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Inclusion of ADHD Children: Context of Parental Care and Mainstreaming of Education

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Abstract

The essential feature of attention deficit hyperactivity disorder is a persistent pattern of inattention and hyperactivity impulsivity that is more frequent and severe than is typically observed in individuals at a comparable level of development (American Psychiatric Association, 1994, p.78). Most of the learning disabled suffer from this ADHD. ADHD is a disorder in certain areas of the brain and is inherited in the majority of cases. Actually the parents and teachers cannot be blamed for the upsurge of this disorder in the children. Rather they require enhancing the power of impulsive control in those children. In modern globalised world where inclusion and mainstreaming both are the almost same term used in the special education sector, there we the teachers and parents should give a healthy supportive involvement for the children with ADHD.

Key Words: Inclusion, Mainstreaming, parental care, ADHD, Education.

The objectives of the study are—

- I. To focus on the context of ADHD
- II. To discuss the differences between inclusion and mainstreaming
- III. To highlight the pattern of management of ADHD children to reduce their problem
- IV. To describe the role of school and home in relation to the care of ADHD children

Introduction: Perhaps the best and most worrying example of psychiatric colonisation is Attention Deficit Hyperactivity Disorder (ADHD), the subject of this essay, which has morphed from a disorder only recognised in the USA to one that is diagnosed and treated worldwide. ADHD has been the most commonly diagnosed childhood disorder in the USA since the 1960s. Children diagnosed with ADHD are perceived to be ‘imperfect’ by virtue of behaviours that are often recognised in childhood, including hyperactivity, inattention and impulsivity. When ADHD’s history in different countries is examined more closely, a more complex story emerges. Instead of accepting the *DSM* version of ADHD

unhesitatingly, psychiatrists—as well as parents and patients—from other countries or parts of different countries have adapted, modified and, indeed, contested American notions of ADHD. ADHD is of purely American provenance is that many of the features that allowed it to become a globally-diagnosed condition that was treated with stimulants and could be identified in girls and adults (as well as just boys) were first recognised not by American researchers, but by a team working at McGill University in Montreal. Despite transforming ADHD in ways that allowed it to be diagnosed in epidemic numbers, however, the overall approach of the Montreal team to hyperactivity, and Canadian physicians more generally, tended to be more cautious, more holistic and more nuanced—or, in other words, more balanced—than that of their American neighbours.

Children's behaviour is influenced by child rearing philosophies and cultural socialisation processes. Globalisation is imposing Western culture and views of mental health around the world with the assumption that they are superior to those in non-Western cultures. Although there are numerous examples of problematic child rearing beliefs in many non-Western cultures (such as female circumcision), many practices are effective and should be preserved. Indeed, child psychiatrists in the West could gain new knowledge from examining childcare practices across the world.

ADHD has been extensively studied in the USA over the past 40 years and this has led to our detailed understanding of the behavioural characteristics of the condition as it is now defined by the American Psychiatric Association (APA)'s DSM. However, this predominance of American research in this field and apparent differences in the prevalence of ADHD, or hyperkinesias, as defined by the World Health Organization (WHO) ICD, has also led to the impression that this is largely an American disorder and is much less prevalent elsewhere.

Inclusion and Mainstreaming: Inclusion is a newer term used to describe the placement of students in regular classes for all or nearly all of the school day; mainstreaming is often associated with sending a student from a special education class to a regular class for specified periods. “Mainstreaming” and “inclusions” are two different academic programs meant for IEP students. “IEP” stands for “Individualized Education Program.” It is a legal document which describes a particular educational program required and designed specifically for a child’s unique requirements and needs. “Mainstreaming” and “inclusion” have become mandatory in schools, and they are no more just a courtesy offered by schools.

Inclusion allows the student with disabilities to receive instruction in the general education with special education services coming to them. For example: a student with difficulties in reading would have the special education teacher come to them to receive their instruction

in the same room with their non-disabled peers. Some school districts call this collaboration, in which the general education teacher and special education teacher collaborate to provide instruction to all the students.

Mainstreaming is the placement of a child with a disability (or exceptionality) in a general education classroom, with the expectation that the student will be able to work and produce assignments at a similar rate as students who don't have disabilities. Students with disabilities who participate in mainstreaming are given the same assignments as other students with only slight differences if necessary. In a mainstreaming classroom, there's only the general education teacher. Therefore, if a student needs help, he/she will have to wait and receive assistance that's similar to what other students in the classroom receive.

Most parents are good parents. But if our son or daughter has attention deficit disorder (ADHD), “good” may not be enough. To ensure that the child is happy and well-adjusted now and in the future — and to create a tranquil home environment — we’ve got to be a *great* parent. Children with ADHD generally have deficits in *executive function*: the ability to think and plan ahead, organize, control impulses, and complete tasks. That means you need to take over as the executive, providing extra guidance while your child gradually acquires executive skills of his or her own. We must remember that the ADHD kids groups are not excluded from the general normal stream. So through the inclusive education we must try to make mainstreaming of the children with ADHD with a warm care.

How to help kids with ADHD in school and home: The children with ADHD often don't “hear” parental instructions, so they don't obey them. They're disorganized and easily distracted, keeping other family members waiting. Or they start projects and forget to finish them—let alone clean up after them. Children with impulsivity issues often interrupt conversations, demand attention at inappropriate times, and speak before they think, saying tactless or embarrassing things. It's often difficult to get them to bed and to sleep. Hyperactive children may tear around the house or even do things that put them in physical danger. The demands of monitoring a child with ADHD can be physically and mentally exhausting. The child's inability to “listen” can lead to frustration and that frustration to anger—followed by guilt about being angry at the child. Your child's behaviour can make us anxious and stressed and if there's a basic difference between our personality and that of our child with ADHD, his or her behaviour can be especially difficult to accept. In order to meet the challenges of raising a child with ADHD, you must to be able to master a combination of *compassion* and *consistency*. Living in a home that provides both love and structure is the best thing for a child or teenager who is learning to manage ADHD.

To manage ADHD--

- There is no substitute for parent understanding the child's mind and conveying that over and over again to teachers! A child needs an advocate after a diagnosis of ADHD and too often testing results get "filed away".
- We should become a partner with our child's teacher. It will create a relationship that will support your child. We should treat your child's teacher as the professional she is.
- Creativity is impulsivity gone right. We can encourage it in our child and can use it ourselves.
- Most kids with ADHD don't do things the "normal way". We shall not feel bad about this, and don't say or do things that will make our child feel badly about his or her unique approach. Also, we can work with teachers to get rid of the shame in approaching problems and situations in a non-standard fashion.
- The greatest learning disorder of all is fear. All kids, and this includes kids with ADHD, need to feel emotionally safe in the classroom and at home. We may talk with our child about his or her classroom and social experiences to make sure this is happening.
- The school teacher can set our child up to make progress on something that matters to him. This builds confidence and motivation.
- With all children, but particularly with kids with ADHD, simple, consistent rules are the best. This is true of the classroom and at home. That's why always should treat others with respect is a simple rule that can be applied to many situations.
- All modalities/multi sensory training has to be used: Visual, auditory, kinaesthetic.
- We can create a predictable schedule at school and at home. Kids thrive in situations that have enough predictability that they don't need to guess about what is coming next (this does not mean "boring" though!) An important part of that schedule is getting enough sleep. We may get our kids into bed early, if at all possible.
- Warnings should be given about upcoming transitions from one activity to another. For example, "Now we are going to write our practice sentences, then we are going to move into science."
- It is easier to take on a big task if it is broken down into small steps.
- We should monitor progress often and give feedback often.
- All kids need escape valves. We can make sure to provide time to get up from desk, walk around, have recess, and bring some physical activity into what they are doing.
- We should give positive feedback when it is deserved. Kids know whether or not we are just trying to puff them up.
- We can try to make a game out of learning.

- We must consider talking with our teacher about having a home to school notebook for quick comments on daily basis and easy communications.
- Family dinner is one of the highest predictors of high SAT scores. We should take the time to have family dinner and connect with each other.
- Driving in a car is another great way to connect with our kids. Spending time, anywhere, is important.

The children with ADHD need consistent rules that they can understand and follow. If rules are followed, we should give small rewards. Children with ADHD often receive, and expect, criticism. We will look for good behaviour and praise it. The child receives the reward when he performs the desired behaviour and a mild penalty when he doesn't. A reward can be small, perhaps a token that can be exchanged for special privileges, but it should be something the child wants and is eager to earn. The penalty might be removal of a token or a brief time-out. This system of rewards and penalties can be an effective way to modify a child's behaviour. The parents (or teacher) identify a few desirable behaviours that they want to encourage in the child—such as asking for a toy instead of grabbing it, or completing a simple task. Thus presently a big demand of parental care and teaching responsibility for children with ADHD shows an emergence in the globalised world basis mode.

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