

Enhancing ADHD Management among Children: Integrating Family and School Strategies for Optimal Learning

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ABSTRACT

This paper is conceptual in design and focuses on exploring and developing theoretical concepts to create a framework for enhancing Attention Deficit Hyperactivity Disorder management from a school and familial approach. The overarching objective is to improve awareness and understanding among school teachers and family members on how they perceive children with ADHD, how to manage ADHD in school and at home, and optimize their learning potential. The paper provides approaches to assess ADHD and examines how teachers and family members can optimize children with ADHD with an enabling environment for learning. Writing this paper implicated a comprehensive and systematic review and analysis of literature using not less than ten current reputable peer-reviewed journal papers and websites, including those published in the Journal of Abnormal Child Psychology, Journal of Clinical Psychopharmacology, Behavior Modification, Global Mental Health, Journal of Child Psychology and Psychiatry, Journal of School Psychology, and American Journal of Psychiatry. The resources were analyzed for themes and strategies relevant to ADHD management. This research paper is a valuable resource for parents, teachers, and healthcare professionals in identifying and supporting children with ADHD.

Keywords: ADHD, ADHD management, child development, learning support, behavior analysis

INTRODUCTION AND BACKGROUND

Attention Deficit Hyperactivity Disorder (ADHD) is a disruptive disorder that affects the learning and functioning of children and impacts their academic performance, social interactions, and overall learning. The neurodevelopmental disorder symptoms include lasting patterns of inattention, hyperactivity, and impulsivity that are disruptive to children's development and functioning (American Psychiatric Association, 2022). ADHD symptoms. As Sibley et al. (2016) noted, ADHD affects both children and adults, making it one of the most prevalent neurodevelopmental disorders globally. Polanczyk et al. (2014) confirmed that ADHD prevalence in children is between 5% and 7%, with many experiencing symptoms into adulthood (Willcutt, 2012). However, more boys than girls are affected by ADHD at the ratio of 6:1 (Novik et al., et al., 2006). The high prevalence rate accentuates the need for early and sustained intervention in school and family environments without which many children development and learning will continue in disruption and optimized adult life would be hindered.

ADHD is linked to several adverse outcomes, including academic underachievement, low self-esteem, and social isolation (Barkley, 2015). The prevalence of ADHD in Kenya, specifically Maseno region, is exceptionally high, at 13.1%, according to (Jenkins et al., 2015). With respect to the high prevalence, there is a need for comprehensive management strategies (DuPaul et al. (2011) across families and school environments to support the optimal development of children with ADHD, given the pervasive impact of the condition on children. Kaplan & Sadock (2016) and Austerman (2015) further expose several challenges children with ADHD face in educational environments, these include poor attention in classroom activities, disruptive behaviors, organization, and time management problems. In addition, the scholars also provide that young learners with ADHD experience challenges in assignment completion and academic performance as well as

struggling with social interactions, peer rejection, and social isolation. The academic and social difficulties have been found to contribute to low self-esteem and increased anxiety and further exacerbate their struggles within the educational setting (Thomas et al., 2015).

Early childhood is the onset age of ADHD (Scorharf et al., 2019) and the symptoms often persist into adolescence and adulthood, necessitating long-term management strategies (Faraone et al., 2021; Sibley et al., 2022). According to (Faraone et al., 2020), ADHD is believed to develop as a complex interplay of genetic, environmental, and developmental factors, though the precise causes remain unclear, which means that the way the environment is organized continues to shape the symptoms. The DSM-5 (APA, 2013) classifies ADHD into three symptom categories: inattentiveness, hyperactivity/impulsiveness, and a combined type. The criteria for screening ADHD at school or home involve observing the symptoms over at least six months. These behaviors must be inappropriate for the child's developmental level and must occur in two or more settings, such as home, school, or social situations.

In Kenya, many children, including adolescents, drop out of school due to the immense pressure of high academic achievement and poor behavioral adjustment without ever being assessed for neuro-developmental conditions, such as ADHD, that could hinder their ability to meet expectations. These children get frequently mislabeled as delinquents or academically under-performing despite their underlying cognitive and developmental challenges going unrecognized. This paper is justified in addressing the need for greater awareness and early assessment of neurodevelopmental disorders, especially ADHD, considering the Kenyan scenario where ADHD registers very high prevalence and which could be replicated in other countries. The researcher envisages this paper will lead to children gaining the appropriate support systems rather than allowing them to be condemned for circumstances beyond their control. As highlighted by Power et al. (2016), consistent interventions across both home and school environments have the potential to improve ADHD management significantly, which is the primary focus of this paper.

The objectives of this paper are to

1. Determine the perceptions of teachers and children with ADHD regarding the learners' experiences
2. Provide ADHD screening criteria for teachers and caregivers in children's setting
3. Explore teacher-parent collaborative approaches to support children with ADHD.

FINDINGS

Teachers and Children Perception of Learners with ADHD in School Setting and Implications for Support

Understanding teacher and child perceptions of the learner with disorder is important for raising awareness of how these perceptions affect their functioning and, therefore, the need for support. ADHD affects daily functioning, academic performance, and social relationships and hence the perceptions the teachers have and those of peers can influence whether the child with ADHD receives support in terms of educational strategies, behavior management, and on the overall self-esteem. Notably teachers lack adequate knowledge of children with ADHD among learners (Flanigan & Climie, 2018) despite the assumption that most of them have teacher education training. The teachers are generally trained for the typical child and not the exceptional ones and therefore they struggle when it comes to the special needs child. In a study carried out in South Africa by McDougal et al. (2022) only 42.6% answered questions on ADHD correct while a baseline in Australia showed knowledge on ADHD was below 50% (Latouche and Gascoigne's, 2019). Teachers record need for more comprehensive training on managing ADHD behaviors and the classroom environment complexities (Walters, 2022). Without adequate understanding of ADHD, teacher may hold negative perceptions of children with ADHD and therefore fail in providing adequate support for them.

According to Law et al., (2007) children in late childhood (11-12 olds) view those with ADHD as careless, lonely, crazy or stupid, the descriptions can be stigmatizing and can affect the children with ADHD self esteem. The way teachers and other children perceive those with ADHD has an impact on the interventions and

accommodations for their support. Research indicates that teachers tend to poorly differentiate ADD-related behaviors and other behavioral concerns in children; such misconceptions lead to inadequate support for children with ADHD capabilities and motivations (Langberg et al., 2018). Teachers have the perception that children with ADHD have greater levels of inattentiveness, impulsivity, and hyperactivity compared to the age norm and record that this state makes classroom management difficult (Al-Hiyari et al., 2020). Additionally, teachers also perceive students with ADHD as academically weaker or less capable; even though ADHD does not necessarily correlate with intelligence or potential, but can result in lower expectations for children with ADHD, which might affect the child's academic performance and self-esteem (Brady et al., 2019). Teacher training and personal experiences can impact understanding of ADHD; thus, those with experience more specific to managing ADHD are likely to be more supportive of children with ADHD. The teachers are more likely to adopt supportive strategies such as structured environments, positive reinforcement, and individualized instruction, including positive attitudes toward inclusive education for children with ADHD (Loe & Feldman, 2017).

Children with ADHD often exhibit self-perceptions that impact their interactions with peers, teachers, and parents. These perceptions link to the feedback they receive regarding their behaviors, academic performance, and social interactions. Negative feedback, especially regarding impulsivity and inattentiveness, is associated with feelings of inadequacy and low self-worth. Research indicates that children with ADHD are more likely to experience low self-esteem and feelings of incompetence, particularly in environments where they struggle to meet normative expectations, such as in school or social settings (Mikami & Normand, 2020).

Persistent failure academically and in school expectations worsens children with ADHD's sense of adequacy and may cause further alienation from peers (Thompson & Williamson, 2019). Moreover, children with ADHD often perceive themselves as different from their peers, and this can lead to social isolation, further reinforcing negative self-perceptions (Taylor et al., 2019). Moreover, children with ADHD believe that their inattentiveness or hyperactivity sets them apart in negative ways (Efron et al., 2018), yet they are helpless regarding their behaviors. Such perceptions cause them to internalize labels like "troublemaker" or "disruptive," which in turn erodes their self-confidence.

The impact of perceptions goes beyond childhood; children who acquire negative self-images tend to hold these feelings into adolescence and adulthood, which affects their emotional well-being and social development (Hoza, 2020). In retrospect, how teachers, parents, and peers provide feedback is crucial in either mitigating or exacerbating the emotional challenges faced by children with ADHD. Traits such as inability to focus or impulsivity in children with ADHD lead to self-perception that they are different or problematic. Such perceptions can contribute to social isolation, as peers may view their behaviors as disruptive or inappropriate, reinforcing negative self-perceptions (Taylor et al., 2019). Children suffering from ADHD tend to experience peer rejection and difficulty forming friendships, which negatively impacts their emotional and social development (Thompson & Williamson, 2019). At the same time, children with ADHD may also have moments of resilience and strength in areas such as creativity, problem-solving, and the ability to think outside the box (Asherson et al., 2019). Though children with ADHD may possess extraordinary abilities and strengths, such often get obscured by the overwhelming environmental challenges they encounter.

The interaction between teachers and children with ADHD can significantly impact the child's perception of their abilities. Positive reinforcement and supportive teacher-student relationships can help children with ADHD develop a more positive self-concept. When teachers use strategies that emphasize a child's strengths while addressing their challenges, children with ADHD are more likely to feel competent and supported (Langberg et al., 2018). Conversely, negative feedback or punitive approaches exacerbate feelings of inadequacy and lead to a cycle of negative behavior and low self-esteem. Children with ADHD are susceptible to criticism, and repeated negative interactions with teachers can reinforce a negative self-image (Brady et al., 2019).

Positive teacher-student interactions can foster self-esteem and encourage academic success. The approach can include teachers use of positive reinforcement highlight the child's strengths rather than focusing solely on their deficits (Langberg et al. (2018), teachers who understand ADHD and emphasize student capabilities can help children feel competent and capable of success, which can counteract negative self-perceptions. The

positive reinforcement is critical given the tendency of children with ADHD to develop negative self-images due to their struggles with focus and impulsivity. Encouraging students in their areas of excellence can extenuate these counter effects and heighten their sense of belonging in the classroom.

Additionally, implementing structured routines and clear expectations can help children with ADHD adjust to school life. Loe and Feldman (2017 & Pfiffner and Haack (2019) suggest that providing a consistent and predictable environment reduces anxiety and helps students manage their behaviors more effectively. Teachers can also adopt strategies such as using behavior charts, individualized instruction, and regular feedback to create a more inclusive learning environment. When children with ADHD are given specific goals and the tools to achieve them, they are more likely to feel supported and engaged. The combination of structure and positive reinforcement helps these students develop not only academically but also socially, as they learn to regulate their behavior and interact more positively with their peers.

One of the ways to enable children with ADHD to be better adjusted is conducting screening at school. The next section addresses how to conduct screening at different setting

ADHD Screening by Teachers, Caregivers and Child Self Assessment

Teachers and families can use the DSM-5 (*Diagnostic and Statistical Manual of Mental Disorders, 5th Edition*) as a guideline to screen for ADHD by recognizing and documenting key symptoms outlined in the manual. While a healthcare professional should formally diagnose, the DSM-5 criteria help identify behaviors that warrant further evaluation (American Psychiatric Association, 2013). ADHD symptoms must be observed in two or more settings, such as at home and school, to rule out situational factors. Parents and teachers can work together to track the child's behavior over time, observing whether the behaviors persist across different environments (American Psychiatric Association, 2013). Consequently, the child's social, academic, or daily functioning is impaired. Parents and teachers can jointly evaluate how the behaviors affect the child's ability to complete schoolwork, follow directions, or maintain peer relationships (American Psychiatric Association, 2013). Based on the DSM-5 criteria, families and schools can use standardized screening questionnaires such as the ADHD Rating Scale or Vanderbilt ADHD Diagnostic Parent and Teacher Scales. These tools, aligned with DSM-5 guidelines, help identify patterns of behavior that may suggest ADHD, although they do not provide a formal diagnosis (American Psychiatric Association, 2013).

Once schools and families observe consistent patterns of ADHD symptoms as outlined in the DSM-5, the next step is to seek a formal diagnosis from a licensed professional. Teamwork between teachers, parents, and clinicians ensures a comprehensive evaluation (American Psychiatric Association, 2013). Schools and families can maintain ongoing communication through parent-teacher meetings and technology-based communication to track the child's progress and behaviors in various settings. Schools can also develop Individualized Education Programs (IEPs) or behavior intervention plans to support the child's academic and social development based on ADHD symptoms (American Psychiatric Association, 2013).

School teachers and parents form children's primary caregivers; therefore, educating them on ADHD screening can enhance screening and eventually diagnosis and intervention for ADHD among children. *Diagnostic and Statistical Manual 5th ed.* can be used to screen for ADHD by leveraging the diagnostic criteria outlined as stated by the American Psychiatric Association (2013) as follows-

Inattentiveness Symptoms (6 or more for children up to age 16, 5 or more for those 17 and older):

1. Regularly ignore details or make careless mistakes in schoolwork or other activities.
2. The student experiences challenges paying attention in a piece of work, play, or activities
3. The student often seems not to listen when spoken to.
4. He or she does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace.

5. He or she often needs help organizing tasks and activities.
6. The child avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (e.g., schoolwork or homework).
7. Often loses things necessary for tasks or activities (e.g., toys, school assignments, pencils, books).
8. The child is easily distracted by extraneous stimuli.
9. He or she often appears forgetful in daily activities.

Hyperactivity/Impulsiveness Symptoms (6 or more for children up to age 16, 5 or more for those 17 and older):

1. Often fidgets with or taps hands or feet or squirms in seat.
2. Often leaves seat in situations when remaining seated is expected.
3. Often runs about or climbs in situations where it is inappropriate.
4. Often unable to play or engage in leisure activities quietly.
5. It is often "on the go," acting as if "driven by a motor."
6. He or she often talks excessively.
7. The child blurts out answers before a question has been fully asked.
8. Often needs help with waiting their turn.
9. Often interrupts or intrudes on others (e.g., butts into conversations or games).

Combined Type:

The combined type is diagnosed when six or more symptoms of both inattentiveness and hyperactivity/impulsivity have been present for at least six months.

The rating for assessment for ADHD can be conducted using the ADHD Rating scale in which each item is rated on a **4-point Likert scale** (0 = Never or rarely, 1 = Sometimes, 2 = Often, 3 = Very often). Conners 3rd Edition (Conners-3) is another tool for assessing ADHD. It is the most recent and widely used version of the Conners' Rating Scales. This version is based on updated DSM-5 diagnostic criteria and is designed to assess ADHD, as well as oppositional defiant disorder (ODD), conduct disorder (CD), and anxiety. Parents or guardians complete the Conners' Parent Rating Scale (CPRS) version. It evaluates the child's behavior in a home or social setting. At the same time, Conners' Teacher Rating Scale (CTRS) is completed by the child's teacher to assess how the child behaves in a school environment, where ADHD symptoms may be more noticeable during structured activities. In addition, Conners' Self-Report Scale (CASS) is also a self-assessment version that adolescents fill out to evaluate their perception of their behaviors and emotions. The Conners' Rating Scales:

The scales consist of multiple items that respondents must rate based on how frequently they observe certain behaviors in the child. A 4-point Likert scale is used to rate and score such as:

0 = Not true at all (never); 1 = Just a little true (occasionally); 2 = Pretty much true (often) and 3 = Very much true (very often).

Conners' Rating Scales covers the following areas:

- 1) Inattention: The child has difficulty focusing, disorganization, forgetfulness, and easily distracted behavior.
- 2) Hyperactivity: The child fidgets, experiences restlessness, and inability to remain seated or calm.
- 3) Impulsivity: Difficulty waiting for turns, interrupting conversations, and acting without thinking.
- 4) Oppositional Behavior: The child exhibits defiance, arguing with adults and refusing to follow the rules.
- 5) Emotional Dysregulation: Mood swings, irritability, or emotional outbursts.

Conners' Rating Scales aims to help clinicians assess whether a child's behavior fits the DSM-5 criteria for ADHD. Multiple assessors provide a comprehensive diagnosis, including parents, teachers, and sometimes the child. Conners' Rating Scales also help evaluate the presence of co-morbidities such as oppositional defiant disorder (ODD), conduct disorder (CD), and anxiety. The capacity to assess co-morbidity is critical because ADHD often co-exists with other behavioral and emotional disorders (Conners, 2019). The tool is used to monitor changes in behavior over time, making it possible to assess the effectiveness of management, whether through behavioral therapy or medication (Ebesutani et al., 2017). Using Conners' Rating Scales, it is possible to achieve a detailed and structured report of the child's behaviors and symptoms across different contexts, such as home, school, and self-reports. Conners' Rating Scales are compiled and converted into T-scores, which compare the child's behavior scores to normative data from children of the same age and gender. The scores are categorized as Normal Range (T-scores below 60), Elevated Range (T-scores 60-70), and Very Elevated Range (T-scores above 70) (Conners, 2019).

Conners' Rating Scales have some shortcomings, including subjectivity, as the data gathered relies on the perceptions of parents, teachers, and the child, which can vary. Additionally, cultural differences may affect the interpretation of behavior and result in inconsistencies in the evaluation process (Conners, 2019).

ADHD is formally diagnosed according to Thomas et al. (2020). The comprehensive assessments include multiple sources, including those of parents and teachers. The complementary sources enhance the accuracy of ADHD diagnosis, as the behavior may vary across different settings. Once diagnosed, interventions at home and school can be effectively coordinated to ensure consistency and better management of ADHD symptoms. Scholars agree that early collaboration between parents, teachers, and healthcare professionals is essential for improving outcomes in children with ADHD (Thomas et al., 2020; Evans et al., 2019).

Interventions for Children with ADHD

Interventions that combine behavior modification strategies, cognitive-behavioral therapy (CBT), parent and teacher training, and environmental modifications have shown efficacy in managing ADHD symptoms when tailored to individual needs and consistently applied across home and school settings. Studies indicate that such multimodal approaches address the complexity of ADHD by simultaneously targeting core symptoms, improving executive function, and addressing co-morbid behavioral issues (Evans et al., 2018; Pelham et al., 2020). The interventions are effective when targeted at individual children with respect to their unique cognitive, emotional, and environmental factors and influencers (Fabiano et al., 2018).

Moreover, coordination between home and school is crucial for reinforcing behavioral changes and ensuring consistency in expectations and consequences (DuPaul et al., 2020). Pfiffner and Haack (2019) report that combining parent training with school-based interventions, such as behavior contracts and teacher consultation, significantly improves behavioral outcomes in children with ADHD. This integrated approach ensures that parents and teachers use consistent strategies to support the child's development, leading to better academic and social outcomes.

Academic Accommodations and Classroom Strategies

In a study by Lovette and Nelson (2021) that retrieved 32 documents to assess management strategies for

ADHD, accommodations were found to be the most common management strategy in educational settings, showing a high frequency of use compared to other strategies. Studies generally find that the most common accommodation—namely, extended time on tests—is provided to over 80% of students with school-recognized ADHD (Lovette & Nelson, 2021). Other very common accommodations include alterations to assignments (e.g., extended time or shorter assignments), access to a calculator for mathematics, a separate setting in which to take tests, and preferential seating (e.g., near the teacher). One study of 88 Individualized Education Programs (IEPs) found that students with ADHD received an average of 2.62 testing accommodations (Lovette & Nelson, 2021). However, the number of accommodations that a student receives does not appear to correlate directly with performance outcomes.

The IEP educational plan aims to meet the student's individualized needs. The plan focusses on the student's c

1. **Current academic and functional performance:** this includes a summary of how the learner is performing in school.
2. **The plan also focuses on setting measurable annual goals:** with the student expected to achieve specific academic and behavioral goals
3. **In addition, the IEP spells out the Special education services and accommodations** needed by the student. Details about the services, support, and accommodations the student will receive to help them succeed, including extended time on tests, preferential seating, or assignment adjustments, are spelled out.
4. **Progress tracking:** A plan for monitoring the student's progress and informing parents is also set.

IEP benefits for students with ADHD ensure that they receive the support they require to succeed academically and socially in a structured manner. The

1. IEP plans accentuate the student's unique strengths and challenges, which are considered when developing learning strategies (Stein et al., 2020).
2. Establishing **measurable annual goals** gives students and educators a clear sense of direction and purpose. These goals are specific, attainable, and relevant to the student's academic and behavioral development. This focus on measurable outcomes ensures that the student's progress is tangible and observable (McIntosh & Goodman, 2016). Additionally, setting concrete goals boosts the student's confidence by demonstrating gradual improvement.
3. Access to special education services and accommodations is necessary for their success. For students with ADHD, standard accommodations include extended time on tests, preferential seating, and modified assignments, which help mitigate the impact of ADHD symptoms on their academic performance (Lovette & Nelson, 2021; DuPaul et al., 2016). Langberg et al. (2018) study found accommodations helpful in enhancing academic outcomes and reducing challenges faced by students with ADHD. These accommodations help level the playing field, allowing students with ADHD to perform to the best of their abilities in an environment that reduces distractions and supports focus.
4. One key benefit of the IEP is the plan for ongoing progress tracking. Tracking allows educators and parents to monitor how well the student achieves the set goals and whether adjustments are needed to improve the plan. Regular progress updates ensure that the educational plan remains responsive to the student's changing needs and that any setbacks are identified and addressed promptly (Aron & Loprest, 2019). Continuous feedback also fosters open communication between educators and parents, which is critical for the child's success.
5. The IEP is a legally mandated document under the Individuals with Disabilities Education Act (IDEA), which provides legal protections for students with ADHD and other disabilities (U.S. Department of

Education, 2020). Accommodations and services appropriate for the education of children with ADHD. Additionally, the IEP process involves parents as critical stakeholders, ensuring their input and collaboration in shaping the child's educational experience.

Evans et al. (2020) further agree that organizational aids, such as planners and visual schedules, enhance executive functioning in students with ADHD. Langberg et al. (2018) reinforce this by demonstrating that structured organizational strategies improve academic performance and fewer student homework problems.

Behavioral Interventions

Behavioral interventions are vital for ADHD management. Miltenberger (2016) emphasizes the necessity of positive reinforcement strategies to manage behavioral challenges, while O'Neill et al. (2017) note that behavioral contracts help clarify expectations and reduce disruptive behaviors in school.

Social and Emotional Support

Mikami et al. (2017) and Sonuga-Barke et al. (2013) stress the importance of social skills training in helping students with ADHD develop better peer interactions. Mikami et al. (2017) further highlight that social skills interventions improve social functioning and reduce behavioral issues in children with ADHD. Power et al. (2016) add that counseling and mental health services are essential for managing co-occurring emotional challenges, such as anxiety and depression. Weist et al. (2018) and Suldo and Shaffer (2019) support the view and call for expanding school-based mental health programs to promote the well-being of students with ADHD.

Collaborative Approaches to ADHD Management

DuPaul et al. (2016) emphasize the importance of teacher training in ADHD management, stating that teachers equipped with ADHD strategies are more effective in implementing interventions. Power et al. (2016) agree to advocate for interdisciplinary teams that include teachers, counselors, and healthcare providers to ensure a coordinated approach to managing ADHD.

Moreover, Wolraich et al. (2019) stress the importance of regular communication between schools and families to ensure consistent support for children with ADHD. Sheridan et al. (2017) echo this view, highlighting that parental involvement enhances intervention effectiveness and strengthens the parent-child relationship.

Family Support for Learners with ADHD

Establishing Healthy Routines

The Pacer Center (2023) and Langberg et al. (2018) agree that establishing healthy routines is crucial for managing ADHD symptoms, these include eating plan schedule, easy to follow family calendar, open communication with teachers so that the child does not feel overwhelmed by competing tasks. Other strategies Pacer emphasis are designated places for important things, like school bag, meal, and bed time, uniform place. The structured place and time enable time and place orientation and reduce brain overcrowding. Wolraich et al. (2019) add that structured home environments and open communication between parents and schools create a cohesive system for ADHD management. In addition, Langberg et al. (2018) and Braincode Centers (2023) highlight the effectiveness of organizational tools, such as visual aids like checklists and calendars, in helping children with ADHD remain organized and focused on their schoolwork.

Furthermore, breaking down tasks into manageable steps is another strategy DuPaul et al. (2016) and Gureasko-Moore, DuPaul, and White (2006) support. This approach helps children with ADHD better manage their attention and task completion, fostering independence and boosting confidence.

Summary of Key Findings in Tables 1, 2, and 3

Table 1 Support for Children with ADHD by Teachers

Support Type	Description	Tools/Strategies	Outcomes	References
Teacher Support	Teachers support children with ADHD through classroom accommodations, structured learning environments, and behavior management strategies. Regular feedback to parents enhances progress tracking.	Behavior charts, Individualized Education Programs (IEPs), positive reinforcement, preferential seating, extended test time, and structured classroom environments.	Improved classroom behavior, better focus, enhanced academic performance and reduced disruptive behavior.	Lovett & Nelson (2021), Langberg et al. (2018), DuPaul et al. (2016)

Table 1 is a representation of the roles teachers play in the successful management of ADHD in children. They provide necessary classroom accommodations and behavior management techniques tailored to meet the needs of these students. Teachers can create a structured environment encouraging focus and academic progress by implementing tools such as Individualized Education Programs (IEPs), behavior charts, and preferential seating. Positive reinforcement and continuous communication with parents further support behavior and learning outcomes. Research shows that these accommodations lead to better classroom behavior, improved academic performance, and reduced disruptive behavior in children with ADHD (Lovett & Nelson, 2021; Langberg et al., 2018; DuPaul et al., 2016).

Table 2 Support for Children with ADHD by Parents

Support Type	Description	Tools/Strategies	Outcomes	References
Parent Support	Parents offer essential at-home routines, structured environments, and help with organizational tools. Consistent communication with teachers supports continuity between school and home environments.	Checklists, visual aids, structured home environments, time management aids, and regular behavior management strategies.	Better task completion, enhanced focus at home, improved self-esteem, and emotional regulation.	Chronis-Tuscano et al. (2013), Fabiano et al. (2012), Pacer Center (2023), Langberg et al. (2018)

The table shows that parents play a pivotal role in managing ADHD at home by providing consistent routines, organizational tools, and structured environments. These efforts complement school-based strategies and help children manage their time, tasks, and behaviors. Key strategies include using visual aids like checklists, maintaining open communication with teachers, and implementing behavior management techniques. Parental support helps children with ADHD stay focused, complete tasks more effectively, and develop better self-esteem and emotional regulation. Research emphasizes that when parents create a structured home environment, children's focus and task completion improve, enhancing their overall learning outcomes (Chronis-Tuscano et al., 2013; Fabiano et al., 2012; Langberg et al., 2018).

Table 3 Collaborated Support (Teachers -Parents) For ADHD Development and Learning

Support Type	Description	Tools/Strategies	Outcomes	References
Collaborated Support (Teacher and Parent)	a. Collaboration between teachers and parents is essential in managing ADHD effectively.	a. Behavioral contracts, b. daily communication	a. Consistent support across settings,	DuPaul et al. (2020), Evans et al.

	<p>b. Joint behavior plans, c. regular meetings, d. progress tracking help provide a holistic approach to ADHD management.</p>	<p>logs, c. collaborative meetings, and healthcare professionals' d. joint involvement to address educational and behavioral needs.</p>	<p>b. better behavior management, and optimal learning outcomes.</p>	<p>(2019), Sheridan et al. (2017), Chacko et al. (2012)</p>
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Drawing from Table 3, effective management of ADHD often requires collaboration between teachers and parents. This teamwork ensures consistent behavior management across both home and school settings. Collaborated support involves using behavioral contracts, daily communication logs, and regular meetings between parents, teachers, and healthcare professionals. This joint effort ensures the holistic address of academic and behavioral challenges. Studies highlight collaboration enhances behavior management, improves expectation consistency, and leads to optimal learning outcomes for children with ADHD (DuPaul et al., 2020; Evans et al., 2019; Sheridan et al., 2017).

CONCLUSION

Management of Attention Deficit Hyperactivity Disorder (ADHD) requires a comprehensive approach that incorporates both school-based and familial support systems. Teachers play a pivotal role in the school by implementing structured classroom environments, offering tailored accommodations, and using behavior management techniques to help students focus and succeed academically. Effective strategies include Individualized Education Programs (IEPs), behavior charts, preferential seating, and extended test times. Teachers' understanding of ADHD and using positive reinforcement contribute to improved student outcomes, such as better behavior and academic performance (Lovett & Nelson, 2021; Langberg et al., 2018).

Parents serve as critical partners at home by creating structured routines, offering organizational tools (e.g., visual aids, checklists), and maintaining consistent behavior management strategies. A supportive home environment is crucial for reinforcing the skills and behavior changes children with ADHD develop at school. Regular communication between parents and teachers ensures continuity of strategies across both contexts, leading to improved focus, task completion, and emotional well-being (Chronis-Tuscano et al., 2013; Fabiano et al., 2012).

Collaborated efforts between teachers, parents, and healthcare professionals offer the most effective approach to managing ADHD. Joint behavior plans, regular communication, and collaborative meetings allow for consistent support across home and school settings, addressing both the academic and emotional needs of children with ADHD. This holistic approach improves behavioral consistency, enhances learning outcomes, and mitigates emotional challenges (DuPaul et al., 2020; Evans et al., 2019).

Implications for Educational Intervention

Understanding the perceptions of both teachers and children with ADHD is essential for designing effective interventions that address not only the behavioral symptoms of ADHD but also the emotional and psychological well-being of these children. Teacher training programs should emphasize the importance of recognizing the unique challenges faced by children with ADHD, as well as strategies for fostering a supportive and inclusive classroom environment (Al-Hiyari et al., 2020). Additionally, interventions should focus on building the self-esteem of children with ADHD by highlighting their strengths and helping them manage their challenges more effectively.

Implications for the Management of ADHD

The management of ADHD requires a comprehensive, multi-faceted approach that integrates both educational

and familial support systems. Findings from the paper suggest that collaborative efforts between teachers and parents are critical in providing consistent support for children with ADHD. At the educational level, teachers must implement classroom accommodations such as behavior management strategies, Individualized Education Programs (IEPs), and positive reinforcement, enhancing academic performance and classroom behavior. These strategies not only improve focus and task completion but also help in reducing disruptive behaviors.

Parents play a pivotal role in the familial context by establishing structured home environments, providing organizational tools, and maintaining consistent communication with teachers. Parents' involvement in behavior management at home—through routines, visual aids, and regular feedback—can reinforce school strategies, leading to better behavioral outcomes.

The collaborative approach, where teachers and parents work together, is essential for ensuring that strategies used at school and home are aligned. This collaboration allows for the creation of joint behavior plans, consistent use of interventions, and coordinated feedback, all of which are crucial for long-term behavioral improvements and academic success. Moreover, the study highlights the importance of integrating healthcare professionals into this collaborative model. This multidisciplinary approach ensures a holistic management of ADHD, addressing not only the educational and familial needs but also the medical and psychological aspects of the disorder.

The implications for ADHD management suggest that effective interventions are those applied consistently in school and home settings. Educators and parents, supported by healthcare professionals, must adopt a collaborative model to optimize learning outcomes, improve behavior, and ensure the well-being of children with ADHD.

RECOMMENDATIONS FOR ADHD MANAGEMENT

Enhanced Teacher Training: Given the high prevalence of ADHD and its perturbing implications for learning and development, teachers should receive specialized training to increase their understanding of ADHD and the strategies to support students effectively. Training should include behavior management techniques, the development of IEPs, and methods for positive reinforcement (Langberg et al., 2018; DuPaul et al., 2020).

Parental Education and Support: Parents should be provided with resources and guidance on establishing structured home environments that support their children's learning and behavior management. Workshops or counseling sessions can equip parents with tools such as visual aids, checklists, and time management strategies (Chronis-Tuscano et al., 2013; Fabiano et al., 2012).

Collaborative Communication Systems: Schools should foster more robust communication systems between teachers, parents, and healthcare providers. Regular meetings, progress tracking, and shared communication platforms (such as daily reports or apps) can ensure continuity in ADHD management across home and school settings (Sheridan et al., 2017; Evans et al., 2019).

Holistic Intervention Strategies: Interventions should be personalized and consider each child's emotional, behavioral, and academic challenges. Multimodal approaches should be employed consistently in school and home environments, including behavioral therapy, cognitive-behavioral techniques, and academic accommodations (Pffner & Haack, 2019; Chacko et al., 2012).

Strengthening Family-School Partnerships: Schools should encourage family involvement in developing and monitoring ADHD management plans. Family-school collaboration can be reinforced through shared behavioral contracts, regular feedback, and involving parents in school-based interventions (DuPaul et al., 2020; Evans et al., 2019).

With optimized ADHD management, children with ADHD can receive the necessary support in both educational and familial settings to reach their full potential.

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