

## RESEARCH ARTICLE

## Attention Deficit and Hyperactivity Disorder According to the Teachers' Perceptions

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### Abstract

**Objective:** The Attention Deficit and Hyperactivity Disorder (ADHD), which is one of the student-related problems at primary education schools, is a major health problem that affects all stakeholders in the education process. In the study, the total number of students with ADHD being educated in primary schools of Ordu province has been targeted. So, the prevalence of the students with ADHD will be determined for the first time after an extensive screening in our country. Furthermore, we have aimed to evaluate the success and compliance status of the students with ADHD according to the teachers' perceptions. With the study, the school compliance and success status of the students with ADHD who were diagnosed and in a treatment at a health facility have been examined.

**Methods:** The universe of the study is composed of 252 students with ADHD consisting of in total 88 926 students studying at 330 primary schools in Ordu province in 2011-2012 academic years. In the study, the scanning model was used as the method and "The Attention Deficit and Hyperactive Student Determination Form" developed by the researchers was used as tool. The data obtained in the study was carried out through a request text of the governor which was written by Ordu Counseling and Research Center Management and the schools are informed that the forms which are used for tools should be filled and then sent back.

**Results:** In the statistical evaluation, the prevalence of ADHD has been found as 0.28%. In addition, 156 (62%) of 252 students diagnosed with ADHD have been under medical treatment. It has been determined that 4.2% of these cases related to compliance and success achieved the desired harmony and success but the problems of others continued. On the other hand, it has been determined that only 2.8% of 96 (38%) students with ADHD who could not have medical treatment for various reasons achieved compliance and success.

**Conclusion:** In the study, the number of children diagnosed with ADHD is 0,28% and it shows us that the students with ADHD cannot be determined largely and the students, teachers and families are in great difficulties. In addition, it is significant that the diagnosed students can not have enough support. On the other hand, the status of untreated students with ADHD despite the medical diagnosis can be attributed to the parents' lack of education, functionality of the treatment and anxiety caused by the side effects of drugs. As a result, some proposals such as to create a strategy for the diagnosis of the students with ADHD all over the country, to configure the school support services besides the medical treatment and to organize parents education program for the families have been presented.

**Key words:** ADHD, Compliance and Performance, Elementary, Students, Ordu

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### Introduction

The Attention Deficit and Hyperactivity Disorder (ADHD), which is one of the student-related problems at primary education schools, is a major health problem that affects all stakeholders in the education process.

It is a disorder in which the symptoms such as hyperactivity incompatible with the level of development of ADHD, difficulties in gathering attention and uncontrolled impulse are observed (Guclu and Erkiran, 2005). According to DSM-IV diagnostic criteria determined by the American Psychiatric Association, disorder must last at least 6 months, symptoms should be appeared at least two environments (home, school, workplace, etc.), problems should start before the age of 7 and academic or social functioning should be disturbing (Ozcan et al., 1998). The children with ADHD need to be monitored in classes, camps, group games and at home (Kaidar et al., 2003). On the other hand, conduct disorder, opposite defiant disorder and specific learning difficulties generally accompany to the ADHD (Conner et al., 2003).

The aim of the study is to determine the prevalence of primary school students received the diagnosis of ADHD in health care organizations (Phase I) and to evaluate the compliance and success status according to teachers' perceptions (Phase II).

In the first stage of the study the prevalence of diagnosed ADHD were investigated. In the researches related to the prevalence of ADHD in the world and our country, the results varying between 1% and 20% have been found (Faraone et al., 2003, Polanczyk et al, 2007; Uyan et al., 2014). According to the countries, the causes of the differences in ADHD prevalence can be attributed to the methodological differences (DSM-ICD differences) in the classification of disease, differences in the diagnostic evaluation or the differences in socio-economic structure of the area of the study (Skounti et al., 2007; Polanczyk et al., 2007; Uyan et al., 2014).

Because of the uncertainty of the prevalence of ADHD and the difficulties in its diagnosing, some challenges have been appeared in the development of large-scale projects and creation of strategies. For the ADHD, a clinical practice guideline was published in 2000 for the first time by the American Academy of Pediatrics. A second guide was published for treatment in January 2001. In these guides, a multidisciplinary approach has been suggested by the pediatricians, developmental pediatricians, child and adolescent psychiatrists,

psychologists, child neurologists and family doctors for the diagnosis and treatment of ADHD and it has been emphasized that the information which will be given by the family and school must be evaluated besides the DSM-IV diagnostic criteria for the diagnosis (Barley et al., 2004; Uyan et al., 2014).

With the study, total number of diagnosed with ADHD students studying in the primary schools of Ordu province have been aimed. Thus, the prevalence of diagnosed students with ADHD will be determined for the first time after a large-scale screening in our country.

In the second stage of the study, the evaluation of compliance and success status of the students with ADHD according to the teachers' perceptions has been aimed. The ADHD diagnosis is usually made at school ages. Teachers identify these children as late comers to school, forgetful and as in a dream, as individuals who have difficulty in being organized and cannot complete their homework. Therefore, loss of performance, lack of motivation and comprehension problems lead to success under their intelligence (Tahiroglu et al., 2005). Besides the problems about the success, troubles in compliance have been experienced. Lauth and Mackowiack ADHD have identified the students with ADHD as -destructive in the class environment and they have determined that the students with ADHD show both active damaging behavior (talking continuously with desk mates, scouring in the classroom, wandering around humorously etc.) and passive damaging behavior (looking out of the window, being so busy with other things etc.) more than the other students (Act. Ozmen, 2010). Also, in the foreign studies related to the students with ADHD, it has been suggested that there are behavior problems accompanying with ADHD. It has been determined that the behavior disorder is 50%, social withdrawal, fear and depression are 30-35%, and learning difficulties are 35%. In the studies performed in our country, the rates are 35% in behavior disorders, 25,9% in oppositional behavior and 21.7% in specific learning difficulties (Ozmen, 2010). With the study the school harmony and success of the students with ADHD who were diagnosed and under treatment at a health facility have been investigated.

**Methods**

In the study general screening model was used as the method. General screening models are “scanning arrangements on the whole universe or a group of samples or sample which will be taken from it in order to arrive at an overall judgement about the universe in a universe composed of numerous elements” (Karasar, 1994). In the research "The Attention Deficit and Hyperactivity Diagnosed Student Determination Form" developed by the researchers was used as the data collection tool.

The form was presented to the evaluation of five faculty members after the pre-development. Then arrangements were made and applied to 42 teachers as a preliminary assessment, it was finalized with rearrangements according to the data obtained. In the first phase of the form, diagnostics institutions where the students with ADHD performed and treatment situations were questioned, in the second phase of the form academic success and compliance situations were evaluated in accordance with the opinion of the class advisor. At this stage, the effects of the discontinuing situations of the students with ADHD to their treatment despite being diagnosed with ADHD or drug treatment for the academic achievement and the school adjustment were examined.

The universe of the study is composed of the students with ADHD studying at primary schools in Ordu province in 2011-2012 academic years. The study is limited with the data obtained from the ADHD forms filled by class guide teachers who have students with ADHD in primary schools in the 2011-2012 academic years.

The data obtained in the study was carried out through a request text of the governor which was written by Ordu Counseling and Research Center Management and the schools are informed that the forms which are used for tools should be filled and then sent back. In the controls in the process of collecting the forms, incomplete and irregular shipments were identified and requested again and it was tried to obtain the entire universe.

**Results**

The findings obtained in the study are composed of 252 ADHD diagnosed students consisting of a total of 88926 students who study in 330 primary schools of Ordu province in 2011-2012 academic years.

**Table 1.** The Distribution of ADHD Diagnosed Students According to the Class and Gender

C	F	M	T	C/S	U	C/S
1	6	30	23	1	10	1
2	7	26	20	2	12	-
3	2	32	20	-	8	-
4	5	26	18	1	13	2
5	4	28	22	-	15	-
6	6	24	19	-	12	-
7	3	22	18	2	16	-
8	2	29	16	1	10	-

C= Classes, F= Female, M= Male, T= Treated, C/S= Compliance/Success, U= Untreated

In the statistical evaluation the prevalence of ADHD has been found as 0.28%. In the DSM booklet (APA, 1994) the frequency has been projected as 3-5%. In the studies conducted in our country, 2-12% of the school-age children are thought to be affected although there is no definite opinion unity (Kayaalp, 2008).

In addition, 156 (62%) of 252 ADHD diagnosed students have been under medical treatment. It has been determined that 4.2% of them achieved both desired harmony and academic success but the problems of the others have been continued. On the other hand, it has been determined that only 2.8% of 96 (38%) students with ADHD who cannot have medical treatment for various reasons achieved compliance and academic success.

**Discussion**

According to the data obtained in the research, the number of ADHD diagnosed students is very low. Because the universes of earlier studies are consisted of children admitted to the clinic, ADHD screening conducted in some schools or a few students who were diagnosed with ADHD. But, as the ADHD diagnosed students studying in primary schools of all the villages, towns and districts of the province were identified in the study, the rates may have been lower. This situation can be connected to the diagnostic difficulties because of the socio-economic reasons in villages and towns and the width of the universe. On the other hand, a multidisciplinary work must be for diagnosis of the ADHD. Because, there are difficulties in diagnosing and therefore observations of parents and teachers play an important role (Ercan and Aydin, 1999). The observation results of the students for both academic success and peer communication and experienced behavior problems

in the school environment are distinguishing (Atkins and Pelham, 2001). Researchers has emphasized that the opinions of teachers play a major role in treatment as well as in diagnostics (Ghanizadeh et al., 2006, Karabekiroglu et al., 2009). But in the study of teachers' knowledge about ADHD, it has been determined that the teachers have insufficient information. Similarly, it has been determined that the families who have children with ADHD do not have adequate knowledge or the information they learn may be incomplete and inaccurate (Aslan, 2013; Gol and Babik, 2013).

Despite the students with ADHD have treatment, their harmony and success situations are not at the desired level, and this can be explained with the lack of knowledge and skills of the families on these subjects and insufficiency of the school support services and the medical treatment. The ADHD treatment should be in scope containing behavioral, cognitive, social and familial areas. As well as drug treatment psychotherapy and psychosocial interventions are essential (Kayaalp, 2008). But the psychotherapy and psychosocial supports have not reached a sufficient level in our country. Meeting of the requirements by the psychotherapy services are not possible according to the conditions of our country. Because, only five of every hundred people can access to mental health professionals in our country (Cam and Engin, 2015).

In the domestic and international studies, it has been reported that the prevalence of ADHD range between 2% and 12%. In the study, the number of children diagnosed with ADHD is 0,28% and it shows us that the students with ADHD cannot be determined largely and the students, teachers and families are in great difficulties. In addition, it is significant that the diagnosed students can not have enough support. On the other hand, the status of untreated students with ADHD despite the medical diagnosis can be attributed to the parents' lack of education, functionality of the treatment and anxiety caused by the side effects of drugs.

### Conclusion

As a result, some proposals such as to create a strategy for the diagnosis of the students with ADHD all over the country, to configure the school support services besides the medical treatment and to organize parents education program for the families have been presented.

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**Informed Consent:** Necessary information using the patient information form and consent form was taken from the participants.

**Peer-review:** Externally peer-reviewed.

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