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EDUCATORS OF LEVEL OF QUALIFICATION: IMPLICATIONS IN THE MANAGEMENT OF ATTENTION DEFICIT HYPERACTIVITY DISORDER AMONG CHILDREN IN EDO STATE, NIGERIA

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ABSTRACT

There is a prevalence of Attention Deficit Hyperactivity Disorder yet educators may not fully comprehend its diagnosis and what steps to take in assisting children who manifest the symptoms at home without labelling them wrongly. The present investigation examined the impact of level of educational qualification in the management of ADHD among educators of primary school pupils in Nigeria. In this study one hypothesis was formulated. Educators' characteristics level of qualification. The sample population were educators in primary school in Edo State Nigeria. One instrument, the M-KADHD questionnaire modified by the researcher was used for the study and was administered to all participants at the beginning. They were grouped into 2 (70 for control and70 for experimental) groups. Only the experimental groups received the behaviour modification treatment interventions which lasted 6 weeks. At the end or eight weeks all participants again completed the M-KADHD questionnaire. A total of 140 respondents were used. In comparing the mean scores for experimental and control groups for the level of qualification of educators there was no significant difference.

Keywords: Attention Deficit Hyperactivity Disorder (ADHD), level of Qualification, Management, Children, School

INTRODUCTION

The Federal Government of Nigeria in the National Policy on Education (NPE, 2004:51) stated that the educational services facilitate the implementation of educational policy, the attainment of policy goals and the promotion of effective educational system.

In addition, the policy noted that "in view of the apparent ignorance of many young people about career prospects, and in view of personality maladjustment among school children, career officers and counsellors shall be appointed in post-primary institutions" (FGN:2004). Government is to put in place machinery for monitoring and evaluating the implementation of the NPE provisions.

The specific goals of primary education in the National Policy on Education (FGN: 2004) include: "to develop in the child the ability to adapt to the child's changing environment". Children have their unique and peculiar needs. They require differential treatment based on their needs. In any society, there are certain norms and behaviour expected of an individual at every stage of development. The child is expected to be socially, emotionally and morally matured according to his/her developmental stage. Uwe (2000) asserted that children are explorative, impulsive, inquisitive, and playful and in some cases restless. According to her these impulsive

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and over active children usually become problematic to themselves, their educators and siblings. At school age, they carry these behavioural problems with them, while in school; they may equally pose problems to their Educators and peers. They lack self-control and sometimes, they provoke conflict just for the sake of excitement everything in their environment catches their attention. They jump from one activity to another without accomplishing any; educators may not be able to identify this as a major learning disability in the child (Agbu 2003).

Attention deficit and hyperactive disorder (ADHD) is a chronic debilitating disorder that may impact upon many aspects of a child's life, including academic difficulties, social skill problems, and strained parent-child relationships. According to Meyer (1998) ADHD is one of the most frequent, intensely researched, and yet a diagnostically controversial condition of childhood, which may extend to adulthood if necessary attentions were not taken McArdle 2004 proved that as many as 5 out of every 100 children in school may have ADHD and that boys are three times more likely than girls to have ADHD. Also Woltarch, Hannah, Pinnock & Baumgaerte (1996) in their study gave a prevalence range of 3:1% -10:1% in boys more than girls. ADHD thus appears to be one of the common learning disabilities during school age.

Children with Attention Deficit/Hyperactivity Disorder frequently exhibit defiant aggression and other anti-social behaviour. These characteristics often lead to children having major difficulties with achievement in school, even when they do not display any formal learning disabilities. According to Bowley and Walther (1992), when pupils with Attention Deficit are left unidentified by educators, the cumulative effects of low self-esteem, chronic school failure and inadequate social skills may lead to adolescent antisocial behaviour, which include alcoholism, drug abuse, dropouts, and even suicide. The situation may be worse when the parents also manifest symptoms of ADHD. These types of anti-social behaviour could lead to problems at school and in school, and may inhibit the child's ability to form relationship with peers as well as care givers. It is common observation that these children have low attention span, which affects the child coping ability in school. Contrary to the expectation of a serene school environment, pupils with ADHD are easily distracted, often seem to be daydreaming, and they do not finish what they start and repeatedly make careless mistakes. Although Attention Deficit/Hyperactivity Disorder is not recognized as a separate category of special education, schools have been officially encouraged through the National Policy on Education (FGN:47) to ensure there are services for children with Hyperactivity under Section 10 (Special education) which is categorized as emotionally disturbed (hyperactive, hypoactive, the socially maladjusted behaviour disorders). A child that exhibits ADHD would thus be classified as disabled (:14).

Prevalence of ADHD

Various researches have examined the prevalence of Attention deficit hyperactivity disorder. Some studies have been carried out in different parts of the world, regarding the knowledge of ADHD and treatments but studies providing information on the knowledge of educators are scare in Nigeria. This study aims at ascertaining the knowledge of attention deficit hyperactivity (ADHD) among educators and give intervention in managing children with the disorder. To do this effectively it becomes necessary to review the literature available. It is also necessary to look at the theories on which this study is based.

Attention Deficit/Hyperactivity Disorder (ADHD) refers to "a developmental disorder of childhood characterized by a persistent pattern of inattention and/or hyperactivity-impulsivity that is more frequent and severe than is typically observed in individuals at a comparable level of

development" (American Psychiatric Association, 1994). Pupils with ADHD frequently exhibit defiant aggression and other anti-social behaviour, which could lead to major difficulties with achievement in school, regardless of the fact that they may not display formal learning disabilities. Findings in literature indicate that the onset of ADHD is in early childhood before the age of 7, nearly always before age 5 and frequently before the age of 2 (Barkley, 1998; Taylor, Sergeant, Doepfner, Gunning, Overmeyer, Mobius and Eisert, 1998). It often persists into adolescence and adult life, and puts sufferers at risk for a range of abnormalities in personality development. This type of antisocial behaviour could lead to problems at school, in school and may inhibit the child's ability to form relationship with peers and care givers. According to Uwe (2000), Agbu (2003), and Harpin (2005), ADHD may affect all aspects of a child's life; its impact may not only be on the pupil but also on the educators, siblings, and Educators, thereby causing disturbances in the school and school settings. ADHD is a particularly serious problem because pupils with the core difficulties of inattention, hyperactivity and impulsivity may develop wide range of secondary academic and relationship problems. Attention difficulties may lead to poor attainment in school. Impulsivity and hyperactivity may lead to difficulties making and maintaining appropriate peer relationships and developing a supportive peer group. Inattention, impulsivity and hyperactivity make it difficult for pupils with these attributes to conform to parental expectations, and so they often become embroiled in chronic conflicting relationships with their educators. Their risk-taking behaviours have unforeseen effects and compromise later adjustment.

According to Hinshaw (1994), when pupils with ADHD become aware of their difficulties with regulating attention, activity and impulsivity and the failure that these deficits lead to within the family, peer group and school, they may also develop low self-esteem and depression. Attention Deficit/Hyperactivity Disorder differs in severity; at one extreme are severely affected pupils who are hyperactive, impulsive and quick tempered. They have trouble attending for long to anything, and may have evidence of motivational problems. They are often diagnosed in preschool years because their behaviour is problematic. At the other extreme are those who are not diagnosed until the workload of school becomes too great for their power of concentration and attention. ADHD is often diagnosed as secondary to other learning difficulties, which may range from learning disabilities to emotional disturbance. The earlier the diagnosis can be made and remediation begun, the better the chances of avoiding these other complicating difficulties. One major problem pupils with ADHD often encounter is in the area of effective socialization with peers. It is a part of a cycle that when students fail to make friends and get along with others, they are likely to have negative feelings about themselves.

Statement of the Problem

Children with Attention Deficit Disorder frequently exhibit defiance, aggression and other anti-social behaviour. These characteristics often lead to children having major difficulties with achievement in school, even when they do not display any formal learning disabilities. These types of anti-social behaviour can lead to problems at school, in school and may inhibit the child's ability to form relationship with peers as well as care givers. It is common observation that these children have low attention span, which affects the child's learning ability in school. Educators are concerned why children become restless and too playful when given a task. They would need to have the right knowledge of ADHD with a view to identifying pupils with ADHD symptoms and providing necessary solution because children require differential treatment based on their needs.

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As evident from the study by Egbochuku and Abikwi (2006), attention deficit hyperactive disorder may become a common learning disability among pupils in primary schools in Edo state. If this is so, educators may resort to punishing and bullying pupils with traces of ADHD (as defined in the Diagnostic and Statistical Manual of Mental Disorders 4th Edition (DSM-1V) because they do not understand the problems many of the pupils may be going through in the process of learning. Contrary to the provisions in the NPE, this disorder does not appear to have been identified as a major problem by educators in Nigeria. In the school system no provisions have been made regarding these attention deficit/hyperactivity disorder pupils who may exhibit behaviour contrary to the expectation in a learning environment.

HYPOTHESIS

The following hypothesis was formulated and tested at 0.05 alpha level of significance.

Ho_1: There is no significant difference between the different levels of qualification of Educators on the post treatment knowledge of ADHD.

PURPOSE OF THE STUDY

The purpose of the study is to assess the impact level of qualification has on overall competence in educator's knowledge of ADHD.

Significance of the Study

The information generated from this study will also help educators to draw conclusions pertaining to the present knowledge of ADHD and use this information to determine the appropriate steps to provide more training and education on the identification of this disorder to improve academic performance amongst primary school pupils.

Limitations

There is a dearth of literature with local authors. The few materials found were on stimulants medication by foreign authors. It was not easy getting educators to participate in the treatment because many of them were involved in other engagements. It was such a sacrifice for those who went through the entire 6 weeks programme.

METHOD OF STUDY

A convenient sampling method was used to select educators since it was difficult to gather educators together for the period of intervention. Educators selected were from Egor and Oredo local government area. The researcher made use of educators of primary school pupils for the investigation because the onset of Attention Deficit Hyperactivity Disorder is usually before or by the age of 7. Educator groups within Egor and Oredo local government areas were visited.

The facilitator discussed with them and a convenient timetable was drawn for the 6 weeks to commence the management strategies. The control group and the experimental group had 70 participants each. Though every teacher had opportunity to participate, the choice of participation depended on the following criteria:

a. Those who interacts with primary school pupils.
b. Those who were willing to participate all through the programme for 6 weeks.
c. They included male and female educators.

The stratified random sampling was used for the selection of subjects into various strata namely; Sex (male and female) educational qualification (NCE and Degree), In this study 70 educators were assigned each to the control and the experimental groups before treatment. Each of the groups was given a pre-test at the beginning to find out if they have any knowledge of ADHD and a post test at the end to ascertain if knowledge was gain. In all a total of 140 educators were used for the study for a maximum of 12 contact sessions.

The instrument, Modified Knowledge of Attention Deficit Hyperactivity disorder M-KADHD items were used for the study. This was validated by matching the questions with the symptoms of ADHD as defined in the Diagnostic and statistical manual of mental health.

The modified Knowledge of Attention Deficit Hyperactivity Disorder questionnaire (M-KADHD) is a 4 point rating scale with options of Strongly Agree (SA), Agreed (A), Disagree (D), and Strongly Disagree (SD). Strongly Agree (SA) was scored 4, Agree (A) 3, Disagree (D) 2, and Strongly Disagree (SD) 1.The questionnaire was in two parts. Section A was a bio data to solicit responses from educators on their sex. Session B is a 39 item inventory designed to assess the knowledge of ADHD among educators.

The statistical methods that were used are the "t" and the analysis of covariance. The alpha level of significance was $p<0.05$. The administration of the instrument was followed by a well-structured programme, which was strictly adhered to by the experimental group.

TREATMENT PROCEDURE

The treatment was carried out in three phases.

i. Pre-treatment phase
ii. Treatment phase
iii. Post-treatment phase

Pre-Treatment Phase

Session One

Topic: Introduction to Treatment

Objectives

At the end of the lesson the facilitator should have

a. Data for a baseline survey.
b. Introduced the program to the participants.
c. Encouraged them to participate fully all through the sessions.

Activities

In this session the facilitator will welcome all the participants to class. Each session was for one hour and the entire programme will last 12 sessions.

Questions were entertained for further clarification where necessary.

The M-KADHDS questionnaires were administered to them to score as correctly as they can.

Session Two

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Topic: Meaning of ADHD

Objectives

At the end of the lesson, the participants should be able to:

a. Explain the meaning of ADHD
b. Identify common symptoms of the disorder.
c. Understand what ADHD is and be empathic to ADHD child.

Activities

The facilitator leads the discussion on the meaning of ADHD. Participants make contributions and ask questions which were answered accordingly.

Session Three

Topic: The role of the teacher

Objectives

At the end of the lesson the participants should be able to

a. Explain the role of the teacher in handling ADHD pupils.
b. Identify ADHD pupils in their class.
c. List the role of the teacher in enhancing performance of the ADHD pupils.
d. Help the ADHD pupil in the school environment.
e. Help peers cope with pupils.

Activities

The facilitator will guide the participants in a discussion to identity the role the teacher will play in helping ADHD pupils. The class is expected to respond accordingly and ask questions. The participants were involved in a role play in helping peers cope with ADHD Pupils.

Session Four

Topic: Instructional strategies for ADHD intervention (i) Giving Direction (ii) Assistance (iii) Assignment (iv) Test taking (v) Self-Monitoring

Objectives

At the end of the lesson the participants should be able to:

a. Explain some instructional strategies for ADHD intervention
b. Identify the strategies for each stage of intervention.
c. Explain how each of them was applied to the child.
d. Apply strategies to classroom environment.
e. Explain what will constitute an improvement in behaviour.
f. Assist ADHD pupils to be aware of their problem and the control they can exhibit to improve on the situation.

Activities

The facilitator will guide the class in the discussion and assist the participants in identifying the strategies. The facilitator will guide the participants to put up a role play to show how the teacher can use any of the strategies.

Session Five

Topic: Positive behavioural Intervention and support

Objectives

At the end of the lesson the participants should be able to:

a. Explain what positive behavioural intervention is.
b. Mention ways we can give support to ADHD pupils.
c. Identify positive and negative behaviours.
d. Answer the 'WHY' in dealing with ADHD.

Activities

The facilitator after a revision of the previous sessions will introduce the topic to the participants. S/he will lead in a group discussion of positive behavioural intervention and support. S/he will conclude by summarizing all the discussions. Group members were encouraged to practice this intervention and give support to ADHD pupils.

Session Six

Topic: Conclusion and Post treatment phase

Objectives

At the end of the lesson the researcher was able to:

a. Improve the knowledge of all participants.
b. To ascertain what knowledge have been gained by the participants.
c. To assess if participants are able to apply any of the strategies to identified symptoms.
d. Give the post-test questionnaires.
e. Collect the post-test questionnaires for analysis.
f. To differentiate knowledge at pre-treatment and knowledge at post- treatment

Activities

The facilitator will recap the entire programme and answer questions from participants that need further clarification. The researcher will distribute the M-KADHD questionnaires for the post-test for the participants to score and will collect them after they finish.

RESULTS

Ho_1: There is no significant difference between the different levels of qualification of Educators on the post treatment knowledge of ADHD.

The analysis of covariance in table 1 shows the F-ratio for the effect of qualification of Educators in the knowledge of ADHD was 3.844 with df = (1,139). This was not significant at $p>.05$. There was no significant difference in the level of qualification of Educators in the treatment group. Thus the null hypothesis was retained.

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Table 1. Analysis of co-variance on post-test treatment on the level of qualification of educators group in the knowledge of ADHD

Source	Type111 Sum of Squares	df	Mean Square	F	Sig
1-Way Interactions					
Corrected Model	339712.907[a]	8	339712.907	2319.738	.000
Intercept	8703.392	1	8703.392	475.450	.000
Pre-Test	1096.323	1	1096.323	59.890	.000*
Group	290720.010	1	290720.010	15881.52	.000*
Sex	10.021	1	10.021	.547	.461
Qualification	70.361	1	70.361	3.844	.52
2 –Way Interactions					
Group X Sex	2.106	1	2.106	.115	.735
Group X Qualific	8.620	1	8.620	.471	.494
Sex X Qualification	94.242	1	94.242	5.148	.025
3-Way Interactions					
Group X Sex X	9.352	1	9.352	.511	.476
Qualific	2398.029	131	18.306		
Error	1731531.000	140			
Total	342110.936	139			
Corrected Total					

Significant at p< 0.05

DISCUSSION

There was no significant difference in the different levels of qualification of Educators in the knowledge of ADHD. The level of qualification does not affect the treatment. That treatment can be applied irrespective of the level of qualification (NCE or B.Ed).

It was also postulated that there was no significant difference in the different levels of qualification of educators in the knowledge of ADHD. The level of qualification does not affect the treatment; as far as Knowledge of ADHD is concerned treatment can be applied to educators despite their level of qualification. The level of qualification does not affect the treatment. Treatment can be applied irrespective of the level of qualification (NCE or B.Ed). This result does not agree with the study of West, Taylor, Houghton, Hudyma & Baumgaertel (1996) who stated that there was a significant difference in educators' qualification. This has implication for further studies. The difference in the findings can be inferred to the fact that most educators had the basic TCII entry qualification and over the years have had additional qualification of

National Certification of Education (NCE) and Bachelor's degree in Education (B.Ed). The level of qualification of educators does not affect the treatment. The important thing is for educators to be exposed to intervention programmes that will be of benefit to them in assisting pupils the ADHD. Any educator with the basic qualification of trained personnel is in a position to identify children who manifest symptoms of ADHD. There was no significant difference in the different levels of qualification of educators in the knowledge of ADHD. The level of qualification does not affect the treatment.

CONCLUSIONS

The purpose of this study was to investigate knowledge and behavioural intervention for managing children with Attention Deficit Hyperactivity Disorder among educators of primary school pupils in Edo state. The M-KADHD questionnaire was used to examine their actual knowledge at pre-test. It was found that the overall knowledge of both educators who took part in this study was low. This is a matter of concern since educators play a pivotal role in the recognition, referral and treatment of ADHD. However the study also found that the treatment has consequences on educators. Educators gained from this treatment when administered to them. In this study the intervening variables had no effect on treatment.

RECOMMENDATIONS

Based on the findings of this study, it is recommended that for nurturing the child with Attention Deficit Disorder educators should explore avenues to learn more about ways of detecting the symptoms of ADHD and how to handle them at school.

It is also recommended that there should be an update of the knowledge of educators through organised workshops, in-service training on how and what to do when pupils manifest defiant behaviour as well as training in behaviour management and academic interventions with regards to children with ADHD . This will help the educator properly asses the pupils and recognize those that manifest the symptoms of ADHD. Pupils who manifest ADHD symptoms should not be punished or bullied by the educators rather special attention is required in making learning less difficult for ADHD pupils.

The Faculty of Education in Colleges of Education and Universities should organize programmes on ADHD and include such programme in the school curriculum. It is recommended that counsellors should be trained in behavioural interventions which have been found to have no side effect in the treatment of ADHD.

The results of this study have shown that there is an urgent need to include in the curriculum of Guidance and Counselling in Nigeria Attention Deficit Hyperactivity Disorder its symptoms and management. Counselling units should be established in primary schools in line with the provisions in the NPE. This will reduce most of the problems ADHD pupils face during learning tasks. The state should adopt educational laws and regulations that are pupil friendly and provide flexible approaches to placement of those with learning disabilities especially ADHD in special education. Educators should use the information generated from this study to draw conclusions pertaining to the present knowledge of ADHD and use this information to determine the appropriate steps to provide more training and enlightenment in the identification of this disorder.

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Early identification and treatment are essential in preventing a cycle of failure and low self-esteem children. Children with ADHD need encouragement, support, and educational survival skills to foster their self-concept and improve their academic performance.

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