Assessment of Educators' Experience in the Management of Attention Deficit Hyperactivity Disorder (ADHD) among Children in Edo State, Nigeria: Implications for Counselling

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Abstract: **This paper is on the assessment of Educators experience in the Management of Attention Deficit Hyperactivity Disorder (ADHD) among Children in Edo State, Nigeria. The study is a quasi-experimental design. The purpose of the study is to assess Educators' experience in the management of ADHD among children in Edo State; the populations of the study are Educators in primary schools in Edo State. 140 Educators were selected from two out of 18 Local government Areas, to go through the training for 6weeks. In this study one hypothesis was formulated: There is no significant difference in the levels of experience of Educators in the post treatment knowledge in the management of ADHD. The Modified - Knowledge of Attention Deficit Hyperactivity Disorder (M-KADHD) questionnaire modified by the researchers was used for the study and was administered to the participants at the beginning. They were grouped into 2 equal groups: control and experimental. Each group had 70 participants respectively. Only the experimental group received the behaviour modification treatment which lasted for 6 weeks. The analysis of covariance for the effect of level of experience of Educators showed .166 as the F-ratio with df = (139). This was not significant at p>.05. The null hypothesis was retained. The result showed there was no significant difference in the management of ADHD based on the level of experience of Educators. It was recommended that for proper management Pupils who manifest ADHD symptoms of inattention, hyperactivity/impulsivity Educations should be trained irrespective of the years of teaching experience. Educators' should manage these children by breaking assignments into smaller units and give reward accordingly.**

Key Words**: Educators Experience, Attention Deficit Hyperactivity, Counselling.**

I. INTRODUCTION

Adhd has harmful effects on school-aged children. It results in restlessness, impulsive acts, and lack of focus, which may impair school performance. ADHD is a behavioural disorder that is characterized with insistent pattern of inattention and/or hyperactivity and impulsivity that obstructs with the individual's daily functioning and life's activities. It affects children and adolescent in diverse ways and extents, the effects of the condition can impact so much on parents and other care givers. ADHD has been reported in 1.5% of children. It manifests in childhood from age 2 and before or by age 7. When not properly established and followed up it can lead to other major challenges for the individual and his family (Abikwi, 2012 & Ogundele, 2018)

According to Rocco, Corso, Bonati, and Minicuci, (2021) stated that though there is no global consensus, meta-regression analyses have estimated the worldwide ADHD prevalence at between 5.29% and 7.1% in children and adolescent. South African psychiatrists, Meyer, Eilertsen, Sundet, Tshifularo and Sagvolden, (2004) postulated that one in 20 children or 5% of children in South Africa suffer from ADHD.that the prevalence of ADHD in clinical psychiatric settings is as high as 52.5%. Conditions comorbid with ADHD is common, with psychiatric conditions in up to 20.43% of individuals. In 2006, Egbochuku and Abikwi conducted a pilot study on the prevalence of ADHD among primary school pupils aged 5-12 years in some selected schools in Benin City. The result showed prevalence of 23.15% of the either type 1, 2 or combined type of ADHD among the pupils. It is therefore, necessary to expose Educators, parents and health providers on how to manage ADHD in order to assist any child diagnosed with ADHD. This aligned with one of the specific goals of primary education in the National Policy on Education (NPE: 2014): "to develop in the child the ability to adapt to the child's changing environment".

The American Psychiatric Association (APA) (2013) has identified about 20% of the population diagnosed as having ADHD and that Educators and parents are the ones who seek help for children who exhibit the problems. According to the CDC 2015 report, the total number of Americans adults and children with ADHD has continued to rise up from 7.8 percent in 2003 to 9.5 percent in 2007 and 11 percent in 2011. Boys are nearly three times more likely to be diagnosed with ADHD (13.2 percent) than are girls (5.6 percent). This difference is not necessarily because girls are less inclined to the disorder. Skogli, Teicher, Normann-Andersen and Øie (2013) suggests that girls may be consistently less recognized and under diagnosed because of differences in the outright expression of the disorder among

girls, Girls with ADHD may display fewer behavioral problems with less noticeable symptoms, their difficulties are often overlooked whereas boys will manifest outright symptoms because they are more aggressive and can assert more energy. Many parents of children with ADHD experienced symptoms of ADHD when they were younger. ADHD is commonly found in brothers and sisters within the same family. Most families seek help when their child's symptoms begin to interfere with learning and adjustment to the expectations of school and age-appropriate activities.

ADHD, inattentive and distractible type

This type of ADHD is characterized predominately by inattention and distractibility without hyperactivity.

ADHD, combined type

This is the most common type of ADHD, is characterized by impulsive and hyperactive behaviours as well as inattention and distractibility.

ADHD, Predominantly Hyperactive-Impulsive type

This is the least common type of ADHD, is characterized by impulsive and hyperactive behaviours without inattention and distractibility.

Most symptoms seen in children with ADHD occur more frequently and interfere with learning, school adjustment, and at times, with the child's relationships with parents and others.

The following are the most common symptoms of ADHD. However, each child may experience the symptoms differently.

ADHD manifest in three major types includes the following:

1. Inattention

a. short attention span for age (difficulty sustaining attention)
b. difficulty listening to others
c. difficulty attending to details
d. easily distracted
e. forgetfulness
f. poor organizational skills for age
g. poor study skills for age

2. Impulsivity

a. often interrupts others
b. has difficulty waiting for his/her turn in school and/or social games
c. tends to blurt out answers instead of waiting to be called upon
d. takes frequent risks, and often without thinking before acting

3. Hyperactivity

a. seems to be in constant motion; runs or climbs, at times with no apparent goal except motion
b. has difficulty remaining in his/her seat even when it is expected
c. fidgets with hands or squirms when in his/her seat; fidgeting excessively
d. talks excessively
e. has difficulty engaging in quiet activities
f. loses or forgets things repeatedly and often
g. inability to stay on task; shifts from one task to another without completing any.

ADHD is the most commonly diagnosed behaviour disorder of childhood. Pediatricians, child psychiatrists, clinical psychologists, qualified mental health professionals usually identifies ADHD symptoms in children. A diagnosis is taken from at least two settings, stating the observations of the child's behaviour and educational attributes from parents at home and educators in the school. Mechanisms of treatment for children with ADHD include educators and parental support and training in behavioural modification, appropriate school placement, and therapy. Although treatment with a psycho stimulant is effective in most children with ADHD, it is recommended that psychotherapy should be applied, it has no effect at all on the child rather than use chemicals in the brain that disallow the child from maintaining attention and controlling impulses.

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 (NPE 2004) 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.

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 form of 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. As evident from the study by Egbochuku and Abikwi (2007), on the prevalence of attention deficit hyperactivity disorder (ADHD) among primary school pupils of Benin metropolis, Nigeria', attention deficit hyperactive disorder may become a common 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 fully identified as a major problem by Educators in Nigeria. The school systems therefore have no provisions for helping children who may exhibit behaviour likely to be symptoms of attention deficit/hyperactivity disorder.

With the Universal Basic Education (UBE) in Nigeria, Educators will have to cope with more learners in their classes and with more learners comes diverse problems, such as ADHD which affects about 3-10% of all learners, Abikwi (2009). It was imperative to carry out a study to establish what Educators experience is in the management of children with ADHD. To proffer solutions to questions on Educators' experience in the management of attention deficit hyperactivity disorder (ADHD) among children it became pertinent to have an intervention programme on behaviour modification strategies for Educators to assist them in managing children who manifest symptoms of ADHD.

Purpose of the Study

The purpose of the study is to assess Educators' experience in the management of ADHD among children in Edo State.

Hypothesis

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

H_O: There is no significant difference between the different experiences of Educators on the post treatment knowledge in the management of ADHD.

Treatment procedure for Educators (Abikwi 2009)

The administration of the instruments followed these steps:

Pre-treatment assessment: At the beginning of treatment both the control and experimental groups were administered the M-KADHD questionnaire. A total number of 140 respondents made up of 70 in control group and 70 in experimental group. It was collected after answering/

Treatment The treatment period lasted for six weeks, Only the Experimental Group of 70 respondents were exposed to the teachings for six weeks.

Post-treatment assessment: At the end of six weeks teaching all 140 participants in the control and experimental groups were administered the questionnaire. The questionnaire was collected for analysis.

II. METHOD OF STUDY

A purposive 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 out of the 18 Local Government Areas in Edo State. The researchers 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 in Egor and Oredo Local Government Areas were visited.

The facilitator discussed with them and a convenient time table was drawn for the 6 weeks to commerce the management strategies. The control group and the experimental group had 70 participants each. Every teacher had opportunity to participate.

In this study 70 Educators were assigned each to the control and the experimental groups before treatment. Each of the groups were given a pre-test at the beginning to find out if they have any knowledge in the management of ADHD and a post test at the end to ascertain if knowledge was gained. In all, a total of 140 Educators were used for the study for a maximum of 6 contact sessions. The Parent/teachers Disruptive Behaviour Disorder (DBD) rating scale based on the Diagnostic Statistical Manual of Mental Disorders (DSM-IV TR(APA) (2000) was adopted for use, The adopted 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 four point Likert rating scale with options of: Strongly Agreed (SA), Agreed (A), Disagreed (D) and Strongly Disagreed (SD). Strongly Agreed (SA) was scored 4, Agreed (A) 3, Disagreed (D) 2, and Strongly Disagreed (SD) 1. The questionnaire was in two parts. 'Section A' was a bio data to solicit responses from Educators on their years of experience. 'Session B' is a 39 item inventory designed to assess the knowledge of ADHD among Educators.

Method of Data Analysis

Respondents were selected into various strata as follows, Educator's years of experience

(0-5), (6-10), (11years and above). The statistical method used is 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.

Table 1: Descriptive Statistics of Respondents' Socio-Demographic Variables

Number of Participants	Frequency	Percent	Valid percent	Cumulative Percent
Control	70	50.0	50.0	50.0
Experimental	70	50.0	50.0	100.0
Total	140	100.0	100.0	
Gender of Educators	**Frequency**	**Percent**	**Valid percent**	**Cumulative Percent**
Male	62	44.3	44.3	44.3
Female	78	55.7	55.7	100.0
Total	140	100.0	100.0	

This section shows the background data for Educators respondents. Educators were 140. Male respondents' were 62 (44.3%) while female 78 (55.7%). The background of data was presented in Table 1.

Table 2 Descriptive Statistics of Level of Experience

Level of Experience	Frequency	Percent	Valid percent	Cumulative Percent
High (11and above years)	27	19.2	19.2	19.2
Middle (6-10years)	43	30.8	30.8	50.0
Low (0-5years)	70	50.0	50.0	100.0
Total	140	100.0	100.0	

The level of Educators experience were high that is 11years and above was 27 (19.2%), middle that is 6 to 10 years was 43 (30.8%), and low 0 to 5 years was 70 (50%). The background of data was presented in Table 2.

Hypothesis 1

To compute the difference between the different levels of experience by Educators in the experimental and control groups' hypothesis one was formulated.

III. RESULTS

Ho: There is no significant difference between the different levels of experience of educator on the post treatment knowledge of the management of ADHD.

Table 3: Analysis of Co-variance on Post-Test Treatment on the Level of Experience of Educators Group in the Knowledge of ADHD

Source	Type 111 Sum of Squares	df	Mean Square	F	Sig
One-way Interaction					
Corrected Model	339753.754[a]	12			
Intercept	8263.076	1	28312.813	1525.435	.000
Pre-test	1151.031	1	8263.076	445.197	.000
Group	235460.871	1	1151.031	62.015	.000*
Sex	59.503	1	235460.871	12686.139	.000*
Experience	6.151	2	59.503	3.206	.076
2-way Interaction			3.076	.166	.847
Group X Sex	23.618	1			
Group X Experience	8.831	2	23.618	1.273	.261
Sex X Experience	110.562	2	4.416	.238	.789
3-way Interaction			55.281	2.978	.054
Group X Sex X Experience	72.945	2			
Error	2357.181	127	36.473	1.965	.144
Total	1731531.000	140	18.560		
Corrected Total	342110.936	139			

Significant at P< 0.05

In the result the analysis of variance in Table 3 the analysis of covariance for the effect of level of experience of Educators showed .166 as the F-ratio with df = (139). This was not significant at p>.05. The null hypothesis was retained. It was concluded that: There was no significant difference in the level of experience of Educators on their post treatment knowledge of ADHD.

Discussion

There is no significant difference in the level of experience of Educators in managing children with ADHD. This implies that treatment was not significant to any level of experience. The level of experience does not affect the treatment. That treatment can be applied irrespective of their level of experience. Educators when trained on the management techniques will be able handle children with ADHD symptoms in their classes without labeling them as bad.

The level of experience does not affect the treatment; as far as the management of ADHD is concerned treatment can be applied by Educators as soon as they start teaching despite their years of experience. The result of the study also suggests that there was no significant difference in the level of experience of Educators on their post treatment knowledge in the management of ADHD. When exposed to the same treatment, Educators will gain more understanding in the management of ADHD irrespective of how long they have been working. Furthermore, in this study treatment was not significant to a particular level of experience. Treatment rather can be applied to Educators irrespective of their level of experience. This study corroborate the findings of West, Taylor, Houghton, Hudyma and Baumgaertel (2005) who found there was no correlation between years of teaching experience of Educators. This study also agrees with Bolinger, Sh J. Mucherah,W and Markelz, A. M.(2020) who stated that levels of knowledge are not significantly related to the number of years of teaching experience.stating that Teachers with more years of teaching experience may feel that they do have sufficient levels of knowledge from their experience. and may not seek out additional training about ADHD, because of their **Years of experience.**

Implications for Counselling

A typical classroom is made up of children from diverse backgrounds and environments. Each child comes into the class with unique needs and problems. So, it is inevitable to have children with learning problems such as ADHD.

Educators have the primary role of managing the children under their care. A child suffering from ADHD also needs such discipline like any other child. Appropriate rewards and punishments should be given as and when due. The school setting is the context within which the vast majority of ADHD behaviours are recognised as being problematic; it is most naturally that the school counsellor may be the one who enacts the primary role of diagnostician for this condition. The school environment in where the child spends majority of time. Subsequently, it is incumbent that school counsellors/psychologist have some valid and reliable means of structuring and conducting these evaluations. They should be aware and work with support groups to manage these children who have difficulties going through school because of ADHD. They can take into cognisance testing and referral services for school pupils who may manifest the symptoms of ADHD.

IV. CONCLUSION

The study on Educators' level of experience in the management of Attention Deficit/Hyperactivity Disorder among children in Edo state, have shown that; Educators who participated in the study are aware that Attention Deficit Hyperactivity Disorder exists among children and it is a serious problem with recognizable symptoms. The ADHD intervention is affordable, not stressful, and the manual is like a curriculum which can be followed step by step. From the study Educators irrespective of their years of experience can assist in managing children with symptoms of ADHD Educators despite the years of experience can Children with symptoms of ADHD who interact with participants will comfortably go through school like other children without fear of Teachers inbeing wrongly labelled. The management package can be used as a guide with ease, during counselling sessions by other Educators. With the Universal Basic Education becoming a reality, Educators will from time to time refer to this study as a reference in handling more children who have learning disabilities especially ADHD.

V. RECOMMENDATIONS

Based on the findings of this study, it is recommended that:

Educators should update of their skills in managing children with ADHD, through 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 teacher to properly assess the pupils and recognize those that manifest the symptoms of ADHD.

Educators should be trained as soon as they are employed to understand that 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 by breaking down the lesson into smaller units. Also taking note of the effort the child has put in and give reward.

Counselling units should be established in primary schools in line with the provisions in the NPE to guide in exposing Educators to ways they can manage children with symptoms of ADHD. Educators should be encouraged to maintain a closer relationship with allied professionals' e.g. educational psychologist, pediatricians and child psychiatrist; this can increase access to making appropriate referrals in the management of Pupils with ADHD.

Finally, it is hoped that this study will provide Counsellors, Psychologists, Psychiatrists and other health providers enough information to manage children with Attention Deficit Hyperactivity Disorder.

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