learning process but also helps to normalize pupils' lives in school by adjusting the learning process to their needs. Also, by adapting the educational process to the students' requirements, their integration is facilitated, in school and in class, as well as in their social environment.

Keywords: ADHD, behavior, disorder, inclusion, therapy.

1 INTRODUCTION

To exemplify the nature of human development, we have halted the theory of J. Piaget, who shares human development from cognitive point of view in four stages. "Swiss psychologist Jean Piaget has noticed that children's vision of the world differs from one age to another, so the child's thinking changes in stages with its interaction with the environment" [1, p. 89].

First stage – the sensory-motor, which manifests until the age of 2-3 years, is expressed by searching for surrounding objects, functional assimilations, circular reactions (primary, e.g. sucking the finger) without a fixed purpose. During this period, new mental anticipation processes may arise which may lead to representation.

The second stage, the preoperative phase, occurs until the age of seven. This stage is closely related to the development of language, which enables the child to develop certain inter-human relationships. Another feature at this stage is the construction of symbols based on a transductive reasoning. At this level we can say that the child does not have the ability to conserve and understand the time, speed and volume of objects (e.g. the child does not have the capacity to differentiate the volume of water between a higher but narrower glass compared to a glass small as high but wider even though the amount of water is the same in both glasses).

When it comes to the third stage of development of the young child, already of school age (7-12 years), we are talking about the stage of concrete operations. In this sense, the emergence of thinking operations has a stable and subtle balance in comparison with the abrupt structures described by gestalists. This expresses the manifestation of the operative groups involving the inclusion of classes, the establishment of relationships that allow the child to make logical-mathematical groupings related to an action, but does not imply the possibility of constructing a logical discourse.

The last stage, that of formal operations, goes up to the age of 17. It encompasses formal thinking by operating with second degree operations or their results, and takes into account classifications, series, measurements, space movements, etc. At the same time we can observe a linguistic and
mathematical development that gives the child a propositional expression that differs from that which is achieved by objects of the surrounding reality. "This generalization of the classification operations or the relations of order leads to what is called combinatorial, which allows the assimilation of new notions such as proportions, double reference systems, certain forms, etc., in which the most simple operation consists of proper combinations or the classification of all classifications " [2, p. 112].

Attention Deficit Hyperactivity Disorder (ADHD), although others prefer the simpler term hyperactivity or attention problems, involves the following features:

- lack of attention;
- hyperactivity;
- impulsivity.

The symptomatic picture of this category of children is quite heterogeneous. Some are impulsive, others are not; some are aggressive, which increases the difficulty of distinguishing between hyperactivity and behavioural disorders [3, p. 561].

However, these can be listed as events depending on the child's belonging to one of the above-mentioned subcategories. Thus, children who are not attentive have difficulty focusing, concentrating on a particular thing, bored only after a few minutes. Children with hyperactivity demonstrate a high level of physical activity, being constantly on the move, and impulsive individuals have difficulty in restraining their own reactions, often acting before thinking, their activity being fluctuating, incomplete and superficial.

Children with attention problems may have one of the above forms or combinations of these (hyperactivity with impulsivity), all of which have negative effects on the learning process. Studies on children experiencing such disorders reveal a considerable increase in the number of children diagnosed with ADHD, being more prevalent among boys than girls [4].

Concerning the causes of this type of disorder, many years have been invoked by the organic ones, which refers to the brain, with differences in its electrical activity or the level of neuro transmitters, affirms Ross and Ross in 1982 [3, p. 561]. Recent research addresses psychological factors as well as parental styles; starting from the idea that self-regulation is derived from children's experiences with their parents.

Treatment of children with ADHD involves both a medical treatment, not always necessary, but also a psychotherapeutic one that develops self-control strategies and reduces symptoms in particular situations. Satterfield and Schell, 1987 [3, p. 562], support the idea that combined treatment is more effective than just medical treatment.

Attention Deficit Hyperactivity Disorder (ADHD), also known as hyperkinetic disorder, is considered to be one of the most prevalent childhood disorders, affecting 3-10% of children primary school age in Europe and the United States of America [5]. Children who can hardly control their own behaviour find themselves in difficulty and have difficulty controlling their emotions, encountering difficulties in making friends or developing positive relationships with adults, and having problems with the requirements of the structures, and traditional educational practices, they instil a permanent challenge for parents and teachers. It is important to be aware that these children do not deliberately exhibit provocative behaviours. ADHD is an anomaly that affects the development of the nervous system, which means it has been present to a certain extent from birth, and the difficulties faced by children are related to different neurological and psychological functions.

In spite of the fact that the ADHD is in favour of the ADHD, the mood is an issue that is imminent in the ADHD phenomenon [6]. The fact that mild drugs are implicated in ADHD includes biologists, family, and factors of the psychosocial stress. With this in mind, there is a wide range of biologists and researchers who have a long-standing relationship with ADHD, and they have been able to improve their lives. Despite strong evidence for ADHD's heredity, the children's environment plays an important role [6]. Environmental factors involved in ADHD include biologic factors, family factors, and psychosocial factors. ADHD has a strong genetic basis in about 75% of all cases. However, there are a number of biological and psychosocial factors that can trigger a predisposition for this manifestation, or may alter the severity of the symptoms.
2 METHODOLOGY

The purpose of this research is to detect behavioural disorders from early childhood and to implement programs where teachers can find solutions for the inclusion and learning of hyperactive children but also with attention deficit, and also to what extent the implementation of some programs can generate an increase in their level of improvement. The research objectives were:

1 Study and evaluation of behavioral disorders of children with ADHD.
2 Analysis of the intensity (low / high) of the behavioral disorders presented by the children comprised in the study as compared to those integrated in the mainstream education.
3 Determine adaptation behaviors (low / high) of children with behavioral disorders.

The questionnaire was applied to 14 teachers from pre-school education in urban and rural areas, from Bihor County, Romania, who have contact with children diagnosed with ADHD and has sought identification of indiscipline issues. The questionnaire contains 26 items that highlight various problems encountered in the classroom. Teachers were asked to encircle that item that includes the behavior of at least one of the children.

The inventory of behaviors includes 40 behaviors and is the instrument by which their inappropriate goals were determined. Teachers were asked to encircle that level of behavior that the child is constantly showing during a day in kindergarten and not one that has only once. The Lickert rating scale of the behavior level was as follows:

0 - The child never shows this behavior
1 - The child manifests this behavior very rarely
2 - The child manifests this behavior occasionally
3 - The child manifests this behavior often
4 - The child manifests this behavior constantly.

Inventory inventories correspond to the four purposes of the undesirable behaviors manifested: power, attention, revenge, avoidance of failure.

3 RESULTS

The questionnaire applied to educators, needed to study and inventory behaviors and behavioral disorders manifested by the subjects in the two lots (rural and urban), aimed at identifying the discipline issues of the groups. The obtained results revealed 26 types of discipline manifestations, graphically distributed on each lot, as follows:

Fig. 1 Types of discipline manifestation revealed by the application of the questionnaire.
It is noted that there are no significant differences between the percentages of the two environments of origin. The highest percentages were obtained from items:

- children talk during class with colleagues;
- children rise from the bench and walk through the classroom;
- children make stupid remarks to colleagues;
- children have physical confrontations, push each other, strike one another;
- children are arguing over the possession of a thing;
- children are late for hours;
- children always complain;
- children have verbal confrontations;

The smallest percentages were obtained from the items:

- children sleep in class;
- children leave the classroom without the teacher's consent.

The second part of the instrument used is the behavioral inventory aiming at highlighting the purpose of the manifestations of the disfigured behaviors of the subjects in the two lots, namely:

- capturing attention - is the behavior of a child or group of children to attract the attention of educators or colleagues, the child wants to be at the center of attention, and his behavior will interrupt the educator and colleagues in the educational process to gain audience
- gaining power - is the behavior by which the child tests the authority of the teacher through actions or words; the child does not follow the instructions of the class teacher, always provoking controversy.
- avoiding of failure - is a specific behavior for children who do not interrupt the teaching and learning process, following the rules of the group and the institution but they rarely interact with the educators or colleagues, do not participate in the group's activities, do not fulfill the group tasks.
- revenge - is specific to children who are always mad, ready to explode at the slightest challenge, being described as evil, violent.

The method of the items corresponding to each goal and their percentage was achieved by statistical method. The ranking of percentages for each goal and the differences between urban and rural areas are highlighted in the following graph.

![Fig. 2 Behavioral inventory.](image)

From the chart analysis we can see that the main purpose of indiscipline manifestations, both in the rural and in the urban areas, is to capture the attention (83-80%). This goal is followed by a great difference in the manifestation of inappropriate behaviors in order to obtain power, which is equal (54-
Analyzing the results of each child, it has been observed that the purpose of attracting attention is predominant in children with moderate behavioral disorders while power generation is specific with mild behavioral disorders. Avoidance of failure occurs in a narrower sense (35-37%) and is specific to students with moderate behavioral disorders but with emotional deficiencies. Revenge is the goal of undesirable behaviors in the smallest percentage (0.5-0.5%) and is specific to behavioral disorders manifested by children with mild ADHD.

From the point of view of applying and interpreting the questionnaire and the inventory of behaviors, it was found that the main purpose of the behavioral manifestation was attention capture, which is a characteristic of children with ADHD, while the second place is occupied by gaining power, the percentages increasing significantly, both in rural and urban areas.

## 4 CONCLUSIONS

To improve the behaviour of the hyperactive child, it is necessary to train a team: teacher-child-parents. At the same time certain conditions must be met, such as:

1. Creating a favourable climate for understanding, appreciation, acceptance and encouragement.
2. Establishment and negotiation of rules: earnestness, confidentiality, punctuality, patience, respect for others, sincerity, right to your own opinion.
3. The essence of the teacher's own qualities: responsibility, knowledge, emotional maturity, opening up to the new, willingness to help others, empathy, accepting the differences of the other, trust, inventiveness, humorous courage, vigour, etc. Very effective are ice-breaking exercises (they can be used at the beginning of the hours or whenever they are needed.) [7]. An important feature of the teaching staff that succeeds in shaping children with ADHD is the ability to actively use classroom management elements, and also to make use of educational strategies to keep the student's attention actively what he learns [8].

The important role of teachers directly influences the process of student education. According to Oprea [9], the teacher does not only play a mediating role in the learning process but also helps to normalize pupils' lives in school by adjusting the learning process to their needs. Also, by adapting the educational process to students' requirements, their integration is facilitated, both in school and in class, and in their social environment. In conclusion, Ciobanu [10] states that a good teacher is the person who also proves love for children, empathy, and spirit of objectivity, justice, principality, honesty, courage, fairness, patience, optimism, modesty, firmness, self-mastery, tact and pedagogical mastery. A teacher discovers hidden treasures and magic in the eyes of all children.

## REFERENCES


