

International Journal of Research Publication and Reviews

Journal homepage: www.ijrpr.com ISSN 2582-7421

Efficacy of Concentration Enhancement Therapy among Children with ADHD

Sonal Singh¹, Prof.Dr. Maya E Patlia²

¹Research Scholar, Malwanchal University Indore. ²Research Supervisor, Malwanchal University,Indore.

Introduction

A country's children are its greatest hope for a thriving future. Only when children are well-adjusted in all aspects will society be able to develop a magnificent country characterised by harmony, stability, peace, and happiness. Both the home and the classroom play critical roles in moulding children into responsible, creative individuals. Behavior issues, such as inattention and hyperactivity, may have a negative impact on a child's academic achievement. In 2017, over 7% of children aged 5 to 18 were diagnosed with attention deficit hyperactivity disorder (CDCP), with 5.8 million children receiving such a classification.

Researchers thought that kids' failure to concentrate was a pervasive problem in schools and that specific therapies might help. They intended to test the effectiveness of these therapies on a diverse group of ADD/ADHD kids from several elementary schools.

Methodology

A quasi-experimental approach was used on two groups of fifty school-aged children. A method of intentional sampling was used to enrol participants from two public elementary schools. The design's input, processing, and output phases were conceptualised using Ludwig von Bertalanffy's General System Theory. The Vanderbilt Assessment Scale and the Behavior Checklist for Psychological Testing of Intelligence were used to evaluate the attention span of children with ADD and ADHD before and after therapy (BBPTI). The researchers used a quasi-experimental approach with two groups of school-aged individuals (n = 50 in the experimental group and n = 50 in the control group) for this study. Participants were recruited from two elementary schools using a systematic sampling approach. Researchers used a modified version of the NICHQ Vanderbilt's Assessment Scale to screen children aged 7 to 12 for ADD/ADHD. One hundred ADD/ADHD kids from both schools took part in the study, with fifty put in the experimental group and fifty placed in the control group. On both groups, the BBPTI was employed to perform a preliminary concentration test. Word cancellation, colour cancellation, beading, storytelling, and puzzle solving were just a few of the activities that the experimental group did for 30 minutes on each of two days to improve their attention. On day 11, we compared the post-treatment concentration levels in the two groups using the same BBPTI scale

Result

Prior to the application of concentration-improving activities, the average concentration level of both groups was found to be almost comparable, with the experimental group scoring 6.08 and the control group scoring 3.10. After finishing the test, both groups compared their results; the experimental group performed much better (10.12 2.71 vs. 3.2 0.86 for concentration). The concentration levels in the experimental and control groups were compared before and after treatment. The experimental group had 1.42 degrees of freedom more than the control group, according to the t test (49). The experimental and control groups had differing post-test mean concentration scores. Using a chi-square analysis, we discovered that gender, family wealth, birth order, and the number of siblings of students had no effect on their ability to focus on the test.

Conclusion

A concentration enhancement treatment programme for school-aged children, according to the findings of this study, may improve their overall academic performance. As a result, it might be deemed mandatory reading while they are still in school.

Reference

1.Brown RT, Freeman WS, Perrin JM, Stein MT, Amler RW, Feldman HM, et al. Prevalence and assessment of Attention-Deficit/Hyperactivity Disorder in primary care settings. Pediatrics. 2001;107:43–54. [PubMed] [Google Scholar]

2. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders. 4th ed. tr. Washington, DC: American Psychiatric

Association; 2000. [Google Scholar]

3. Barkley RA. Attention-deficit hyperactivity disorder: A handbook for diagnosis and treatment. 3rd. New York: Guilford; 2006. [Google Scholar]

4. American Academy of Pediatrics. Clinical practice guideline: Treatment of the school-aged child with attention -deficit/hyperactivity disorder. Pediatrics. 2001;180:1033–44. [PubMed] [Google Scholar]

5. Power TJ, Karustis JL, Habboushe D. Homework success for children with ADHD: A family-school intervention program. New York: Guilford; 2001. [Google Scholar]

6. Pelham WE, Fabiano GA. Evidence-based psychosocial treatments for attention deficit/hyperactivity disorder. J Clin Child Adolesc Psychol. 2008;37:184–214. [PubMed] [Google Scholar]

7. Pfiffner LJ, Barkley RA, DuPaul GJ. Treatment of ADHD in school settings. In: Barkley RA, editor. Attention-deficit Hyperactivity Disorder: A Handbook for Diagnosis and Treatment. 3rd. New York: Guilford; 2006. [Google Scholar]

8. Pfiffner LJ, Rosen LA, O'Leary SG. The efficacy of an all-positive approach to classroom management. J ApplBehav Anal. 1985;18:257–61. [PMC free article] [PubMed] [Google Scholar]

9. Rapport MD, Murphy A, Bailey JS. Ritalin and response cost in the control of hyperactive children. A within subject comparison. J ApplBehav Anal. 1982;15:205–16. [PMC free article] [PubMed] [Google Scholar]

10. Power TJ, Hess L, Bennett D. The acceptability of interventions for ADHD among elementary and middle school teachers. J Dev BehavPediatr. 1995;16:238–43. [PubMed] [Google Scholar]

11. DuPaul GJ, Stoner G. ADHD in the schools: Assessment and intervention strategies. 2nd. New York: Guilford Press; 2003. [Google Scholar]

12. Pastor PN, Reuben CA. National Center for Health Statistics: Vital Health Statistics (DHHS Publication No PHS 2002-1534) Hyatsville, MD: Department of Health and Human Services; Attention deficit disorder and learning disability: United States 1997-1998. [Google Scholar]

13. Shapiro ES. Academic skills problems workbook. revised. New York: Guilford; 2004. [Google Scholar]

Zentall SS. Research on the educational implications of attention deficit hyperactivity disorder. Except Child. 1993;60:143–53. [Google Scholar]
DuPaul GJ, Ervin RA, Hook CL, McGoey KE. Peer Tutoring for children with attention deficit hyperactivity disorder: Effects on classroom behavior and academic performance. J ApplBehav Anal. 1998;31:579–92. [PMC free article] [PubMed] [Google Scholar]

16. Greenwood CR, Seals K, Kamps D. Peer teaching interventions for multiple levels of support. In: Shinn MR, Walker HM, Stoner G, editors. Interventions for achievement and behavior problems in a three-tiered model including RTI. Bethesda, MD: National Association of School Psychologists; 2010. pp. 633–675. [Google Scholar]