

**ADDIS ABABA UNIVERSITY  
SCHOOL OF GRADUATE STUDIES**

**BEHAVIOR OF CHILDREN WITH HYPERACTIVITY AND  
TEACHERS' RESPONSE TO MEET THEIR  
EDUCATIONAL NEEDS**

**BY**

**BIRHANU MEKURIA TADDESE**



**July, 2010**

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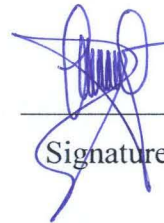
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## Acronyms

ADHD-Attention Deficit Hyperactivity Disorder

ADD-Attention Deficit Disorder

APA-American Psychiatric Association

DSM-II-Diagnostic and Statistical Manual of Mental Disorders, Second Edition

DSM-III-Diagnostic and Statistical Manual of Mental Disorders, Third Edition

DSM-IV-Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition

## ABSTRACT

Many studies have been conducted concerning the behavior of children with hyperactivity and the problems they face both within educational settings and social life. Unless these children are provided with appropriate behavioral, academic and social interventions as early as possible, they are at risk not only to develop academic underachievement and impaired social interactions, but also their overall development will be deteriorated. However, due to lack of adequate studies, it is difficult to pinpoint the existing problems, research gaps, identification practices and trends of educational provisions and supports for children with the disorder in the Ethiopian context. Therefore, the main purpose of this study was to investigate the behavioral, social and academic characteristics of children with hyperactivity in the regular classroom and teachers' response to meet their educational needs. To achieve this objective, qualitative case study design was employed. Direct systematic observations, in-depth one-on-one interviews and document reviews were the instruments used to collect data. Four children with hyperactive behavior, their classroom teachers, parents and peers who were selected purposefully participated in the study. The collected data were analyzed qualitatively by using case by case and cross case analysis. The findings of the study have revealed that the four children display hyperactive behavior and their hyperactive behavior is severe enough in disturbing the class. Moreover, the hyperactive behavior negatively affects not only the children's academic performance and social interactions but also it presents great challenges to teachers, parents and peers. Due to lack of adequate knowledge and training among teachers, unavailability of facilities and materials and parents' unwillingness to work collaboratively with teachers concerning their children's behavior problems, the children are not provided with sufficient and appropriate educational and social supports by their classroom teachers and parents. Finally, based on the findings of the study, some valuable measures were recommended which enable teachers and parents to help children with the disorder get the best socially and academically.

# CHAPTER ONE

## 1. Introduction

### 1.1 Background of the Study

Many studies have been conducted concerning the behaviors of children with hyperactivity and the problems they face both within the educational settings and in their social life. The main intention of this paper focuses on studying the behavior of children with hyperactivity in the regular classroom. It also tries to provide information about the educational performance and social interactions of these children and how classroom teachers response to meet their educational needs.

There are many types of childhood disorders that are bothersome or irritating to others, and induce them to respond negatively and that adversely affect the children's academic performance and social life. Among these childhood disorders, Attention Deficit Hyperactivity Disorder (ADHD) is the major one (Comer, 2007). ADHD is a developmental and chronic childhood disorder which is characterized by symptoms of inattention, impulsivity and hyperactivity at levels that are considered maladaptive and inappropriate for a child's age or stage of normal development (APA, 1994; Valente, 2001; Brandu & Pretis, 2004; Shattell, Bartlett & Rowe, 2008).

According to the American Psychiatric Association (APA, 2000) as cited in Turnbull, Turnbull, Shank & Smith, 2004), the essential feature of ADHD is a persistent pattern of inattention and/or hyperactivity-impulsivity that is more frequently displayed and severe than is typically observed in individuals at a comparable level of development. APA's limiting criteria of frequency and severity is important. That means, unless, the symptoms of ADHD such as inattention, impulsivity and hyperactivity are severe enough and consistently interfere with a child's ability to function in everyday life, the child should not receive a diagnosis of ADHD. To receive the APA diagnosis of ADHD, the child must manifest the symptoms before the age of 7 and for at least 6 months. Additionally, the symptoms must be pervasive (present) at least in two settings (i.e., consistent behaviors must appear at school and home or social situation). These criteria

eliminate students who temporarily exhibit features of ADHD because of environmental stressors (Hinshaw, 1994; Turnbull et al., 2004).

High level of activity, impulsivity and inattention affect children from the first month of their lives through their school years, through adolescence and into adult hood. High activity rather than inattention is likely to be a behavior most noticeable in young children (Brandu & Pretis, 2004). Descriptions in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) include three diagnostic sub-types of ADHD based on a predominance of symptoms, either inattention or hyperactive-impulsive symptoms. Therefore, based on these criteria the three subtypes of ADHD are: predominantly inattentive type, predominantly hyperactive-impulsive type and the combined type, if both symptoms are present (APA, 1994; Hinshaw, 1994; Brandu & Pretis, 2004).

Eighty percent of people with ADHD are hyperactive. This high percentage reflects the predominance of hyperactivity as a characteristic for the vast majority of persons with this disorder (Nielsen, 1997). Children with the predominantly hyperactive-impulsive symptoms represent a heterogeneous population who display considerable variations in the degree of their symptoms, in the situational pervasiveness of their symptoms and in the extent to which other disorders occur in association with the disorder (Serfontein, 1994; Barkley, 1998).

In terms of their symptoms, children with hyperactivity are characterized by the following core problems: poor sustained attention (they have greatest difficulties with sustaining their attention to tasks for a period of time), hyper activeness, that is, excessive or developmentally inappropriate level of activities, and impulsiveness which is often associated with difficulty in delaying responses (APA, 1994; Barkley, 1998). These children often present a difficult challenge to their families, teachers and classmates. Their inability to stay on tasks, impulsive behaviors and fidgeting impair their ability to learn and increase the likelihood of unsatisfactory interaction with others (Heward, 2006).

Beyond their core problems, most of these children have major difficulties with academic achievement in schools; they frequently exhibit defiance noncompliance, aggression and other

antisocial behaviors; and they are nearly uniformly rejected by their peers (Hinshaw, 1994). Turnbull et al. (2004) also noted that children with the predominantly hyperactive-impulsive symptoms often challenge parents' child rearing skills, having more difficulty with sleep problems, stubbornness and temper tantrums. They also tend to be more accident prone, resulting in serious injuries and accidental poisonings. Moreover, due to their disruptive behaviors, children with the disorder in elementary school receive more negative feedback from their classroom teachers and peers (Weiss & Hechtman, 1993; Hinshaw, 1994; Barkley, 1998; Webb & Myrick, 2003).

Hyperactivity has clearly become the most-researched and best-known of the childhood behavior disorders (Weiss & Hechtman, 1993), and it is among the most common challenges experienced by children and among the most significant conditions that parents, teachers and peers must confront (Nobel & Bowd, 2005). Children with the disorder exist all over the world, in developed and developing countries (Weiss & Hechtman, 1979; Conrad & Potter, 2000; Cosser, 2005); and it is widely estimated that 3-5 percent of people with the disorder are elementary school age children (Serfontein, 1994; Conrad & Potter, 2000). With such prevalence, it is conceivable that in any given primary school classroom at least one student will be diagnosed with the disorder (Bekle, 2001; Kos, Richdale & Hay, 2006).

Many research findings and the theoretical literature have revealed that, these children are exhibiting different types of observable behaviors both at home and in the classroom (Weiss & Hechtman, 1993; Serfontein, 1994; APA, 1994; Barkley, 1998; Buttery, 2009). There are also considerable evidences regarding the academic and social difficulties that children with this disorder experience both within the educational settings and social life. (Young, 2000; Cosser, 2005; Dupaul & Weyandt, 2006; Kos et al., 2006; Heward, 2006; Shattell et al., 2008).

When it comes to our context, Ethiopia, to the best of my knowledge, there is no adequate studies to show the prevalence of the disorder and existing problems (challenges) children with the disorder present to their parents, teachers and peers and they themselves experience in their academic performance and social interactions. However, as it is stated in the above paragraph, children with hyperactivity could appear in any classroom of any culture that needs to be

identified through assessment and research. Hence, it is possible to assume that the above mentioned problems of children may be prevalent in Ethiopia.

## **1.2 Statement of the Problem**

In Ethiopia, except a survey study on the prevalence of persons with behavioral problems which was found to be 2.4% (Tirussew et al., 1995, cited in Tirussew, 2005), the area of behavior problems in general and hyperactivity in particular has not yet been well-researched and known. I personally observed in some classrooms of Addis Ababa and realized that there are some students with hyperactivity facing great difficulties in their educational performance and social interactions with their peers and teachers. Because of lack of knowledge and awareness about these children, teachers, parents and peers perceive these students as “disruptive” and they do not provide them with the necessary educational and social support. The Educational and Training Policy (1994, as cited in Tirussew, 2005) declared that children with special needs should be provided with special educational and training in accordance with their potential and need to promote their holistic development and prepare them for formal education. However, there is no guideline issued by Ministry of Education or Regional Education Bureaus that may guide identification, assessment and intervention. As a result, many children seem to live with the problem being deprived from desirable developments that come from the social environment, the home and the school.

It is difficult to find adequate studies to show the existing problems, research gaps, identification practices and the trends of educational provision and support for children with hyperactivity in the Ethiopian context. However, it is possible to assume that students with hyperactivity may experience educational and social difficulties and may challenge their teachers, peers and parents that need to be investigated empirically. The presence of the above gap, personal observations of some classrooms and my theoretical knowledge in the area motivated me to conduct this research with a main theme “behavior of children with hyperactivity and the classroom teachers’ response to meet their educational needs” with the following four basic research questions:

1. How do children with hyperactivity behave in the classroom? (Their overall discipline, interactions with peers, teachers...)

2. How severe is the hyperactive behavior in disturbing the classroom?
3. How the hyperactive behavior affects the students' learning?
4. How the hyperactive behavior affects the students' social interactions?
5. How do classroom teachers response to meet the educational needs of these children?

### 1.3 Operational Definition of Terms

- ❖ **Behavior:** in this study it refers to any overt/visible activities and actions of the students with hyperactivity such as his/her overall discipline, learning and social interaction.
- ❖ **Odd behaviors:** refer to those behaviors which are different and most frequently observed on children with hyperactivity than the age group in which they belong.
- ❖ **Teachers' Response:** refers to any supportive, corrective or both reactions that classroom teachers provide to these children to enable them to get the best educationally.
- ❖ **Hyperactivity:** in this study refers to the visible behavioral manifestations such as restlessness, over activity, out of seat, excessive talking, off-task behaviors, excessive running/moving, blurting out answers, interrupting on others, difficulty awaiting turns and difficulty playing quietly (Smith, 2001).
- ❖ **Learning:** refers to the active participation of the students with hyperactivity in the classroom by questioning and answering questions; doing class works, group works, home works, and independent tasks; their test results, grade reports and overall educational performance.
- ❖ **Social Interaction:** refers to the day-to-day interaction and relationships of students with hyperactivity with their teachers and peers in building and maintaining friendships, sharing experiences and helping to each other.

### 1.4 Organization of the Paper

This paper is organized into six chapters. The first chapter deals with the background of the study, statement of the problem, significance of the study and operational definition of terms. Chapter two focuses on reviewing different literatures and existing researches regarding definition of hyperactivity, diagnostic criteria for hyperactivity, characteristics of children with hyperactivity and theoretical perspectives on hyperactivity. The third chapter has provided an

understanding of the research design employed in the study. Chapter four focuses on the presentation and description of the results of the study in detail. The fifth chapter has presented the discussion of the study. The last chapter deals with the conclusion and recommendations of the study.

# CHAPTER TWO

## 2. Review of Related Literature

### 2.1 Definition and Terminology

Attention deficit hyperactivity disorder is a developmental and chronic childhood disorder which is characterized by symptoms of inattention, impulsivity and hyperactivity at levels that are considered maladaptive and inappropriate for a child's age or stage of normal development (APA, 1994; Valente, 2001; Brandu & Pretis, 2004; Shattell et al., 2008).

Historically, a variety of terms have been used to describe individuals with the symptoms of ADHD: Encephalitis Lethargia, Minimal Brain Dysfunction, Hyperkinetic Reaction of Childhood, Hyperkinetic Syndrome, Hyperactive Child Syndrome and Minimal Cerebral Dysfunction are some of the terms (terminologies) to be mentioned (Weiss & Hechtman, 1993; Conrad & Potter, 2000; Sandberg, 2002).

Although the clinical definition of ADHD dates back to the early twentieth century, it was only emerged as a diagnostic category in the 1950s (Conrad & Potter, 2000; Smith, 2008). As a result, the terminology of the syndrome has changed over time since it was first described by George Fredrick Still in 1902 (Sandberg, 2002; Cosser, 2005; Fitzgerald, Bellgrove & Gill, 2007), and several revisions of medical terminologies and diagnostic criteria have been developed for the disorder since the publication of the Diagnostic and Statistical Manual of Mental Disorders, Second Edition (DSM-II) (APA, 1968) as cited in Conrad & Potter, 2000; Fitzgerald et al., 2007).

Beginning in 1968, DSM - II identified children who showed clusters of symptoms such as over activity, restlessness, distractibility and short attention span and began to call the condition as "Hyperkinetic Reaction of Childhood" (Weiss & Hechtman, 1993; Conrad & Potter, 2000; Fitzgerald et al., 2007). By the early 1970s researchers began to give more emphasis concerning the concept of hyperactivity (Conrad & Potter, 2000; Sandberg, 2002). Symptoms such as impulsivity, short attention span, over activity, low frustration tolerance, destructibility and

aggressiveness began to be recognized as the core symptoms of the disorder (Cosser, 2005; Fitzgerald et al., 2007). In 1980, the DSM II's terminology of "Hyperkinetic Reaction of Childhood" was changed to "Attention Deficit Disorder (ADD) with or without Hyperactivity" in the Diagnostic and Statistical Manual of Mental Disorders, Third Edition (DSM-III) (APA, 1980) as cited in Weiss & Hechtman, 1993; Cosser, 2005). Then, ADD was renamed to ADHD with the revision of DSM in 1987 (DSM-III-R) (APA, 1987) as cited in Cosser, 2005).

In the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) published in 2005 (APA, 2005 cited in Barry & Gaines, 2008), ADHD with sub-types was presented. The current edition acknowledges ADHD as a valid psychiatric disorder and classifies it under disruptive behavior disorders (Quay & Hogan, 1999). According to the most recent edition, (DSM-IV), there are three diagnostic sub-types of ADHD recognized by professionals. These are: the predominantly inattentive type, the predominantly hyperactive-impulsive type and the combined type (Brandu & Pretis, 2004; Fitzgerald et al., 2007; Barry & Gaines, 2008).

Currently most definitions have suggested that hyperactivity, which is a defining characteristics and sub-type of ADHD (Smith, 2001), and most commonly diagnosed childhood psychiatric disorder, is evident relatively early in life (before the age of seven or eight), involves both academic and social skills impairments and is frequently accompanied by other disorders, such as conduct disorder, oppositional defiant disorder, aggression, learning disability and defiance (Weiss & Hechtman, 1993; Hinshaw, 1994; Quay & Hogan, 1999; Sandberg, 2002; Turnbull et al., 2004; Smith, 2008), with significant prevalence.

Children with hyperactivity exist all over the world, in industrialized and in developing countries, in rural as well as urban communities (Weiss & Hechtman, 1979; Sandberg, 2002; Cosser, 2005). Although the data regarding its prevalence varies greatly from country to country, mainly due to the variation in the definition and diagnostic criteria used, the population sampled, and the culture of the community (Weiss & Hechtman, 1979; Sandberg, 2002), today most authorities estimate the prevalence of the disorder at 3 - 5 percent, on average, of the school age

most common reasons for diagnosis (Conrad & Potter, 2000).

Although the lack of adequate studies hinders me to estimate the prevalence of the disorder in the Ethiopian context, it is possible to assume that children with the disorder may be found with substantial prevalence, particularly among elementary school age children as these children can be found worldwide including Ethiopia. But this needs to be assessed and investigated empirically.

Weiss and Hechtman (1979) and Conrad and Potter (2000) reported that although the reasons for the disparity between the two sexes are not known, boys are affected much more commonly than are girls; ratios of 5: 1 to 9 :1 have been reported. Therefore, traditionally, hyperactivity has been taught as solely a problem of school age boys (Serfontein, 1994; Sandberg, 2002). Although it is not the purpose of this paper and that also needs to be assessed and studied empirically, based on my own observations and experiences on some schools in Addis Ababa and teachers' responses, boys are more frequently observed and found with symptoms of hyperactivity-impulsivity than girls. This is one indication to assume that in Ethiopia too, if it is assessed and investigated empirically, boys may be outnumbered girls in having the syndrome.

In most cases the specific causes of hyperactivity are not known (Heward, 2006). As a result, its causes are still active areas for research (Smith, 2008). However, despite the fact that no single cause has yet been identified, many investigators now take an interactional view of causality in that both biological (genetic) factors and environmental agents (drug and alcohol abuse during pregnancy, brain injuries, exposure to chemical poisons, food additives and sugar; family dysfunction, socio-economic status etc) can contribute to the likelihood of the occurrence of the disorder (Weiss & Hechtman, 1993; Hinshaw, 1994; Barkley, 1998; Quay & Hogan, 1999; Sandberg, 2002; Turnbull et al., 2004; Smith, 2008), that need to be identified and assessed.

## 2.2 Diagnostic Criteria for Characteristics of Children with Hyperactivity

### 2.2.1 Diagnostic Criteria

It is obvious that, judgments about the appropriateness of someone's actions are made in terms of the parameters of the behavioral expectations with respect to an individual's age or the setting in which the behavior occurs. Every society has its own norms of behavior for its members that he/she should behave appropriately with regard to the group and setting in which he/she belongs. Children in school, for example, are expected to be generally quiet, orderly, and cooperative with their peers, sit still for a reasonable period of time and attentive to their learning. At home, they are expected to be cheerful, helpful and obedient to their parts. However, when they are failed to meet the expectations of the norms of the society in which they belong, they are regarded as having behavior problems (Serfontein, 1994; Smith, 2001).

As stated by Shea and Bauer (1994), behavior disorder is a function of where and to what extent (how often) it occurs and with whom a child interacts. Therefore, children identified as having behavior disorders are those whose behavior varies in frequency, intensity and duration from their norm to an extent that it comes to capture the attention of authority figures, usually teachers, and results in significant impairment in the children's social interactions, educational progress, self care and work adjustment. When it comes to hyperactivity, to be identified and diagnosed as hyperactive, a child must display signs of developmentally inappropriate levels of impulsivity and over activity. The symptoms must be reported by adults in the child's environment, such as parents and teachers. Both reports are valid and important. However, at a time the reports of teachers and parents contradict, primary consideration should be given to the teachers' reports because of the following reasons:

- ✚ Their greater familiarity and knowledge with the child's behavior problems that they may develop during their college education.
- ✚ Their sufficient years of experiences in teaching the children.
- ✚ Their day-to-day exposures of these children while teaching them in the classroom (Shea & Bauer, 1994; Bekle; 2001; Kos et al., 2006).

Quay and Hogan (1999) also explained that a child may display disruptive behavior disorder to some degree at specific times or in certain settings. But, in order to be considered clinically significant, the symptoms must exceed the range of normal behavior for the child's age groups in terms of frequency, pervasiveness, severity and interference with his/her ability to function to adaptively. In addition, multiple informants (teachers, parents and peers) should provide information concerning the child's behavior problem through interview, checklist or both. Heward and Orlansky (1988) further emphasized this fact in that the most functional way to look at and diagnose behavior disorders in general and hyperactivity in particular is to describe how children with the disorder actually act. That means, what dimensions of their behaviors are different from those of their normal peers by measuring the frequency, duration, latency and magnitude of their behavior.

Although the symptoms of hyperactivity can be observed from early childhood, in most cases, the disorder should not be diagnosed until the child enters elementary school years. This is because:

1. It is especially difficult to establish this diagnosis in children younger than age 4 or 5 years, because their characteristic behaviors are much more variable than that of older children and may include features that are similar to symptoms of hyperactivity-impulsivity. In addition, although many preschoolers and toddlers, on occasion, may show characteristics of hyperactive-impulsive behaviors, some of these behaviors may be normal for their age or developmental level (Hinshaw, 1994; APA, 1994; Barkley 1998).
2. During the elementary school years, the child is not only expected to internalize, respect and exercise the norms of the society such as cooperation in structured group, compliance to disciplinary demands, able to sit still for relatively longer periods, paying attention to tasks; and talking, responding and acting appropriately, but also he/she is expected to learn and interact at the normal rate and normal way just like his/her age mates. However, because of their behavior problems (hyperactive-impulsive symptoms), most children with hyperactivity make compliance to the demands of school and home particularly difficult. Hence, during this developmental period these children not only difficult to handle both in the classroom and at home but also their academic achievement and social

1993; Serfontein, 1994; Webb & Myrick, 2003; Cosser, 2005).

3. Although the disorder continues during adolescence and adult hood, as children mature, symptoms of hyperactivity-impulsivity become less conspicuous. As a result, by late adolescence and early adulthood, signs of excessive gross motor over activity and impulsivity symptoms may be confined to an inner feeling of restlessness. In addition, in most cases, symptoms of hyperactivity-impulsivity decline in late adolescence and early adulthood. The observed reduction of the symptoms during these developmental stages may have more to do with “maturity than the remission of the disorder” (APA, 1994; Hinshaw, 1994; Sandberg, 2002). Hence, due to the above mentioned reasons, most children with hyperactivity are referred for identification and diagnosis in the first four grade levels (from 6 - 12 years of age) or during the elementary school years.

Generally, if six or more of the following core symptoms of hyperactivity-impulsivity have persistently occurred to the extent that is maladaptive and inconsistent with the developmental level of a child, he/she can be diagnosed as hyperactive (APA, 1994).

#### **Diagnostic Criteria for Hyperactivity**

- (a) Often fidgets with hands or feet or squirms in seat
- (b) Often leaves seat in classroom in which remaining seated is expected
- (c) Often runs about or climbs excessively in situations in which it is inappropriate
- (d) Often has difficulty playing or engaging in leisure activities quietly
- (e) Is often “on the go” or often acts as if “driven by a motor”
- (f) Often talks excessively

#### **Diagnostic Criteria for Impulsivity**

- (g) Often blurts out answers before questions have been completed
- (h) Often has difficulty awaiting turn
- (i) Often interrupts or intrudes on others (e.g., butts in to conversations or games)

In addition to the above diagnostic criteria, the following things should be considered while identifying and diagnosing children with the disorder:

1. The symptoms must have been present for reasonably a long period of time (for at least 6 months prior to the evaluation)
2. The symptoms must be severe enough and persistently interfere with a child's functioning. In other words, the symptoms must occur more frequently in the child than in other children at the same developmental stage.
3. The symptoms must be manifested in at least two settings (at home and in school).
4. There must be clear impairment on the child's academic performance and social interactions.
5. Peers, teachers and parents must frequently respond negatively against these children.
6. The function of the behaviors should depend up on the development level of an individual and the context in which the behavior occurs (Weiss & Hechtman, 1993; APA, 1994; Hinshaw, 1994; Barkley, 1998; Quay & Hogan 1999; Smith, 2001).

The core symptoms of hyperactivity typically worsen in situations that require sustained attention (e.g., listening to classroom teachers, doing independent tasks, listening to or reading lengthy materials, working on monotonous, repetitive tasks and in group situations or play grounds). In other words, the symptoms may be minimal or absent when the child is under very strict control, is in a novel setting, is engaged in especially interesting activities, is in a one-to-one situation or while he or she experiences frequent rewards for appropriate behaviors (Weiss & Hechtman, 1993; APA, 1994; Barkley, 1998). Therefore, during identification and diagnosis, the above things should also be taken into account.

## **2.3 Characteristics of Children with Hyperactivity**

### **2.3.1 Behavioral Characteristics**

In terms of their symptoms (behavioral manifestations), children with hyperactivity are characterized by the following core problems.

## **Poor Sustained Attention**

According to Serfontein (1994), children with hyperactivity often experience difficulty in paying their attention for a reasonable period of time. In other words, they do have difficulty in focusing and sustaining their attention long enough to initiate and complete any set task. Barkley (1998) and Buttery (2009) also emphasized that these children have short attention span and they often move from one task to another without finishing the task they have already started. They also often look about the classroom instead of looking at the teacher or blackboard. They frequently experience difficulty following instructions or read directions, often engaging on multiple tasks at one time but never completing them, repeatedly not listening to what is said, often losing things, and often make silly mistakes.

## **Activity Level (Hyper activeness)**

Most children with the syndrome have excessive or developmentally inappropriate level of activity as compared to their peer group without the disorder. They are often restless, fidgety and have difficulty in sitting still for a period of time. They have difficulty engaging in activities quietly and even act as if they are driven by a motor. They also may talk excessively (APA, 1994; Barkley, 1998).

Serfontein (1994) explained the characteristics of the hyperactive child in the classroom as follows:

Once starting school, the overactive child has difficulty in cooperating in group situations and prefers to do his/her own thing. Increasingly, immature behavior results in poor interaction with others, often exaggerating the over activity. Progress through primary school is characterized by continuing restlessness, and fidgetiness and the child has little ability to sit still for any period of time. He/she feels compelled to get up and walk around the classroom, though not deliberately wanting to be naughty or disruptive. He/she needs to be physically mobile (p.26).

## **Impulsiveness**

Impulsiveness is a disabling condition for children with hyperactivity. It is most commonly associated with over activity (Serfontein, 1994). Children who are impulsive are characterized by blurting out answers before questions have been completed or they have great difficulty in delaying their responses, they often interrupt or intrude up on others to the point of causing

difficulties in social, academic or occupational settings. They may also dominate activities by interfering in what others are doing or saying and they may frequently call out or speaking out of turn or making inappropriate sounds in class (Weiss & Hechtman 1993; APA, 1994; Barkley, 1998).

In the following paragraph, Serfontein (1994) emphasized how impulsiveness is a disabling condition for children with the disorder:

The impulsive child is most impetuous and, basically, his dictum is "act before I think". A most exaggerated example of this condition is that the child who runs across the road without looking or is always jumping out of a tree thinking that he is superman, giving absolutely no thought to the consequences of his actions. In their younger days, these children have no concept of dander and are at extreme risks to themselves and also to others. They often act up on the first thought that comes in their mind (heads). They are the one who stick their fingers into their electric fans or put their hands on stoves (p. 39).

### **Difficulty Organizing Work**

According to Buttery (2009), children with the predominantly hyperactive-impulsive symptoms are often disorganized and have a tendency to be messy because they skip from activity to activity, too impatient to clean up the debris from their last endeavor. Weiss and Hechtman (1993) and Serfontein (1994) also stressed that, these children are disorganized, haphazard thinkers and poor planners to daily activities. Their impulsiveness leads them to incorrect assumptions and inappropriate answers in examination situations. These characteristics, in turn, affect them throughout their lives in that they are frequently making incorrect deductions and value judgments as a consequence of their hastiness.

### **Low Frustration Tolerance**

As stated by Weiss and Hechtman (1993) and Serfontein (1994), in addition to their impulsiveness, many children with hyperactivity often display symptoms of impatience and intolerance. They typically experience great difficulties in waiting for anything and often to such an extent that lack of immediate acquiescence on the part of their parents and teachers results in a temper outburst. Their frustration desires leads them to insistence, nagging and wearing down of the parent and teacher.

### **2.3.2 Social Characteristics**

Researchers have revealed that since hyperactivity is a transactional disorder, it not only causes impacts on children with the disorder but also it affects the systems in which he or she is functioning as there is always a reciprocal relationship between the child and the ecosystem (family, teachers, peers and the community) (Quay & Hogan, 1999). More than any other group of children with disabilities, children with hyperactivity present great problems with social skills to themselves, their families, their peers and their teachers. Deficits in their social skills, rather than academic difficulties may be the actual reason that these children are removed from the academic mainstream (Smith, 2001; Heward, 2006). Their difficulties of sustaining attention, controlling impulsive actions and inappropriate level of activities make these children a trial for parents, siblings, peers, teachers and co-workers. Generally, hyperactivity has the following impacts on children with the disorder in their social life.

#### **In Family Contexts**

Mother-child interactions are qualitatively and quantitatively distinctive when the child has hyperactivity (Quay & Hogan, 1999). During both free play and structured task activities, mothers of children with this disorder are more directive and negative than are mothers of normal children because these children are more negative, disruptive, engaging, emotional and non-compliant than their peers (Quay & Hogan, 1999; Cossler, 2005; Shattel et al., 2008).

According to Hinshaw (1994), high level of stress, a lowered sense of parenting competence and discordant parent-child interactions are salient familial features accompanying hyperactivity. Family relationships with this syndrome are also characterized by resentment and antagonism (APA, 1994). Turnbull et al. (2004) further noted that, children with the predominantly hyperactive-impulsive symptoms often challenge parents' child rearing skills, having more difficulty with sleep problems, stubbornness and temper tantrums.

## **Peers Relationships**

Children with hyperactivity often experience peer difficulties, rejection and isolation (Cosser, 2005; Kos et al., 2006; Dupaul & Weyandt, 2006). Since these children are prone to alienating others by butting in, failing to wait their turn, taking others' things, and in general acting without adequate consideration of others' feelings, they are quickly noticed and rejected by their peers (Buttery, 2009). Smith (2001) further asserted that, children without the disorder very quickly notice and develop exceptionally negative feelings about their peers who act-out, exhibit aggressive behavior, or are antisocial. They consider these children as less desirable for friendship. Therefore, externalizing behaviors, including hyperactivity are considered most problematic by peers, and clearly lead to social rejection by these peers.

Moreover, as explained by Quay and Hogan (1999), these children are generally less liked and more disliked than are other youngsters and they are more apt to be ignored or actively rejected by their peers. As a result, as a group, these children have difficulty making friends and even more difficulty protecting and repairing friendships. Furthermore, as elaborated by Hinsaw (1994), among all categories of childhood behavior disorders, children with hyperactivity are among the most negatively appraised and uniformly rejected by their non-disabled peers.

## **Teachers and Children Relationships**

Due to their disruptive, aggressive, negative, demanding and non-compliance behavior patterns, children with hyperactivity in elementary school often conflicts with their teachers and receive more negative feedback from their teachers (Bekle, 2001; Webb & Myrick, 2003; Cosser, 2005 & Kos et al., 2006). Since the presence of these children in the classroom may influence interaction patterns within the classroom as a whole, teachers of a class, where there is a child with this condition interact more negatively not only with the child in question but also with other children in the classroom (Weiss & Hechtman, 1993).

The presence of a child with hyperactivity in a classroom challenges not only the teacher but also other students in the classroom. To emphasize this fact, Quay and Hogan (1999) elaborated that children with hyperactivity can have negative catalytic effects on the social environments.

Disharmony often rises in the presence of children with the disorder in the classroom. Other children engage in elevated rates of disruptive behavior when working or playing with these children. As a result, teachers are always complaining against the disruptive and catalytic effects of these children in their classrooms.

### **2.3.3 Academic Characteristics**

It is obvious that, among other things, being attentive, behaving and acting appropriately and establishing and maintaining good social relationships are essential for one's academic success. However, children with hyperactivity often experience great difficulties in their academic life (Serfontein, 1994; Hinshaw, 1994; Barkley, 1998). As stated by Buttery (2009) and Weiss and Hechtman (1993), hyperactivity reduces academic engaged times which leads to low grades and places students with the disorder at risk for school failure. The core symptoms of the syndrome i.e. poor attention span, hyper activeness and impulsiveness interact to impair their academic performance. As a result, most children with the disorder often experience poor school achievement both in elementary and secondary school.

Smith (2001) also reported that, students with hyperactivity typically do not perform well academically regardless of their intellectual potential. They could be referred to as underachievers. Their frustration with the educational system results in these students having the highest dropout rates of all students. Furthermore, Kos et al. (2006) and Valente (2001) noted that, compared with their peers without the disorder, these children frequently experience poor academic performance, grade repetition, early drop out of schooling, suspension, expulsion and are retained in grade level.

## **2.4 Theoretical Perspectives on Hyperactivity**

There are different perspectives that make significant contributions to the understanding of the definition, cause and intervention of behavior problems in general and hyperactivity in particular. Among these the following are the major ones to be mentioned:

The medical perspective places primary emphasis on the biological foundations of behavior. In other words, this model conceptualizes deviant childhood behaviors, including hyperactivity as pathology within the individual. As a result, it deemphasizes the significance of the child's socio-cultural factors in contributing to his/her behavior problems (<http://www.coespecialneeds.ca/PDF/definitionandidentification.pdf>). According to this model, neurological dysfunction (abnormalities) in the brain and other organic factors are the causes that can lead to ADHD. Diet and medication are recommended as intervention mechanisms for children with hyperactivity (Heward & Orlansky, 1988; Hinshaw, 1994; Shea & Bauer, 1994).

#### **2.4.2 The Behavioral Approach**

From the behavioral point of view, a child's behavior is viewed as being manipulated by stimuli in the immediate environment in which he/she is functioning. It gives little consideration to factors within the individual and factors in the individual's extended environment (Shea & Bauer, 1994). According to this model, both adaptive and maladaptive behaviors can be learnt. Hence, maladaptive behavior can be resulted from faulty learning or if the child is not able to learn adaptive behavior (Heward & Orlansky, 1988; Hallahan & Kauffman, 1988; Gearheart, Weishahn & Gearheart, 1992).

According to this perspective, any behavior can be modified through contingent changes in the individual's environment (Heward & Orlansky, 1988). The assumption is that behavioral problems represent inappropriate learning and that children with the disorder can be helped when their observable behavior is modified. Modification of behavior can be accomplished by manipulation of the child's immediate environment-the classroom setting and the consequence of the child's behavior (Hallahan & Kauffman, 1988). Hence, teachers can use the broad principles of classical and operant conditioning, as well as social learning theory, to the instruction and management of children with emotional and behavioral disorders, including hyperactivity (Gearheart et al., 1992).

### **2.4.3 The Psycho-educational Perspective**

For this perspective, the problem involves both underlying psychiatric disorders and the readily observable misbehavior and underachievement of the child. Intervention strategies stresses on bringing the balance between therapeutic goals and goals for achievement in the recommended educational practices. Accordingly, the educational practices should take into account the unconscious motivation/underlying conflicts and the management of surface behavior and academic achievement of the child. Teaching methods emphasizes on meeting the individual needs of children and teaching is often done through projects or creative arts (such as music, art, dance, sport, etc.) (Hallahan & Kauffman, 1988).

### **2.4.4 The Social System (Ecological) Perspective**

The social system perspective views an individual as developing in a dynamic relationship with and as inseparable part of the social contexts in which he/she functions throughout his/her life span. In other words, there is always a reciprocal relationship between the child and the environment in that the child and the environment affect each other; both are actors and reactors (Heward & Orlansky, 1988; Gearheart et al., 1992; Shea & Bauer, 1994). Its fundamental assumption is that, it is meaningless to discuss behavior problems in general and hyperactivity in particular in isolation from the contexts in which these behaviors arise since it is these very contexts that define the behavior as a problem. It follows that, any discussion of attention and behavior difficulties must examine difficulties located within the ecosystems (rather than within the individual), and that these systems (e.g. family, peer group, school /teachers and the community), exist within the system (culture) (Nobel & Bowd, 2005).

When it comes to practice therefore, it is impossible to provide an effective intervention by removing the child from his/her socio-cultural environments, attempting to remediate the problem, and then returning the child to the unaltered environment from which he/she came. Consequently, the goal of this approach is not just to intervene in the child's disruptive behavior, but also to change the entire environment. In other words, the intervention should focus not only for effective teaching of the child in the classroom, but also for work with the child's teachers, family, peers, neighborhood and community in general (Hallahan & Kauffman, 1988).

... perspective suggests that the educational practices and support system must include the entire system in which the child is enmeshed.

To sum up, although there is no best model that provides a complete contribution to the understanding of the definition, cause and intervention of children with the disorder, every model, with its limitations, can make a significant role concerning the above issues. However, currently, many research findings support the effectiveness of the ecological perspective in analyzing and modifying the ways in which a child interacts with the environment. In addition, from the point of the transactional nature of the disorder and the dynamic interaction between a child and the environment, this model is preferable in understanding the nature of the disorder, its impacts and intervention strategies that should be used to curb the effects the disorder causes on the child and the ecosystem as it borrows and incorporates important concepts from the medical, behavioral psycho-educational and ecological approaches. Hence, the researcher has used this perspective as a guide line for this study. Consequently, from the social system perspective, the following measures should be taken in to consideration to provide an effective intervention thereby curbing the effects the disorder causes on the child and the ecosystem.

#### **2.4.4.1 Teachers Training**

Both the academic success and social functioning of children with hyperactivity can be determined not only by teachers' knowledge and attitudes concerning these students, but also their teaching competence, classroom behavior management skills and appropriate use of intervention mechanisms (Barkley, 1998). Many studies have revealed that the majority of teachers did not receive adequate training on ADHD, and they were not well aware of the educational implications of the disorder during their college and undergraduate education (Bekle, 20001). However, due to their day-to-day interactions with children with behavior problems and their more than two years experience of teaching these students, first cycle primary school teachers do have a better opportunity to notice and understand students with hyperactivity as these youngsters are more disruptive and challenging to be controlled, taught and listen and follow disciplinary norms (Kos et al., 2006). Smith (2001) and Turnbull et al. (2004) also

asserted that, most externalizing behavior problems, including hyperactivity are acting-out behaviors which are disruptive to classroom as they are expressed outwardly, usually towards other people. As a result, teachers tend to notice these behaviors easily.

Because, in most cases, children with the disorder display more disruptive behavior problems that are more challenging to themselves, their peers and their teachers, teachers often feel pessimistic about teaching these children in their classroom, particularly by providing greater structure and routine and by preparing works in greater detail and analysis (Bekle, 2001; Kos et al., 2006). Teachers' frustration in teaching these children is more exaggerated if they do not have enough knowledge and skills concerning the disorder. Kos et al. (2006) also demonstrated that, skills and knowledge about the disorder, years of teaching experiences and exposure to children with the disorder can determine teachers' teaching competence and expectations about these students. Moreover, as stated by Bekle (2001) and Kos et al. (2006), the severity of students' behavior problems, class size, and lack of training and lack of resources are the most troublesome issues that affect teachers' teaching competence and classroom management skills of children with the problem in their classroom.

Webb and Myrick (2003) argued that, the difficulty of these children is not knowing what to do, but doing what they know. In addition, it has been shown that there is a difference between possessing a skill and using it effectively. Hence, an intervention that targets school success behaviors increases the chance of improved behaviors for these children who are provided with appropriate behavioral, educational and psychosocial interventions, which in turn require competent teachers. Therefore, in order to enable children with this disorder get the best out of their schooling and manage their behavior successfully, teachers need to be increasingly knowledgeable about instructional, behavioral and social skill training that is appropriate for these children (Bekle, 2001). This author also stressed that in the school environment, teachers need to understand the cause of ADHD, its developmental course and the common symptoms of this disorder that are displayed in the classroom. Generally, teachers training and support should involve the following intervention mechanisms:

## **Behavioral Interventions**

Behavioral interventions include those interventions that target the individuals with the disorder using contingencies as well as those interventions that target teachers and parents training (Barry & Gaines, 2008). Behavior modification, particularly the use of consequences, is the most commonly practiced classroom intervention for students with hyperactivity (Cosser, 2005). Contingency management (or the use of consequences) may take the form of a token economy in which the student is rewarded for the desired behavior with a token that can later be exchanged for a reward (positive reinforcement). Another contingency system, response cost, involves the loss of a token (punishment) if the subject does not display the appropriate behavior (Barkley, 1998; Barkley, 2002; Cosser, 2005; Dupaul & Weyandt, 2006). Time-out is a condition in which an individual is removed from a reinforcing to one that is not reinforcing, such as removing a child from the group to sit in the passage or in a quiet chair until he is ready to rejoin the group (Barkley, 1998; Cosser, 2005).

Studies have shown that the contingent application of reinforcers for reduced activity level or increased sustained attention can rapidly alter the levels of the core symptoms of the disorder (Barkley, 2002). Researches further suggest that reinforcing the products of classroom behaviors (i.e., numbers and accuracy of problems completed) not only result increased productivity and accuracy but also indirectly results in decreases in off-task and hyperactive behavior. Praise, privileges (e.g., playing special games, art projects, free time, etc) and token rewards (e.g., points, candy, checkolet, etc) are the commonly used consequent based strategies that have empirical support for addressing ADHD related behaviors and difficulties (Barkley, 1998; Heward, 2006; Dupaul & Weyandt, 2006).

Reprimands, response cost, time out and suspension are the most commonly used negative consequences in handling the disruptive behaviors of children in the classroom (Barkley, 1998). Studies reveal that reprimands (verbal, redirecting statements) that are brief, immediate, unemotional, private with eye contact making and consistently backed- up with time out or a loss of a privilege for repeated non-compliance are far superior to those that are delayed, long or inconsistent (Barkley, 1998; Dupaul & Weyandt, 2006). According to Barkley (2002), the

intermittent application of verbal reprimands and response cost on off-task behaviors are found to be more effective. This author further explained that the sole use of positive reinforcement for controlling ADHD behaviors in the classroom is not sufficient to maintain improved behaviors in children with the disorder unless punishment in the form of response cost is added to the program.

### **Academic Interventions**

The reduction of disruptive behaviors or core symptoms of children with hyperactivity does not ensure that they are making adequate academic progress. This is because; the core symptoms of the disorder are frequently associated with academic impairment. Therefore, academic achievement of these students should be targeted in the intervention programs (Dupaul & Weyandt, 2006). Academic interventions consist of modifications in methods of instruction, instructional materials and the classroom environment (Cosser, 2005).

### **Modifications to Methods of Instruction**

Children with hyperactivity are successful in situations in which their unique learning needs, patterns and strengths are identified (Sherman, Rasmussen & Baydala, 2006). Therefore, first and for most, teachers should determine the specific characteristics, needs and strengths of each child and know that, with appropriate programming, these children can succeed academically, and even achieve average levels of performance when tasks are self - paced. Bekle (2001) also proposed that, an appropriate teaching style should involve positive academic expectations, clarity in giving directions, patience and humor, consistency and firmness. Similarly, one-to-one instruction; interesting and interactive lessons; small teacher-to-student ratios; shorter work periods; and calling on students with the disorder frequently, frequent monitoring and checking of their activities and tasks are good strategies that promote the academic success of these students.

According to Barkley (2002), more vibrant, enthusiastic teachers who move about more, engage children frequently while teaching and allow greater participation of the children in the teaching and learning activity and permitting them to move and participate meteorically while learning the

task may increase their sustained attention to the task at hand and improve their academic performance. Further, Cosser (2005) and Dupaul and Weyandt (2006), recommended that the use of co-operative learning teams and/or peer tutoring is an important intervention strategies for students with ADHD- related difficulties.

### **Modifications in Instructional Materials**

To help children achieve their best academically, Sherman et al. (2006), suggested that teachers should use variety of media in their instruction (such as chalk boards, over head projectors, objects, charts, videos, etc). In addition, teachers should arrange their classrooms to limit more manageable components provide the students with written copy of instructions and give them additional time to complete the task. Similarly, Barkley (2002) and Heward (2006) emphasized that, reducing task length, “chunking” tasks into smaller units to fit more within the child’s attention span, the use of increased stimulation within the task (e.g., color, shape, texture, rate of stimulus presentation), using multimodalities when presenting lectures and modifying testing strategies in accordance to the students’ special needs may enhance attention to academic tasks thereby increasing the academic success of these children.

Since children with hyperactivity behave better while watching films and during games than when they are attending prolonged lectures and independent tasks, teachers should also incorporate new activities and experiences into their lesson plans. In addition, arts provide many therapeutic benefits for these children by giving them an opportunity to express themselves thereby they increase attention and decrease impulsive behaviors (Sherman et al., 2006). A number of studies also reveal that the use of art lesson, color cues and novel stimuli while teaching students with hyperactivity can increase sustained attention and improve the task performance of these students (Cosser, 2005).

### **Modifications in the Classroom Environment**

Modifications to the classroom environment may take the form of the physical placement of a student’s desk near the teacher or the establishment of organizational procedures and structured lesson (Cosser, 2005). The optimal classroom environment is one with moderate but consistent

disciplines, clear expectations, frequent rewards for progress and positive reinforcement for appropriate behavior and impulse control (Valente, 2001). This author further recommended that achievement improves when distracters and interruptions can be reduced. For example, the child with the disorder should be placed in a quiet area of the classroom away from windows and doors.

Serfontein (1994) proposed that, in the classroom, the child with hyperactivity should be placed at the front of the classroom in the center, right under the eyes of the teacher where he/she can, with little effort, be brought back to task as his/her mind wanders. Mastropieri and Scruggs (2000) also emphasized that, the physical environment of the classroom should be arranged and organized in such a way that, there should be spaces that allow these children to move freely, needed materials and services should be visible and accessible to them and potentially harmful objects or substances must be kept away from being easily accessed by the children.

#### **2.4.4.2 Parent Training**

In order to enable parents to handle and manage their children with the disorder and get relief from their stress and frustrations, parent training and counseling are very crucial (Barkley, 1998; Barkley, 2002; Cosser, 2005). Training parents involves child behavior management skills, such as contingent application of reinforcement (e.g., praise, token reinforcers) following appropriate behavior of their children and punishment (e.g., reprimands, response cost) following their children's inappropriate behaviors (Bekle, 2001; Barkley, 2002).

According to Cosser (2005), the training should strive to promote more positive, compliant and generally pro-social behavior while decreasing negative, defiant and disruptive behavior in these children. This is achieved by training parents in more positive, consistent and predictable child management skills. In addition to the training, counseling can aid in correcting the misperceptions, stress and frustrations of parents about the disorder and improve their abilities to make intervention decisions and get feedback and collaboration from the concerned bodies, especially from classroom teachers.

course, characteristics and intervention mechanisms of ADHD. Bekle (2001) also proposed that, for children with the disorder to be successful in school and at home, educating teachers and parents about the disorder is crucial. In addition, teachers and parents must work together in achieving a satisfactory management solution. Generally, Serfontenin (1994) and Cosser (2005) recommended that, parents and teachers should know that both at home and in school, children with hyperactivity often need three things: Routine, regularity and repetition. By routine they mean that these children need a very strict routine in daily activities. Regularity means these children need to do each activity at a set of time on each day and these activities should be done with great regularity. In other words, what is done at 8 o'clock today is done at 8 o'clock tomorrow. In addition, because of their poor sustained attention, these children need to have instructions and information's provided repeatedly.

#### **2.4.4.3 Social Skills Training**

Most children with hyperactivity often experience difficulties getting along with parents, peers, siblings and teachers and making and keeping friends (Cosser 2005; Kos et al., 2006; Dupaul & Weyandt, 2006; Shattell et al., 2008). These children do not appear to have deficits in social skills. Rather, they often do not act in accordance with these rules (Barkley, 1998; Dupaul & Weyandt, 2006; Shattell et al., 2008). Therefore, given the frequent association of the disorder with social relationship difficulties and the children's problems in acting and behaving appropriately in social interactions, interventions must be designed that help address their problems.

According to Dupaul and Weyandt (2006), interventions that target social knowledge and the acquisition of pro-social behaviors do have paramount advantages for children with the disorder. The training should involve conversation skills, problem-solving skills and anger and impulse control skills. For example, in the social skills training program developed by (Sheridan 1995, cited in Dupaul & Weyandt, 2006) which involved social entry (addresses conversation skills, joining peer activities and expressing emotions); maintaining interactions includes (carrying on a conversation and playing cooperatively); and problem-solving (deals with anger, maintaining

self-control and solving arguments), the sampled children showed promising improvements in their social interactions.

Valente (2001) also suggested that effective social skills training should focus on communication, anger management, conflict resolution and developing appropriate pro-social behaviors. This author further recommended that the combined social skills training and parent education are effective for children with the disorder in that, through parent scheduling and supervision these children can develop skills that help them interact and make friends.

To sum up, provided that there are appropriate awareness training and adequate knowledge and skills among teachers, parents and peers concerning hyperactivity and children with the disorder, the combination of behavioral, academic and psychosocial interventions might be more promising in our context in reducing both the academic and social impacts of the disorder on these children and alleviating the challenges these children often present to their parents, teachers and peer.

# CHAPTER THREE

## 3. Methodology

### 3.1 Design of the Study

The main purpose of this study was to investigate the behavior of children with hyperactivity in the regular classroom and how teachers response to meet the educational needs of these children. In order to meet the purpose, qualitative case study design was employed. According to Gall, Borg and Gall (1996), case study research is one of the several approaches to qualitative inquiry which is commonly used in educational research.

The main characteristics of case study design is its focus on an in-depth investigation of specific instances (cases) of a phenomenon in its natural context and from the perspectives of the participants involved in the study (Bogdan & Biklen, 1992; Gall et al., 1996; Patton, 2002). In addition, unlike quantitative inquiry, case study research does not begin with predetermined constraints (theoretical framework) on its findings. Instead, it bases on the spirit of grounded theory in that it begins with specific instances and builds towards general patterns (Gall et al., 1996; Patton, 2002). Therefore, since the primary intention of this study is an in-depth understanding and thick description of the cases' hyperactive behavior and not labeling and passing judgment on them, the researcher employed the case study design.

### 3.2 Population and Sampling

#### 3.2.1 Area of the Study

The setting chosen to conduct the study is Addis Zemen primary school which is found in Gulele sub-city, "Shiromeda" area in Addis Ababa. The school was selected purposefully because of the following reasons:

1. The availability of the hyperactive students as reported by the school principal and classroom teachers.

2. Since, as it is already mentioned in the literature part, the school is primary level (i.e., 1–4); it is appropriate school year for diagnosing the students as hyperactive.
3. The advantage of getting enough information about the students from the classroom teachers' (teachers' nominee) as they are self-contained teachers who know the students very well due to their sufficient years of experiences in teaching the children. In addition, they are the homeroom teachers of the children and each of them are teaching at least three subjects, namely: Amharic, Math and Science. As a result, each teacher contacts and teaches the children daily, on average, for about four periods.
4. The willingness of the school principal and classroom teachers who allowed the researcher to observe the hyperactive students in the classroom and collect all the necessary data that may answer the research question.
5. Unlike older children and adolescents, it is easy for the researcher to desensitize himself to these younger students.

As it is already mentioned, one of the main characteristics of case study design is its focus on the intensive study of specific cases of a phenomenon. Therefore, due to time constraints and difficulty of making an in-depth investigation of all students in all schools in the area, this study did not involve all students with ADHD in all schools in the study area. It was rather delimited to identify only four students with ADHD in only one primary school of Addis Ababa. Moreover, the study was delimited itself to identify only those students with the predominantly hyperactive-impulsive symptoms. This is because of the fact that children with these symptoms are easily observable and they do not take more time to be observed and identified as compared to those students with the predominantly inattentive symptoms.

### **3.2.2 Sources of Data**

Unlike quantitative methods which typically depend on large samples selected randomly in order to generalize with confidence from the sample to the population it represents, qualitative inquiry typically focuses on relatively small samples selected purposefully to permit an in-depth understanding of the phenomenon under study. The logic and power of probability or random sampling derive from its purpose: generalization. The logic and power of purposeful sampling

cases for study in-depth. Information rich cases are those from which one can learn a great deal about issues of central importance to the purpose of the research (Patton, 2002: 46).

Miles and Huberman (1994:27) also emphasized that qualitative researchers usually work with small samples of people nested in their context and studied in-depth-unlike quantitative researchers, who aim for larger numbers of context-stripped cases and seek statistical significance. Qualitative samples tend to be purposeful rather than random.

In order to obtain adequate information about the phenomenon under study, it is very essential to evaluate multiple domains of functioning and obtain the perspectives of multiple and key informants (Hinshaw, 1994; Gall et al., 1996; Patton, 2002). Therefore, the participants of this study were selected purposefully so as to examine the cases across their natural context based on the information that was obtained from the concerned key-informants. Hence, the main sources of this study were the four children with the hyperactive behavior. They were selected based on the following criteria:

- Their core symptoms/hyperactive-impulsive behaviors are severe enough in disturbing the classrooms and consistently interfering with their learning and social interactions.
- As reported by the teachers' nominee and observed by the researcher, they were free from any "recognized" disability such as sensory impairments, physical disabilities, mental retardation and child hood psychosis and schizophrenia.
- Their ages were between 10 - 13 years.

The other sources of data were the four teachers' nominee, three parents and four classroom peers of the cases.

**Table 3.1: Background Information of the Children**

No	Name	Age	Sex	Grade Level	Reside With
1	Girum	10	M	Three	Mother and father
2	Sara	10	F	Three	Aunt
3	Abel	13	M	Four	Mother and father
4	Dawit	12	M	Four	Mother

As can be seen from the above table, four children with hyperactive behavior were participated in the study. Among these, three of them were males and one of them was female. Their ages ranged from 10-13 years. Regarding their grade level, two of them were grade three students and two of them were grade four students. Two of them live with both their mothers and fathers, one of them lives with his mother and the remaining one lives with her aunt.

**Table 3.2: Background Information of Classroom Teachers**

Participant	Age	Sex	Educational level	Total number of years in teaching the child	Total work experience
Girum's Teacher	27	M	Certificate	Three years	Six years
Sara's Teacher	26	F	Certificate	Three years	11 years
Abel's Teacher	22	F	Diploma	Two years	Five years
Dawit's Teacher	30	F	Certificate	Two years	Eight years

Among the four classroom teachers participated in the study, three of them were females and one of them was male. Regarding their educational level, three of them were certificate graduates and one of them was diploma holder. They had a total of five to 11 years work experiences, among which two to three years in teaching the children.

**Table 3.3: Background Information of Parents**

Participant	Age	Sex	Educational level	Profession	Relationship with the child
Girum's parent	45	F	Not literate	House wife	Mother
Sara's parent	56	F	Not literate	House wife	Aunt
Dawit's parent	30	F	Not literate	Daily laborer	Mother

As it is indicated in the above table, three female parents were participated in the study. Their age ranged from 30-56 years. Regarding their educational level, all of them were not literate. Two of the parents were house wife whereas one of them was daily laborer.

**Table 3.4: Background Information of Peers**

Participant	Age	Sex	Grade level	Profession	Relationship with the child
Girum's peer	15	F	Grade three	Student	Both classroom and neighbor peer
Sara's peer	12	F	Grade three	Student	Classroom peer + class monitor
Abel's peer	13	M	Grade four	Student	Both classroom and neighbor peer
Dawit's peer	10	F	Grade four	Student	Classroom peer + seatmate

Among the four classroom peers participated in the study, three of them were females and one of them was male. Their age ranged from 12-15 years. Two of them were grade three students and the remaining two of them were grade four students.

### 3.3 Instruments

Employing a multi-method/triangulation approach is highly recommended in qualitative research. This is because, such an approach enables the researcher to obtain adequate information about the study and it also helps him/her cross check the truthfulness of the data obtained from instruments. (Mertens & MaLaughlin, 1995). Gall et al. (1996) also proposed that use of multiple methods to collect data about a phenomenon can enhance the validity of case study findings through a process called triangulation. Furthermore, as Patton (2002) emphasized, qualitative data should consist of direct quotations from an in-depth, open - ended interviews, direct observations that take place in real world settings and excerpts from documents. Therefore, in this study direct systematic observation, interview and document review were used for gathering the data.

#### 3.3.1 Observation

Observation allows a researcher to gather natural and reliable data from a natural setting. Since using this method is generally quite accurate, direct systematic observation is often preferable to gather behavior problems, like hyperactive impulsive type (Salvia, Ysseledyke & Bolt, 2007). In addition, if used properly, observational method avoids the inaccuracy and bias of self-report data obtained from tests, questionnaires and interviews (Gall et al., 1996). Moreover, direct

systematic observation promotes an in-depth understanding of the complexities of many situations and functioning of the phenomenon of interest (Patton, 2002; Lidz, 2003).

Due to its importance for this case study, direct systematic observation was chosen to gather the necessary data about the children's hyperactive behavior in the classroom. Then, after reading different literatures (books, journals and research papers) in the area of hyperactivity, characteristics of children with the disorder and teachers response to meet the educational needs of these children, observation checklists were developed.

The observation checklist developed to observe and identify the cases consists of the core symptoms of hyperactivity-impulsivity (i.e., six symptoms of hyperactivity and three symptoms of impulsivity). The core symptoms are: restlessness, out of seat, excessive talking, excessive running/moving around, often "on the go" and difficulty playing quietly (symptoms of hyperactivity); and blurting out answers, difficulty waiting turns and excessively interrupts on others (symptoms of impulsivity). In addition to the core symptoms of hyperactivity-impulsivity, off-task and noncompliance behaviors were included in the checklist. The core symptoms of the disorder were obtained and adapted from DSM-IV (APA, 1994) and since each diagnostic criteria of the disorder is applicable for our context, I applied them directly.

The observation checklist prepared for observing the response of the classroom teachers to meet the educational needs of the cases consists of the following skills (contents):

(1) Behavioral Intervention: - this involves the use of consequences such as reinforcements (e.g., praise, privileges, and token rewards) and negative consequences (e.g., response cost, time out, verbal reprimands, etc).

(2) Academic Intervention: - this consists of modifications in:

- Methods of instruction such as the use of different teaching strategies, one-to-one instruction, small teacher-to-student ratios, shorter working periods, self-paced tasks, frequent monitoring of the child's activities, allows frequent breaks between lessons, etc.
- Instructional materials such as the use of multimodalities, increased stimulation within a task (e.g., color, shape, etc), breaking tasks into smaller pieces, use of activities (e.g., films, games, arts, etc) within a lesson, etc.

- The classroom environment such as appropriateness of the child's seat and position in the classroom, safe, visible and accessible classroom, structured classroom, "quiet" and "active" classroom, etc. These skills were obtained and adapted from Bekle (2001), Sherman, et al (2006) and Kos, et al (2006).

After the first drafts of the tools (checklists) development were completed, they had been submitted to the advisor. Then, based on the advisor's comments, the necessary correction and improvements were made. Finally, the final copies of the tools were developed in English and ready to the main study. (See Appendix-2 for the Tools)

### **3.3.2 Interview**

In order to validate the data obtained through observation, semi-structured interviews prepared (in English first and then translated in Amharic during the interview) were used to gather data from the cases, their classroom teachers, their parents and their classroom peers. The semi-structured interview guides were developed by the researcher based on the purpose of the study and research questions. This was done after reading different literatures (journals, articles and research papers) on the area of hyperactivity, characteristics of children with the disorder and teachers, parents and peers response towards the behavior problems of these children.

Then, the interview guides were given to the advisor for comments and further improvements. Finally, based on the advisor's comments, the necessary modifications and changes/improvements were made and the tools were made ready for the main study.

The semi-structured interview guide prepared for each classroom teacher consists of questions concerning their back ground information, the odd behaviors the student exhibits in the classroom, the consistency and severity of the problem in disturbing the class, its impacts on the student's learning and social interactions, the teacher's knowledge and skills in the early identification and teaching of these types of students, types of other additional problems the student exhibit in the classroom, the measures she/he has taken in response to the student's

behavior problem and how often he/she contacts and provides information to the parents concerning the child's problem and the feedback he/she has got from them.

The interview guide developed for each parent of the case involved questions about their background information, educational achievement of the child, types of odd behaviors he/she observes on the child, the consistency and severity of the problem in affecting the child's educational performance and social interactions, his/her feelings and reactions towards the child's odd behaviors and how often he/she contacts the school due to the child's odd behaviors.

The interview conducted with each classroom peers focused on his/her background information, his/her day-to-day interaction with his/her friend (case), the types of behaviors he/she does not like from his/her friend, the person he/she believes usually exhibits odd behaviors in the classroom and the impacts of such behaviors on his/her friend's learning and social interactions.

The interview guide developed for each case was intended to collect data about his/her background information, his/her day-to-day interactions both at home and in the classroom, the activities/tasks he/she likes/dislikes most, and the educational and social problems he/she faces both at home and in school. (See Appendix-1 for the Tools)

### **3.3.3 Document Review**

In order to triangulate the data from different angles, the researcher also examined the necessary documents, such as two years and half of the cases' grade reports, their absenteeism from the teachers' classroom attendance sheet, their names from the "black list" if they are listed there due to their deviant or maladaptive behavior and whether they were repeated or not by looking their previous grade reports and/or school's recording roster.

### **3.4 Data Collection Procedures**

#### **3.4.1 Observation**

Before conducting the observation in the classrooms, I did the following. First, I requested the principal of the school accompanying a supportive letter written from the Department of Special Needs Education. Second, I explained the purpose and potential benefits of the research to him. He accepted my request and expressed his willingness to cooperate and soon he referred me to the classroom teachers where the students with hyperactive behavior are found. With the teachers, I made similar explanation about my research and the teachers expressed their willingness to cooperate with me as well.

I tried to develop good rapport with the teachers and students by repeatedly visiting the school and the classrooms for one week (from Nov. 30, 2009 - Dec. 4, 2009). The school visit helped me to desensitize myself with the students and in the mean time I got an opportunity to informally observe the availability of the students with hyperactive behavior. Simultaneously, I had familiarized myself with the rules and regulations of each classroom by asking the teachers and reading them from posted papers on the wall of each classroom. Then, the actual classroom observation of each case's core symptoms was conducted for one month (from Dec. 7, 2009 - Jan. 8, 2010), five days per week and for about 45 minutes each day in each classroom during the morning session. Each observation session was further divided into 15 minutes interval.

In order to give chance for behaviors of short duration (to estimate their frequency), increase the reliability and validity of the data (observation results) and reduce the impact of external factors (situational variability of the behaviors), I continuously observed and recorded the occurrence of each core symptom during each 15 minutes interval and across four subjects (Amharic, Math, Science and English). In addition, each observation was conducted during structured, didactic teaching and periods of independent and group works under the teachers' supervision. In other words, the researcher observed and recorded each core symptom only in the classroom during "active" and "quiet" class periods where each student participated actively in the teaching and learning process. Therefore, behaviors that occurred during free play periods; when the child was

out-of-seat and on other activities at the teacher's request/permission; whenever there was no assigned task; and whenever the teachers left the classrooms, were not observed and coded.

During each observation session (within each 15 minutes interval), the researcher went to each classroom having the checklist (on which each core symptom was already listed) and observed and ticked and/or wrote the occurrence of each core symptom on the checklist by using pen. While doing this, I seated in an appropriate location so that I was close enough to the child to accurately observe and record (tick and/or write) the occurrence of each core symptom. In order not to give clue for the child to know that he/she was observed, distract the nearby students and miss important aspects of events and symptoms while taking large notes, I tried to take short and abbreviated notes systematically and secretly on the checklist. And soon after completing each day's observation, a complete summary notes were made for each case.

The occurrence of each core symptom was recorded and assigned by using the "✓". Symptoms such as restlessness, frequent interruptions, excessive talking, excessive running/moving around and blurting out answers were coded as the non-timed behaviors and they were observed and recorded on the checklist as soon as they occurred. Whereas out of seat and off- task were coded as timed-behaviors and they were observed and recorded (ticked) on the checklist based on the elapsed time they occurred during each 15 minutes interval. In order to measure their elapsed time, stop watch was used.

In order to determine the severity of each core symptom and what dimension of each case's behaviors are different from their "normal peers", each core symptom was coded and measured accordingly by using duration, frequency, latency and amplitude. Duration was used to measure the out of seat and off-task behaviors of each case. To determine the out of seat behavior of each case, first I observed and recorded (ticked) on the checklist the number of times the child left his/her seat during each 15 minutes interval while other students were engaging in the teaching and learning process. Then, I calculated the elapsed time (for how long) he/she remained out of seat during each instances of his/her out of seat behavior in terms of minute. Finally, the total number of times and minutes the child was out of seat both per 15 minutes and per 45 minutes was calculated and recorded on the checklist. Similarly, in order to determine the off-task

behavior of each case, first the researcher observed and recorded (ticked) on the checklist whether the child is involved in his/her own "businesses" other than classroom activities he/she was assigned to do so. Then, I calculated (in terms of minutes) for how long he/she was out of the assigned classroom tasks during each 15 minutes interval. Finally, I calculated and recorded on the checklist the total number of minutes the case was off-task from the ongoing classroom lesson both per 15 minutes and per 45 minutes.

Frequency was used to measure the restlessness (which involves minor motor movements such as in-seat/buttock movements, back and forth and sideways movements and fidgeting behaviors), excessive talking, excessive running/moving around (which includes gross motor behavior such as gross motor standing-motor activity that results in the child's leaving his/her seat and standing on one or both legs on the floor, chair or desk- and gross motor vigorous i.e. jumping, running, moving around, crawling, acrobatics, etc. and frequent interruptions (this includes any verbal or physical behaviors or noises that are disturbing the students and the teacher during a lesson or quiet work periods such as calling out, initiating talking/conversation, production of sounds, annoying behaviors, clowning behaviors e.g. engaging in games and other inappropriate activities, standing on a desk/table, dancing, play-acting, mimicking, etc) of each case. During each observation session, I observed and recorded/ticked (by tallying) each of the above mentioned behavior on the checklist as soon as they occurred.

Latency was used to measure the blurting out answers of each case (i.e. how delayed or haste he/she is in responding to questions). And amplitude was used to measure the frequent interruptions and aggressive behaviors of each case (i.e., how intense are these behaviors in affecting the case's academic performance and social interaction, disturbing the class as a whole and causing harm to other students).

Finally, after completing the one month classroom observations of the children's hyperactive behavior, I also observed how the classroom teachers responded to meet the educational needs of these children. The observation was conducted for 15 days (from Jan. 11 - Jan. 15, 2010 and from Feb. 15 - Feb. 19, 2010), five days per week and for about 45 minutes in each classroom during the morning session while the teacher was teaching.

During each observation session (within each 45 minutes), the researcher went to each classroom having the checklist (on which the skills teachers used to intervene the children's hyperactive behavior were already listed). The checklist consisted of three scales namely: Never which means the teacher didn't apply the skills at all, sometimes which means the teacher occasionally employed the skills and always which means the teachers usually used the skills. Then, I observed and recorded (ticked) on the checklist as soon as the teacher employed the skill(s). Finally, soon after completing each day's observation, a complete summary notes were made for each classroom teacher.

### **3.4.2 Interview**

Before the interview was conducted with each participant, I tried to get the willingness of each respondent by explaining them about the purpose and potential benefits of the research and they all agreed. Then, I assured each informant of absolute trust and confidentiality about the information that they will give will be used only for the research purpose and that their proper names must not be displayed in the paper. Finally, I asked their willingness to use tape recorder to record the information they will give and they all agreed.

Then, the semi-structured interview prepared in Amharic was conducted with each key informant following the classroom observation depending on the convenience of time and place for both each interviewee and the researcher. The interview with the three parents, the cases, their classroom peers and one of the classroom teachers was conducted in the school's record office whereas, the interview with the three teachers were conducted outside of the school compound.

During each interview session the interviewer seated in close proximity and in face-to-face position with each interviewee so that the researcher tried to give due attention (sensitivity) not only to the verbal responses of the respondents but also to those personal issues and the nonverbal communications. In addition, I tried to pose questions in language that is clear and meaningful to the interviewees and avoid leading questions to the answer. Finally, all the interviews were recorded by using tape recorder and made ready for transcription and analysis.

### **3.4 Method of Data Analysis**

Qualitative data, which are based on observations, interviews and documents, are not usually immediately accessible for analysis. They rather require some processing in that raw field notes need to be corrected, edited, typed up; tape recordings need to be transcribed and corrected; and documents need to be reduced, organized and categories (Miles & Huberman, 1994).

Therefore, in order to make the data accessible for analysis, described observations were edited, corrected, coded and categorized; interview results (tape recordings) were transcribed from the recorded tape as stated and then translated from Amharic into English which in turn were reduced, coded and categorized; and the data from documents was verified, reduced and categorized.

Based on the categorized data into themes, each case was analyzed deeply according to the research questions qualitatively. Then, in order to enhance deep understanding and explanation and to see the similarities and differences between each case, cross case analysis was employed. Finally, based on the findings, different literatures and my own interpretations and reflections of the issues, discussion was made.

# CHAPTER FOUR

## 4. Results

This part of the study deals with the presentation of the data obtained from interviews, observations and document analysis. The presentation has two sections. The first section deals with the presentation of each case (case by case analysis), and the second section focuses on cross-case analysis.

### 4.1 Case Presentation

#### Description of the Setting

One of the basic characteristics of case study is that it is holistic and context sensitive. Therefore, before directly going to the presentation of each case, it is worth describing the setting. This helps the readers familiarize and visualize the setting in which the study was conducted.

Geographically, Addis Zemen primary school is found in the northern part of Addis Ababa, to the left side of the main road to Entoto; approximately 500 meters far away from the road. The school is found in Gullele sub city 'Shiromeda' area in kebele 18. It is a governmental school which was established in 2007/08 G.C as a primary school and at present the school encompasses grade levels 1-4. For the near future, as reported by the school principal, the school will be upgraded into full primary school (1-8). It covers an area of 1000 square meters; and it is fenced with steel. It has only one small gate to the west direction both for entrance and exit of the school's population; its gate is made up of steel and wood.

Topographically, the school is not only found in a very confined area but also it is surrounded by a very rugged landscape and densely settled nearby dwellers. As a result, it has no playing fields and other entertaining areas. Even its small available playing grounds have already been occupied by new buildings which will be used for classrooms and administrative offices. Consequently, during their intermission times, the students were forced to stay either in their classrooms or they wonder here and there around their classrooms and in the available areas.

Concerning the school's population, there were 1160 students (524 males and 636 females) ; and there were 41 teachers (12 males and 29 females) of which 29 of them were certificate graduates (9 males and 20 females) and 12 teachers were diploma holders (4 males and 8 females) of which three of them were principals. In addition, there were 15 supportive staff from which 8 of them were men and 7 of them were women.

The school had one big five storey and four building, consisting a total of 24 classrooms. The ground part of the building had four classrooms from which three of them were offices (these were: the school's principals' office, teachers' staff and secretary office) and one of them was classroom (grade one, section 'A') and the remaining classrooms were found in the upper floors. Grade one students, sections 'B'-'D', grade two students, sections 'A'-'E', grade three students, sections 'A'-'F' and grade four students, sections 'A'-'E' were attending their education from first floor to fourth floor respectively. In addition, there were three small buildings which comprise security guards' room, record office, janitors' room, pedagogical center and library room. Moreover, there were toilet blocks for students and teachers in a separate area. The students' toilet rooms were extremely unclean and have bad smells. As a result, the students do not feel comfort while using them.

When it comes to the classrooms, despite the fact that the number of students in each classroom on average ranged from 50-60, they were relatively large enough to accommodate the students. In each classroom, the students' desks are arranged in to three rows and in each row the students sat in an interactive round table grouping style arranged by combining three desks in vertical and parallel sides. On average, each group comprised 6-9 members and the group composition was formed based on heterogeneous ability grouping. As reported by each classroom teacher, such grouping was purposefully done so as to enable the students to help each other and monitor and control their activities as each group had its own monitor in addition to the class monitor and the teacher. Hence, relatively speaking, in each classroom the students were always active and the classroom was quiet as the teacher usually enabled them to participate in an interactive way by using group works, class works, questions and answers, discussions and other independent tasks along with lectures.

The wall of each classroom is painted with half black (its lower part) and half white (its upper part), its roof is white painted, neat and well lighted, and its floor is cemented, smooth and neat. One of the walls to the left side of the doors is made up of transparent windows and the doors are made up of iron. Each desk, which is made up of iron, has its own attached iron made table and, although it can only accommodate two students to sit on it comfortably, in most group, three students were forced to sit on a single desk. The walls of the classrooms, especially the back and the front side of them were lined with different teaching aids concerning the subjects the students were learning, that is, Amharic, English, Mathematics, Science and Aesthetic. In addition, the rules and regulations of the classroom that every student must obey and exercise were posted in front of them near the black board. These include: 'Not be late to classes', 'Keep one's own neatness including his/her learning materials', 'Doing home works and class works properly', 'Not to disturb in the classroom', 'Respecting others', 'Working cooperatively with others', 'Actively participate in the classroom', and 'Not to steal or take others' properties by force without their willingness'.

### **Description of the cases**

Here an attempt was made to present the findings obtained from the study according to the major research questions (variables) that were formulated in the statement of the problem. That is, the description of each case focuses mainly on their behavioral, social and academic characteristics and teachers' responses to meet their educational needs. Each case is presented by using direct quotes and reported speech forms. In the case by case analysis, I have used "pseudo names" to represent each case. So, 'Girum', 'Sara', 'Abel', and 'Dawit' stand for cases 1, 2, 3, and 4 respectively.

From my own observations and the responses of research participants, it is learnt that each case shows his/her behaviors in their day-to-day activities. In other words, the behavior of each case is considered to be his/her habit. Based on this idea, I have used simple present tense to present and describe the behavior of each case so as to make it natural.

## Girum

Girum is a 10 years old boy. He is the youngest (eighth) child for his parents. Physically, he is a short and fat boy with short black hair. He always looks untidy because he does not give care for the neatness of his hair, face and clothes. Girum lives with his biological father and mother. His father is a weaver (locally called in Amharic language “Shemane”), small scale cottage industry and his mother is a house wife. Both parents are not literate. The income of Girum’s family members depends on the income from the sales of the product of the weaving of the father which is only from one source and subsistence. Due to this subsistence income, large family members and low level of education, the socio-economic status of Girum’s parents seems to be very low.

This academic year (2009/10 G.C), the child was attending grade three, in section ‘E’, with his twin sister. Section ‘E’ consisted of 54 students of which 30 were males and 24 females. The students’ desks are arranged into six groups and three rows, each group comprised 9 students. Initially, Girum belonged to group five which was found in the front position of the middle row. But after some time the classroom teacher made him sit alone. The teacher took such measure because he has found the child is extremely restless and disruptive. Hence, except during group works and discussions where the child has been allowed to participate and work with his group members under the teacher’s frequent monitoring, Girum usually sits alone at the extreme left hand corner, in front of the classroom, near the teacher’s desk, turning his face towards the door.

The behavior of the child is so unique compared to his peers in the classroom. As reported by the classroom teacher, the child exhibits the following odd behaviors in the classroom:

Girum is usually unable to sit still on his seat and attend classroom lessons quietly. He frequently leaves his seat and moves around in the classroom. During independent and group works, he does not attend and participate instead he engages in his own activities on his desk and table, such as playing with objects; touching, closing and opening his books and /or exercise books; writing on them; drawing pictures; etc. As a result, his hands and legs are always engaged in different tasks on his seat. His behavior is getting worse and worse since I have started teaching him. Generally, I can say that all what Girum is doing is his habit.

In a similar way, his mother explained her child’s odd behaviors as follows:

As if there is a ‘needle’ on ‘his body part that he sits on’, he is not able to sit still (ቲጡ ላይ መርፌ ያለበት ይመስል አንድ ቦታ ተረጋግቶ መቀመጥ አይችልም). He never feels tired of walking. For your surprise, he is not able to sleep quietly as many children do instead in the

excessively, stands on the table, and 'rolls' on the ground. I haven't seen any improvement in his behaviors rather, his behavior is much worse than before.

Some of the child's behaviors that the teacher and the child's mother reported above were proved to be true during my classroom observations. Girum is extremely restless and fidgety child on his seat. His restlessness is characterized by his frequent movements of the 'body part that he sits on' such as sliding on his seat, lifting one or both of 'his body part that he sits on' and lowering himself toward the ground while sitting on his desk; and he is repeatedly moving his body sideways and back and forth. He is also a fidgety child in that his hands never rest even for a minute from touching and grabbing objects on his table and playing with them. As a result, not only his table is always occupied by the debris (full of unwanted materials) but also he frequently shifts from one activity to another, with uninterrupted motor movements.

Girum is involved in gross motor behavior. This includes his excessive gross motor standing (i.e. he frequently leaves his seat and stands on one or both of his legs on the floor, chair or table) and gross motor vigorous (such as he frequently leaves his seat abruptly and runs away from his seat, moves around in the classroom, lies on his desk and table both with his front and back position, stands and/or crawls with his knee or knees on his chair and table and puts his leg or legs on the desk or table). For example, during the 840 minutes of observations (in which the number of days the researcher observed the child's behavior in the classroom were calculated into minutes), Girum was involved in gross motor behaviors (both in gross motor standing and gross motor vigorous) for 492 times. This means that during each 45 minutes, he was involved in gross motor behaviors for 26 times, and during each 15 minutes, he was involved in gross motor behaviors for 9 times.

Moreover, the child frequently interrupts both the teacher and the students while they are working on classroom activities by initiating conversation or talking; making inappropriate sounds through tapping his feet, grabbing or banging objects and pushing and pulling his own and others' desks and tables; annoying others by touching, taking and destroying their properties; pushing and blocking others during group works and note taking; and calling and/or shouting

inappropriately in the classroom to the extent that his disruptions distract the attention of students and disturb the teaching and learning process.

Frequently, Girum is out of his seat for a longer time. During this time, he disturbs the class by moving from one group to another. For instance, during the 840 minutes of observations (in which the number of days the researcher observed the child's behavior in the classroom were calculated into minutes), he was out of his seat 107 times for 171 minutes. This means that during each 45 minutes, he was out of his seat six times for nine minutes and during each fifteen minutes, he was out of his seat twice for three minutes. This indicates that he does not pay attention to the ongoing classroom lesson in order to perform better in his academic performance.

Socially, Girum is disruptive, noisy, intrusive and uncomfortable for cooperative works. In addition, he is usually involved in minor aggressive acts, such as destroying others' properties, attacking younger children and throwing objects to other students. Similarly, he often violates almost the entire ground rules formulated by the classroom. As a result, he usually receives negative feedback from his classroom teachers and peers. Concerning the impacts of the child's odd behaviors on his social interactions, the teacher said the following:

Firstly, because of his extreme disruptiveness and restlessness, I am forced to make him sit alone in order to protect the class from being disturbed. Secondly, his classmates are not willing to sit and work cooperatively with him. Thirdly, the class as a whole always attributes any mistake done in the class to him. These all are indicators of the fact that his classmates do not have good attitudes towards him. I myself always complain of his disruptive behaviors.

In addition to what the teacher said above, Girum's classroom peer added the following:

Although other students including me are willing to sit and work with Girum, he is not comfortable to us. This is because; he disturbs us by moving his hands, legs and 'his body part that he sits on' and pushing us sideways, taking and destroying our properties. Besides, he is not able to sit and work in one area.

Moreover, Girum's mother expressed her child's social characteristics in the following way: "*He does not have a 'good name' in the school, at home and in the neighborhood. Everybody call him as disruptive and 'bad child.'*" Through my informally and incidentally obtained information, I have also realized that most teachers and students consider and call Girum as "disruptive", "naughty" and "provocative".

others day-to-day teaching and learning activities in the following manner:

Girum does not pay attention to every ongoing classroom lesson. Since he is careless and hasty, he usually makes mistakes in answering questions and doing exercises and tests. As a result, he performs least in all subjects with the exception of Aesthetics. Girum is also extremely poor in class participations, doing and organizing his class works and home works, taking notes and keeping the neatness of his exercise books and text books. As a result of his frequent touching, opening and closing of his text books and exercise books and writing on them, they are worn out and dirty before their due date. Due to his excessive restlessness and fidgetiness; frequent moving and running around; and undesirable sounds making behaviors, the child also disturbs the whole class including me by distorting our attention and wasting my teaching time.

The child's mother also described her child's academic performance in the following ways:

Girum usually receives the least scores and ranks last from his class. However, all of my children except Girum are good achievers including his twin sister. Since he does not have patience and motivation to study hard, he always scores poor marks (results). In addition, he usually disturbs his twin sister while she is studying.

Furthermore, Girum himself expressed the following regarding his academic performance: “ *I usually prefer playing football, different games, drawing pictures, and attending Aesthetic subject to studying and learning other courses for longer hours. This is because, whenever I attend lectures for longer hours, I usually feel tired.* ”

I have also proved some of the aforementioned academic behavior of the child through my own classroom observations. Due to his frequent engagement in his own 'businesses' on his seat, and excessive movement around the classroom, he is usually off-task from the ongoing classroom tasks for a longer period of time. For instance, during the 840 minutes of observations, he was out of the assigned tasks for 474 minutes. This means during each 45 minutes, Girum was out of the assigned classroom tasks for 25.4 minutes (which is almost more than half of a period), and during each 15 minutes, he was out of the assigned tasks for nine minutes. Even what is surprising is that, he usually participates in questions and answers, group works and independent works (e.g., class works and note taking) and attends lecture if and only if he is frequently encouraged, monitored and reinforced by the teacher(s). For example, out of the 101 questions asked, the child attempted 15 of them and was able to answer only six of them correctly. All this indicates that Girum has very little or no participation in the teaching and learning process.

Generally, minor motor behaviors, gross motor behaviors, out of seat, excessive interruptions of the students and the teacher, off-task behavior, and aggressive behavior are the core symptoms that Girum usually exhibits in the classroom. Among these odd behaviors, gross motor behaviors are the most frequently observed ones.

I tried to also examine the student's five semesters' academic grade reports and find that in 2007/08, Girum scored an average score of 40.7 and he ranked last (57<sup>th</sup>/57). Again last year, his average score was 38 and he ranked last (66<sup>th</sup>/66). During the first semester of this year, his average score was 45 and his rank was 51<sup>th</sup>/54, which was still the least achievement.

Regarding the teacher's response to meet the child's educational needs, the researcher observed and realized that, first of all, the teacher has seemed to have patience and tolerance towards the child's odd behaviors. This is because, in most cases, the teacher was not strict enough in his measures against Girum's disruptive, noisy and aggressive behaviors. However, in extreme cases, the teacher was forced to use physical punishment (e.g., pinching, and hitting the child), response cost (e.g., sitting him alone, reducing his marks and making him stand in front of the class), physical proximity, verbal reprimands and calling his name following the child's misbehaviors.

Concerning reinforcement, the teacher often employed encouraging words (e.g., "Bravo", "Try it again", "Very good", etc) following Girum's appropriate behaviors such as being attentive to the ongoing lesson, answering questions, doing his assigned task, etc. In addition, he tried to motivate and encourage the child to participate in classroom activities and monitor his activities. All what has been said above about the child has also been supported by the words of the teacher as presented below:

In order to capture the child's attention and minimize his disruption, I try to encourage him to participate in answering questions, exercising activities in front of the class and in group works. During lecture hours too, I try to monitor him. Sometimes, I punish him verbally (በቀጥታ) and warn him as if I will reduce his marks. Surprisingly, despite all my attempts, Girum usually attends any lesson for only 1 or 2 minutes with concentration. Otherwise, he returns to his own 'businesses' as soon as I divert my attention from him. Generally, since the child always needs frequent monitoring and strict control, it is really difficult for me to manage and teach him.

With regard to academic intervention, though sometimes the teacher tried to employ student-centered strategies like group works, cooperative learning and independent works, he usually used lecture method to present the lesson. Of course, he also used chalkboard as his instructional medium. In answering why he has forced Girum to sit alone in the front position of the classroom, the teacher said:

Although I believe that my measure is not right, I use such sitting arrangement in order to protect others, especially his seatmates, from being disturbed by him. Also, the arrangement enables me to control and monitor the child as easily as possible.

Moreover, when asked about the discussion he has had with Girum's parents regarding their child's odd behaviors, the teacher told the researcher the following information:

Since I am their neighbor, I frequently meet and discuss with his parents, particularly with his mother not only at school but also at home. As his mother always tells me and as I myself observe him, Girum usually exhibits the same odd behaviors at home and in the classroom. Despite the fact that his parents have tried to advise, encourage and even punish him, Girum becomes worse and worse in his odd behaviors instead of showing improvement. Generally, the mother frequently tells me that the problem is beyond the family's control and she always insists me to help her in handling the child.

## Sara

Sara is a ten years old short and fat girl, with black kinky hair. She is the first child for her parents. Her parents are farmers who live in the rural areas of Arba Minch. When Sara was reached her school age, her aunt brought her to Addis Ababa and she entered to school at the age of eight. Now, the child lives with her aunt. Sara seems to come from parents with very low socio-economic status. Her aunt is not literate and has no permanent job. Her aunt's husband is also not literate and he is a weaver who leads his family through weaving, a small scale cottage industry. When Sara's aunt was interviewed about herself and her husband, she gave the following information: *"I am a house wife and my husband is a weaver. We earn a living by weaving. Though we are not educated, as much as possible, we try our best to educate our children including Sara"*.

Sara was a grade three, section 'F' student. Her class consisted of 52 students (27 males and 25 females). The students' desks are arranged into six groups and three rows. Each group, on average comprised 7-9 students. Sara belonged to group four. Her group was found in the front position of the middle row. It consisted of 9 students, where three male students sat in front of

her, while other three female students sat beside her. Sara usually sits between two female students, turning her face towards the door.

Sara's behavior is so unique compared to other students in the classroom. According to her teacher, Sara exhibits the following odd behaviors in the classroom:

Most frequently, Sara prefers standing to sitting. When she sits, she usually moves her body parts back and forth and sideways. As a result of her uninterrupted movements of her legs, 'her shoes never stay on her legs even for a moment.' She not only talks excessively but also usually dominates others including me during group works, conversations and questions and answers. She has also great difficulty of playing quietly and waiting for her turn. What is surprised for me is that though she is always on task, she never rests from her excessive body movements. Because of this, she always seems to be "moving on the air". In addition, regardless of my attempt to advise and punish her to stop her undesirable behaviors, she does not show any improvement.

Sara's aunt also emphasized the teacher's reports concerning the child's odd behaviors as follows:

For everything, she is too fast (ለሁሉም ነገር በጣም ፈጣን ናት). She usually makes mistakes as a result of her haste. Unless you 'tie her', she never stay at one place for a while (ካለሰርካት በስተቀር አንድ ቦታ ለአፍታ እንኳን መቆየት/መቀመጥ አትችልም). She usually keeps on nagging till she gets something that she wants to do. She has aggressive behavior (e.g., she attacks younger children). Also she murmurs for a longer time and insults us whenever she is criticized or punished as a result of her misbehaviors.

My own observations of the child's behavior in the classroom have also confirmed some of the respondents' experiences stated above. Despite the fact that Sara is always on task and actively participates in every ongoing classroom lesson, she usually keeps on moving her body parts, such as hands, legs, mouth, lips, head and 'her lower body part that she sits on the bench'. Therefore, she is extremely restless on her seat and she often seems to be not sitting on the bench, instead she appears to be partially 'in the air'. She is involved in excessive gross motor movement on her seat. For instance, she repeatedly puts herself under the table either searching for her shoes or doing nothing. She also abruptly stands from her seat and moves back and forth and sideways and swings between two desks and/or tables. For instance, during the 825 minutes of observations (in which the number of days the researcher observed the child's behavior in the classroom were calculated into minutes), Sara was involved in minor motor movements for 489 times. This means that during each 45 minutes, she was involved in minor motor movements for 27 times, and during each 15 minutes, she was involved in minor motor movements for 9 times.

What is more, Sara usually disturbs the students and the teacher by interfering with their talks, discussions and questions and answers. In other words, she usually disrupts others' discussions by talking aimlessly. Whenever she talks and discusses with others, her voice is very loud and is heard to the whole class. Thus, she attracts and distorts the attention of other students. Due to her excessive talk, the teacher usually uses the following phrases to insult her such as “አንቺ ላሊበላ”፣ “አንቺ ለፍላፊ”፣ “አንቺ ቀውጧ”። In English, all these three Amharic phrases indicate Sara's uncontrolled and excessive 'talkativeness' and disruptiveness. Another surprising behavior of Sara is her excessive body movements, and her “comedian act”, such as dancing, whistling, singing and mimicking. All these acts of Sara make students laugh so that the teaching and learning process is disturbed.

When Sara responds to questions asked, she often blurts out answers quickly. When the teacher asks any kind of questions, she is not only the first to answer but also she starts answering before the teacher finishes the questions. Surprisingly, she blurts out answers to questions when she is ready to answer and when she is engaged in other activities (even when she is under the table). These behavioral problems may adversely affect Sara's academic achievement.

Socially, Sara has two overlapping characteristics. The first one is since she is cooperative, helpful, and hard worker, most students and teachers like and appreciate her. The other one is due to her restlessness, excessive talks, domineering, impulsiveness, intrusive and disruptive behaviors; most of her classmates and teachers consider her as “disruptive”, “naughty” and “talkative”. In addition, she is verbally aggressive and suddenly outburst with anger in response to others' laugh, insult and criticism of her due to her unique comedian behaviors. In relation to this, her teacher explained the following about Sara:

Sara's undesirable behavior is compensated for her being hard worker. Since she is cooperative enough and helps other students in their learning, most students do not have negative attitude towards her and even they are willing to sit and work with her. They also approach her in a friendly way regardless of her disruption. However, she disturbs me when I am teaching since she is extremely restless, talkative and moving her body parts uninterruptedly. She also makes others laugh by her amusing and comic body movements thereby disturbing the class. Sometimes, her classmates purposefully provoke her to disturb.

In a similar way, Sara's aunt described Sara as follows:

I always feel disappointed with her odd behaviors. In spite of being hard worker in her education, Sara is not able to improve or avoid her odd behavior. My neighbors are also surprised in her odd behavior. Because of this, they consider her as "unique" and "astonishing" child.

Academically, Sara is active participant and one of the top ten students in her class. Concerning her academic characteristics, the teacher reported the following:

Although Sara is restless, disruptive and excessively talkative, she is one of the highest achievers in the classroom. She usually participates actively in classroom activities and works hard. However, her undesirable behaviors hinder her not to do more than her current performance. In addition, her haste and impulsiveness while answering questions and doing examinations cause her to make silly mistakes. So, she misses very simple questions that she is expected not to miss.

Sara's aunt also witnessed that Sara is a clever student regardless of her odd behaviors. She said: *"Although Sara achieves well, as her teacher and my children tell me, her lack of patience while doing things (e.g., exam and assignments) causes her to make silly mistakes and not to achieve better than her current educational performance"*.

I proved and verified some of the experiences of the informants stated above during my classroom observations. For instance, among the 109 questions asked, Sara attempted 61 questions and she was able to answer 39 of them correctly and missed the remaining questions due to her haste. This indicates that how much she is active and at the same time impulsive and dominant in participating in the classroom teaching and learning process.

To sum up, minor motor behaviors, excessive talking, excessive interruptions of the students and the teacher, difficulty waiting for her turn during group situations, difficulty playing quietly, blurting out answers and minor aggressive acts are the core symptoms that Sara usually exhibits in the classroom. Among these odd behaviors, minor motor behaviors are the most frequently observed ones.

I have also cross checked Sara's five semesters' grade reports. Hence, I have learnt that in 2007/08, her average score was 78 and her rank was 16<sup>th</sup>/74. In 2008/09, she scored an average score of 83.7 and she ranked 11<sup>th</sup>/71. Her first semester grade report (2009/10) indicated that her average score was 83.6 and her rank was 10<sup>th</sup>/52. This indicates that she is one of the highest achievers in the classroom.

During my observations in the classroom, I saw that the teacher was punitive in that she usually employed physical punishment such as hitting, pinching, and slapping the child and verbal cautions like warning, insult and reprimand following Sara's inappropriate behaviors. Sometimes, she also tried to confront the child's misbehaviors through direct nagging, appealing, and complaining. To this effect, the teacher reported the following:

First and for most, I always advise and encourage the child to make her achieve better academically and improve her odd behaviors. During lectures and other classroom lessons, I try to control her as much as possible not to disturb others. In extreme cases of her disruption, I punish her both physically and verbally. This is because, I usually feel that she disturbs deliberately.

In relation to her academic intervention, the teacher reported that sometimes she tried to employ group discussion and cooperative learning strategies so as to enable the students actively engage in the teaching and learning process thereby they help each other and share their experiences. However, she usually used lecture to deliver her lessons to the class. In addition, she employed question and answer and demonstration teaching methods. Chalkboard was her dominant instructional material that she used while lecturing. Concerning Sara's seat and position in the classroom, the teacher expressed her opinion as follows: "*since the arrangement enables me to control Sara's disruptive behaviors easily, I believe her seat and position is appropriate.*"

I have asked the teacher how often she contacts and discusses with the child's parents about Sara's behavior problem. The teacher gave me the following information:

I met only once with her aunt. But, I always get feedback from her classroom peer who is her neighbor as well. Sara's classmate tells me that Sara usually exhibits the same odd behaviors at home that she does in the classroom. The reason why I do not want to force her parents to communicate with me as often as possible is that they are too busy to discuss matters about Sara's behavior. In addition, Sara is good achiever in her education. So, I am convinced that it does not matter if I teach Sara with her undesirable behaviors.

## **Abel**

Abel is a thirteen years old boy. He is the fourth child for his parents. He is medium in his height and weight, has a short grey hair compared to his class peers. Abel has a big scar on the right side of his face. He got this scar being injured by his father as a result of his undesirable behavior. Abel lives with his biological father and mother. His father works as a security guard in a small scale local private organization. During his free time, he works on weaving, a small

scale cottage industry, for additional earnings. His mother is a house wife. Both of his parents are not literate. Due to his parents' subsistence earning, low payment, and their low level of education, Abel seems to come from parents with very low socio-economic status. With this regard, Abel's teacher also added the following:

Abel's parents are not literate and they are poor economically. They failed not only to give due attention to Abel's behavior problem but also they do have problems in meeting the child's basic needs. For instance, Abel usually tells me that his parents are not able to satisfy him with food, clothing and provide him with learning materials.

Abel was a student in grade four, section 'D'. His class consisted of 58 students (26 males and 32 females). The students' desks are arranged into eight groups and three rows. On average, each group comprised 7-9 students. Although the teacher made him belonged to one group, Abel does not have any permanent group. He belongs to any group he wants and he usually sits wherever he wants to sit and demonstrates various behavioral characteristics.

Compared to his classmates, Abel has unique behavioral characteristics. Regarding the child's odd behaviors, his teacher and peer reported the following:

The teacher:

Abel does not sit on a desk he is assigned to sit. Instead, he usually moves from place to place in the classroom. He has no specific group; rather he frequently changes his seat and group. Even, he changes his seat frequently within a single period.

The peer:

What I do not like from my friend Abel's behavior is that, he usually quarrels with other students and teachers due to his disruptive and aggressive behaviors. Regardless of the advice that everybody provides to him, Abel does not seem to improve his odd behaviors.

Based on my own observations of Abel's behavior in the classroom setting, I confirmed some of the experiences of the teacher and peer mentioned above. Abel fidgets and squirms excessively on his seat. His fidgeting behavior includes his frequent engagement in different games and activities on his seat, including playing with a ball (with his hands and legs), hitting his table with sticks like a drum, playing with different pictures (e.g., football players, artists, film actors etc), writing aimlessly on a table and nearby wall by using chalk, and making different pictures by using papers (e.g., car, airplane, house, etc). He usually squirms on his seat that he keeps on moving his body back and forth and sideways while sitting on his desk. He also excessively taps

one or two of his feet on the floor and desks to the extent that his tapping behaviors cause inappropriate sounds.

Abel is usually involved in gross motor behavior. This includes his excessive gross motor standing (i.e., he leaves his seat frequently and stands up on his two legs on the floor) and his excessive gross motor vigorous (e.g., he crawls under the table, he shouts inappropriately like a 'cat', 'dog' and 'rat', he swings between two desks and tables, he exercises some gymnastics and jumps in the classroom. Moreover, whenever the door is opened, Abel tries to rush out of the class suddenly and plays outside. Sometimes he insists to leave the classroom while the teacher teaches.

Frequently, Abel is out of his seat for a prolonged period of time during teaching and learning process. For instance, during the 755 minutes of observations (in which the number of days the researcher observed the child's behavior in the classroom were calculated into minutes), he was out of his seat for 156 times for 244 minutes. This means, during each 45 minutes, he was out of his seat nine times for 15 minutes, and during each 15 minutes, he was out of his seat three times for five minutes.

The child usually disturbs and distorts the attention of the teacher and students during classroom lessons that require the active involvement of every student by talking excessively, engaging in inappropriate games and activities, making undesirable sounds (e.g., by banging objects, clapping his hands, tapping his feet), play-acting and dancing (e.g., he sings, whistles and acts like dancing), taking others properties (e.g., textbook, desks, pens, etc) by force, touching and pinching others' legs while crawling under the table, and so on. For example during the 755 minutes of observations (in which the number of days the researcher observed the child's behavior in the classroom were calculated into minutes), Abel was involved in excessive interruptions of the students and the teacher for 353 times. This means that during each 45 minutes, he was involved in excessive interruptions of the students and the teacher for 21 times, and during each 15 minutes, he was involved in excessive interruptions of the students and the teacher for 7 times.

Abel is usually involved in aggressive acts. His aggressiveness is both verbal (e.g., he threatens others through gestures, insults others, criticizes others and he wants to dominate others by acting like a boss) and physical (e.g., he assaults others by boxing, hitting and pinching; he throws stones, sticks and paper shoots against them; he destroys others' properties (e.g., tearing a student's papers, crumbling teacher's chalk, breaking others' pencil, etc). Regarding the child's aggressive behaviors, the teacher substantiated the following: *"Disturbing others deliberately, destroying their properties, fighting with and trying to attack and injure others and serving as a 'catalyst' to make others disturb and quarrel are not only his day-to-day activities but also they appear his hobbies."*

Abel is extremely non compliant to the teacher's commands, requests and to classroom rules and regulations. He usually comes to class having different playing objects (e.g., balls, sticks, stones, pictures, ropes, etc) with his bags and starts to play in the classroom during teaching and learning processes. In most cases the child also comes to class without having his learning materials (e.g., text books, exercise books, pen and pencil), and he usually wears off his uniform in the classroom. Moreover, Abel seems to have no respect and fear for teachers and students and he is not willing to work cooperatively with his classmates in various classroom activities regardless of the teacher's commands and nagging. Generally, regardless of the teacher's attempt to control and monitor the child's misbehaviors, Abel usually insists on either keeping playing his own 'businesses' by skipping from one activity to another or answering back to the teacher (e.g., he murmurs, outbursts with anger, gives unacceptable reasons and attributes his mistakes to others). Socially, Abel is extremely disruptive, aggressive, noisy and non compliant. He is also not willing to work cooperatively with others, and he has no respect for people. As a result, with no exception, all the school's community knows him very well, and most of them call him: **"የትምህርት ቤታችን ቁጥር አንድ በጥባቄ"** In English which means 'he is ranked number one in the school in disturbing and having such 'undesirable behavior''. To this end, the teacher specified the following:

He has overall discipline problem. As a result of his extreme disruptiveness and aggressiveness, not only his classmates but also all the school's community knows him very well. He is always accused of fighting with others and disturbing in the classroom and punished. Generally, he is number one in our school in having such undesirable behaviors.

Abel's intimate friend also added the following:

He is not considered as a good boy in the school. Due to his odd behaviors, he is known not only in the school but also by our neighbors. Both our neighbors and his parents always complain against Abel's 'bad behaviors'. As a result, they do not like him.

Furthermore, Abel himself expressed his home social interactions as follows:

My father always punishes and warns me not to come to home with any complaint concerning me. And he warns me that if I do so, he will either suspend me from school or kill me. Therefore, I dislike my father. But I like my elder brother and my mother.

Regarding the child's academic characteristics, Abel has not only poor academic performance but also he is known by repeating classes. His classroom teacher explained the following concerning the impacts of the student's odd behaviors both on his academic performance and other students' classroom activities:

Abel is not active participant to the teaching learning process. Whenever he is given class works and home works, he either does them very carelessly or does not attempt them at all. In most cases, he comes to class without doing his assignments and without learning materials. In addition, he does not take notes properly. Moreover, he is very careless in keeping the neatness of his text books and exercise books. As a result, they are very dirty and got old before serving for the period they needed.

During class works, oral questions, tests and examinations, he does not have any patience to read and do them with care and concentration. Rather, he usually has the desire to get started as soon as possible and finish them hastily and even he does not attempt all the questions. Therefore, not only his assumptions and answers are incorrect but also his overall performance is very poor. By the way, if he participates actively and does his assigned tasks patiently and carefully, he has the potential to achieve good results in all areas of academics, better than his current academic performance.

Because he always disturbs me and he also makes others students disturb by imitating his odd behaviors, and he does not listen and accept me whatever and whenever I tell him to do or not to do so, I usually feel upset and disappointed. As a result, I often complain against the class as a whole and I am not happy to teach in that class. Generally, I do not have good attitude for Abel.

His intimate friend also added the following:

Abel is poor achiever in his learning. He also repeated grade four. He does not like to sit and learn or study for longer hours instead he prefers to move here and there and play football. During group works, he is not able to work quietly and cannot wait his turn in responding to questions.

Based on my classroom observation, I have confirmed some of the experiences of the informants stated in the above paragraphs. Abel is usually off-task from the assigned classroom tasks for a

longer period of time. For instance, during the 755 minutes of classroom observations (in which the number of days the researcher observed the child's behavior in the classroom were calculated into minutes), he was out of the assigned tasks for 386 minutes. This means, during each 45 minutes, he was out of the assigned tasks for 23 minutes and during each 15 minutes, he was out of the assigned tasks for eight minutes. Another indicator of his off task-nesses from the ongoing classroom instruction is that out of the 106 questions asked, Abel attempted ten questions and was able to answer only three of them correctly. This indicates that the student is almost non participant in every ongoing classroom lesson.

All in all, minor motor behaviors, gross motor behaviors, out of seat, excessive interruptions of the students and the teacher, off-task behavior, non compliant and aggressive behaviors are the core symptoms that Abel usually exhibits in the classroom. Among these odd behaviors, off-task behavior is the most frequently observed one.

I also saw Abel's five semesters' academic grade reports and found that in 2007/08, his average score was 62.8 and his rank was 38<sup>th</sup>/55. In 2008/09, although he scored an average score of 53.7 and ranked 60<sup>th</sup>/80, he was not promoted to grade five as he failed by three subjects (English, Mathematics and Science). During the first semester of this year, his average score was 62.2 and his rank was 40<sup>th</sup>/58, which is still poor achievement.

When it comes to the teacher's response to meet the child's educational needs, the teacher reported the following:

As much as possible I have tried to approach him with great proximity just like a friend and advise, encourage and motivate him to work hard and improve his odd behaviors. Whenever I give him independent tasks, I try to monitor and help him exercise the tasks by making them more understandable and giving him few tasks at a time. This is because, the child does not have any patience to sit for a longer hours and do many tasks at a time. Concerning punishment, I usually use verbal reprimands (e.g., warning him, eye contact, gestures and physically approach him and take his playing objects). Otherwise, I do not punish him physically because he usually disturbs deliberately and wants to be punished and rushed out of the class. Hence, I take care of not to give such chance to the child. Generally, it is extremely difficult for me to shape his odd behaviors and provide him with appropriate educational support. Due to this, I think, the child has not benefited more from the teaching and learning process.

I have also observed and verified some of the teacher's response stated above. The teacher tried to minimize Abel's disruptions through direct appeal by using different terms and phrases,

including 'please listen', 'please give me your playing objects', 'please follow me', 'please return to your seat', 'please stop disturbing the class', etc. In order to make the child participate in the classroom activities, she encouraged him and reinforced his appropriate behaviors by using praise (e.g., 'bravo', 'very good', etc).

With regard to her educational intervention, in most cases, the teacher employed lecture as teaching strategy and chalkboard as instructional material while delivering her lessons to students. With this regard, she reported the following:

Lecture is my usual method of teaching. Sometimes I use radio program. Surprisingly, Abel prefers radio program to lecture and he attends and participates actively and feels happy whenever he learns through radio program than lecture. During Aesthetic periods too, he is very much interested to attend as it invites him to play sports, music and games. Even he usually scores better marks in Aesthetic than other courses.

Regarding his seat and position in the classroom, Abel does not have any permanent group. He belongs to any group he wants and he usually sits wherever he wants to sit. In answering the reason why this happened, his teacher stated like this:

Whether I make him sit alone or in group, there is no difference because he never stops disturbing the class by moving from place to place. Therefore, since he is beyond my control, I stop making him sit in a particular group.

Lastly, the teacher described her fruitless attempt that she has tried to make contact and discussion with Abel's parents concerning his odd behaviors in the following way:

Although I usually try my best to communicate and discuss with his parents, they are not willing to cooperate. Even what is surprising is that, the father always warns and punishes Abel not to come to home by having any message from school concerning his behavior problem.

## **Dawit**

Dawit is a 12 years old boy. He is the second child for his parents. Physically, he is a short and thin boy with a light hair. Dawit is from divorced parents, living with his biological mother. His mother is not literate and does not have a permanent job. She works as a daily laborer, earning very little amount of money for the survival of her family. As a result of this hand-to-mouth living of his mother, Dawit seems to come from very lower class parents.

In this academic year, Dawit was attending his education in grade four, section "C". The class consisted of 56 students (25 males and 31 females). The students' desks are arranged into 9 groups and three rows; each group comprised, on average, 6-8 students. Dawit belongs to group four and usually sits in the front position of the middle row, turning his face towards the window, with one male student sat to his left, three male students in front of him and two female students beside him.

Dawit has unique behavior as compared to other students in his classroom. Concerning the child's behavioral characteristics, his teacher stated the following:

Since I have known him, Dawit is restless and unable to sit quietly on his desk. Rather than following and actively attending in a lesson, he usually engages in other activities such as touching and grabbing whatever objects he finds on his table; biting and chewing pen, pencil and his fingers; and playing with papers, pictures and other objects. He also frequently taps his feet on the ground and desks.

As reported by his mother, Dawit exhibits the following odd behaviors at home:

He does not have any patience to sit still for longer hours on one place instead he wants to move here and there. He usually wants to do whatever task he is given in a hasty manner. He prefers playing to studying. He has difficulty waiting his turn during conversations and playing quietly. He also has aggressive behaviors such as throwing stones against people, attacking younger children and answering back to older people including me.

Besides, Dawit's peer added the following:

Dawit talks excessively while our teacher is teaching and we are attending. He is not able to wait his turn during group work. Because he is not able to keep his legs from moving, Dawit usually touches and spoils my cloth and legs with his legs.

Based on my own observation of the child's behavior in the classroom setting, I confirmed some of the experiences of the respondents stated in the above paragraphs. Dawit is extremely fidgety child in that he frequently moves 'his body part that he sits on' and he slides on his seat by frequently shifting his body right and left. He is involved in gross motor behavior. His gross motor behavior is characterized by his excessive gross motor standing i.e., he frequently leaves his seat and stands with one or both of his legs on the floor and desks. For instance, during the 615 minutes of observations (in which the number of days the researcher observed the child's behavior in the classroom were calculated into minutes), Dawit was involved in minor motor movements for 267 times. This means that during each 45 minutes, he was involved in minor

motor movements for 20 times, and during each 15 minutes, he was involved in minor motor movements for 7 times.

Dawit frequently interrupts and disturbs the teacher and the nearby students through his excessive back and forth and sideways talking. This is by distorting their attention while the teacher is teaching and the students are following the lessons. He also disturbs his seatmates by pushing and blocking them as a result of his excessive gross motor standing and restlessness.

Socially, as compared to other students in the classroom, Dawit is disruptive, "talkative", impulsive and verbally aggressive. To this end, his teacher said the following:

Due to his excessive talking and disruptive behaviors, most students and teachers including me always complain. As a result, most of them do not have good attitude for him. In addition, most clever students are not willing to sit and work cooperatively with him.

Dawit's mother also expressed her child's social characteristics by saying: *"Due to his odd behaviors, most of my neighbors tell me that Dawit is "naughty" and "disruptive". I myself feel disappointed by my child's odd behaviors and usually punish him."*

Moreover, his peer described:

During lectures and when I do my independent classroom tasks, he usually disturbs me by talking excessively, pushing me while he is moving his body and touching and taking my learning materials. Hence, I do not like to sit and work with him. And I always tell my teacher to arrange my seat with another group.

While reporting the social difficulties he has faced, Dawit expressed like this: *"Most students are not willing to work with me. They consider me as if I am 'disruptive'. They always attribute any faults committed by other students in the classroom to me and accuse me frequently."*

Academically, Dawit is the least achiever as compared to his classroom peers. In addition, he repeated grade four. In answering the impacts of the child's odd behaviors on his academic performance, the teacher explained as follows:

Unless I frequently control him strictly and monitor his classroom activities, Dawit does not follow and participate in the teaching and learning process. Instead, he usually engages in his own 'businesses. Surprisingly, even when I control him, his eyes seem to follow me but still he keeps on moving his hands and legs; he never stops touching and grabbing objects with his hands. As a result, his mind always seems to be absent while the lesson is going on. Unlike his classmate, he

does his class works and home works carelessly and poorly. Since he does not coordinate his eyes with his hands while writing notes, his hand writing is extremely poor and unreadable. He tries to do his class works hastily without reading the questions carefully. He usually makes silly mistakes and misses very easy questions during examinations. Therefore, all the above reasons confirm that he is poor participant and the least achiever academically.

Dawit's peer expressed the child's academic characteristics as follows: "*Dawit is usually absent from school without any apparent reason. He does not attend the teaching and learning process attentively. Therefore, last year he repeated and even this year he may repeat again.*" His mother also added the following: "*Since Dawit does not study hard, he is poor in his learning. Usually he promoted from one grade to another with the least result. Even last year, he repeated grade four.*" Moreover, Dawit himself expressed the following concerning his academic performance: "*I do not have good results in my learning. Due to my hastiness while doing my examinations and exercises, I usually make mistakes.*"

I confirmed some of the aforementioned academic characteristics of the child stated by interviewees through my classroom observations. Due to his frequent engagement on his own 'businesses' on his seat, Dawit is usually off-task from the classroom lessons for a prolonged period of time. For example, during the 615 minutes of observation (in which the number of days the researcher observed the child's behavior in the classroom were calculated into minutes), he was out of the assigned tasks for 196 minutes. This means during each 45 minutes, he was out of the assigned tasks for 14 minutes and during each 15 minutes, he was out of the assigned tasks for five minutes. In addition, he does not actively participate in questions and answers. For instance, out of the 69 questions asked, Dawit attempted 10 questions and was able to answer only three of them correctly. Moreover, he is frequently absent from school without any apparent reason. For example, during the one month (20 days) observations of the child's behavior in the classroom, I found that he was absent from class for 6 days.

Generally, minor motor behaviors, excessive talking, excessive interruptions of the students and the teacher, difficulty waiting for his turn during group situations, difficulty playing quietly and minor aggressive acts are the core symptoms that Dawit usually exhibits in the classroom. Among these odd behaviors, minor motor behaviors are the most frequently observed ones.

I also examined Dawit's five semesters' academic grade reports and found that in 2007/08 academic year, his average score was 46.1 and his rank was 57<sup>th</sup>/62. In 2008/09 academic year, Dawit scored an average score of 41 and ranked 74<sup>th</sup>/80. During the first semester of this year (2009/10 academic year), his average score was 49.6 and his rank was 50<sup>th</sup>/ 56. All of his average scores were below 50 and I also confirmed that last year he repeated grade four.

Concerning the response the teacher used to intervene Dawit's behavior problems, she reported as follows:

As much as possible I advise and encourage Dawit to improve both his behavior and learning. However, due to lack of adequate knowledge and training, lack of time and materials and large number of students in the classroom, I could not help him in a special way. But, when compared to last year, due to my frequent contact and discussions with the child's mother and my strict control and supervision, this year he has shown little improvement both in his academic performance and behavior. Sometimes I try to punish Dawit physically following his extreme disruption. Otherwise, usually I try to control his inappropriate behaviors by suspending him from class, reducing his marks, making him stand in front of the class and verbally reprimanding him. Concerning reinforcement, I use encouraging words such as praise and give him chance to answer questions and exercise activities so as to make him attend actively.

I also confirmed some of the teacher's experiences explained above through my classroom observations of the teacher's response towards Dawit's misbehaviors. The teacher usually controlled the child strictly and monitor's him frequently whenever she gave tasks to him. Sometimes she helped him personally by breaking tasks into more understandable manner and she also gave him additional time till he finished his assigned task.

As far as the academic modification is concerned, though the teacher occasionally tried to employ student-centered teaching strategies such as cooperative learning, group works and other independent tasks, in most cases, she employed lecture, question and answer and demonstration teaching methods while she was teaching her students. Chalkboard was her usual instructional material. Concerning the teaching arrangement she made in the classroom, the teacher reported the following:

I made such an arrangement purposefully because it helps me control and monitor the child's inappropriate behaviors as easily as possible. In addition, it enables Abel to be helped by other clever students and see and follow me while I am teaching.

The teacher has made frequent contacts with Abel's mother and discussed the issues on his odd behaviors and academic performance. To confirm this, she explained as follows:

I frequently make contacts with his parents and discuss not only at school but also at home as his parents are my neighbor. This helps me to confirm that Abel exhibits the same odd behaviors at home that he exhibits in the classroom. But as a result of my strict control and supervision of his activities and his mother's advise and encouragement, this year he has shown little improvement in his academic performance and behavior especially with regard to his motor vigorous (e.g., he has reduced his frequent out of seat, moving in the classroom, standing on the table, crawling and other noisy behaviors and his physical aggression).

## **4.2 Cross Case Analysis**

In this part, the main summary of the findings are presented with description of the similarities and differences existed among the cases. The summary is presented in accordance with the major themes involved in the study and then the description is done based on the data obtained from interviews, observations and documents.

**Table 4.1: General Issues about the Cases**

Cases	Target Variables			
	Behavioral Characteristics	Academic Characteristics	Social Characteristics	Teacher's Response(s)
Girum	<p>He is extremely restless and fidgety child. He is involved in gross motor behaviors (both in gross motor standing and gross motor vigorous). Frequently he is out of his seat. He often interrupts on others. He is involved in minor aggressive acts.</p>	<p>He is usually off-task. He is poor in his class participation; organizing and doing tasks and examinations; and keeping the neatness of his exercise books and text books. He is careless and haste in answering questions and doing examinations. As a result, he usually makes mistakes. Generally, he is extremely poor in his academic performance.</p>	<p>He is disruptive, impulsive, intrusive, disorganized, aggressive, and noisy. He usually violates classroom rules. As a result, he usually elicits negative feedback from most of his classroom peers, teachers, parents and neighbors.</p>	<p>He was lenient in controlling and monitoring the child's odd behaviors. Sometimes he used corrective strategies (positive punishment and negative consequences). He usually makes the child sit in inappropriate position in the classroom. In most cases, he employed lecture as a teaching strategy and chalkboard as instructional material.</p>
Sara	<p>She is extremely restless and fidgety child. Usually she is involved in excessive gross motor standing. Usually she interrupts on others. She often blurts out answers. She has difficulty waiting her turn. She has difficulty playing quietly. Usually she out bursts with anger and throws temper tantrums with little provocation. She often seems "on the go".</p>	<p>She usually participates actively in every ongoing classroom lesson. However, her impulsiveness and hastiness in answering questions and doing examinations cause her to make silly mistakes and miss very easy questions that she is expected not to miss. She is one of the highest achievers from her class.</p>	<p>She is disruptive, talkative, impulsive, intrusive, domineering and aggressive. As a result, she usually receives negative feedback from most of her peers, teachers, parents and neighbors. On the other hand, due to her cooperative, helpful and hard working behaviors, she is liked by most students and teachers.</p>	<p>She was punitive and angry against the child's disruptive behavior and hence she usually employed punishment (both verbal and corporal). She usually makes the child sit in inappropriate position in the classroom. Lecture was her usual method of teaching and chalkboard was her dominant instructional material.</p>

Abel	<p>He is extremely restless and fidgety child. Usually he is involved in gross motor behaviors (both in excessive gross motor standing and gross motor vigorous). Frequently he is out of his seat. Usually he interrupts on others. Usually he is involved in aggressive acts (both verbal and physical). He is extremely noncompliant.</p>	<p>Usually he is off-task. He is poor participant in classroom. He is poor and careless in organizing tasks, doing examinations, taking notes and keeping the neatness of his exercise books and text books. He lacks patience and care in answering questions and doing examinations. As a result, he usually makes silly mistakes and misses very easy questions. Generally, not only Abel has poor academic performance but also he is a repeated student.</p>	<p>He is extremely disruptive, impulsive, intrusive, noisy, negative, aggressive, disorganized, uncooperative, un-respectful domineering and noncompliant. As a result, Abel always receives negative feedback from students, teachers, parents and neighbors and he is also considered as the most disruptive and naughty child.</p>	<p>The teacher usually confronted the child's misbehaviors through complaining and using appealing words and phrases. Abel does not have appropriate seat and position in the classroom. In most cases, she employed lecture as a teaching strategy and chalkboard as instructional material.</p>
Dawit	<p>He is extremely restless and fidgety child. He talks excessively. Frequently he interrupts on others. He has difficulty waiting his turn. He has difficulty playing quietly. Usually he is involved in excessive gross motor standing. He is often involved in minor aggressive acts.</p>	<p>Usually he is off-task. He participates poorly in the classroom activities. He is poor and careless in organizing and doing tasks and examinations and taking notes. He is careless and haste during examinations. As a result, he usually makes silly mistakes and misses very easy questions. Generally, not only Dawit is the least achiever but also he is a repeated student.</p>	<p>He is disruptive, talkative, impulsive, intrusive, disorganized, noisy and aggressive. As a result, Dawit not only receives negative feedback from his classroom peers, teachers, parents and neighbors, but also he is considered as naughty, disruptive and "stupid".</p>	<p>Dawit's teacher was strict in frequently controlling and monitoring his activities. Mostly she used positive reinforcement and negative consequences in handling the child's misbehaviors. She makes Dawit sit in inappropriate position in the classroom. Lecture was her usual method of teaching and chalkboard was her dominant instructional material.</p>

As it is shown in the above table, there are similarities and differences of behavioral characteristics among the four cases. For instance, minor motor behaviors (e.g., restlessness and fidgeting), gross motor behavior (e.g., excessive gross motor standing) and frequent interruptions on others are commonly exhibited by all cases. In addition to their restlessness and fidgetiness, Girum and Abel have similar gross motor (e.g., gross motor vigorous), aggressive and frequent out of seat behaviors. But Abel has additional odd behaviors, such as extreme aggressiveness, conduct problems and noncompliance that make him unique from the four cases. Similarly, Sara and Dawit have similar behavioral manifestations with regard to their excessive talking, having difficulty waiting their turns, having difficulty playing quietly, and involvement in minor aggressive acts. However, as compared to Girum, Abel and Dawit, Sara often seems “on the go” due to her excessive body parts movements.

The ability to sit for a longer period, attend classroom lessons carefully without creating noise that disrupt the lesson, following teachers’ directions and instructions, organizing and performing given various tasks including examinations patiently and thoughtfully, working cooperatively, and sharing experiences with others are essential to successful academic achievement to all children. However, due to their odd behaviors, the four students under the study have experienced academic difficulties in their classrooms. Except Sara who usually participates actively in every classroom lesson and has good academic performance, Girum, Abel and Dawit have little or no participation in the classroom teaching learning processes. As a result, they have poor academic performance as compared to Sara in particular and their classroom peers in general.

Although there is little difference in the impacts of their odd behaviors on their academic activities and overall performance, Girum, Abel and Dawit have similar academic characteristics in that they are usually off-task from the assigned classroom tasks for a prolonged period of time, they are poor in organizing and doing their assigned tasks and examinations, and keeping the neatness of their exercise books and text books. In addition, they are impulsive, haste and impatient in answering questions and doing examinations which in turn causes them to make silly mistakes and miss very easy questions. As compared to Girum, Sara, and Abel, Dawit is frequently absent from class without any apparent reason.

Establishing and maintaining good interpersonal relationship is very important both for one's academic success and social life. However, due to their disruptive, impulsive, intrusive, noisy, negative, restless and aggressive behavior patterns, all of the four children involved in this study often receive negative feedback from most of their classroom peers, teachers, parents and neighbors. As a result, not only that these children often cause great challenges on the social environment in which they belong to but also that they experience interpersonal difficulties. But among the four cases, Abel seems the most disruptive and challenging child. This might be due to his additional extreme aggressiveness, noncompliance and conduct problems along with his hyperactive impulsive symptoms.

With regard to their academic intervention (modification to methods of instruction, instructional materials and classroom environment), the teachers used similar strategies to intervene the cases' hyperactive behavior. For instance, in most cases, they employed lecture as their teaching strategy and chalkboard as their instructional material. They usually make the children sit at inappropriate seat and position in the classroom. However, they differed from each other particularly in the degree of their control and frequent monitoring of the children's odd behaviors and the way they used corrective strategies (their application of reinforcement and punishment) to intervene the children's inappropriate behaviors.

For instance, Girum's teacher was lenient in controlling and monitoring the child as frequently as possible. Sara's teacher was punitive and has become easily upset towards the child's disruptive behaviors. As a result, she usually employed both verbal and corporal punishment following Sara's misbehaviors. Abel's teacher though she always felt upset and disappointed due to his extreme disruptiveness, she didn't prefer to use corporal punishment fearing that Abel has become more disruptive and he always wants to rush out of the class whenever he is punished. Instead she often tried to minimize the child's disruption and make him participate in the classroom lessons by begging and complaining him using appealing words and phrases, by using verbal reprimands and physical proximity. Lastly, Dawit's teacher was so strict in controlling and monitoring him as frequently as possible by using positive reinforcement (e.g., praises) and negative consequences (e.g., verbal reprimands, response cost and frequent eye contact).

## CHAPTER FIVE

### 5. Discussion

In this chapter, the findings of the study were discussed and interpreted in relation to different literatures and previous research findings in the area. Accordingly, the discussion follows the research questions formulated in the statement of the problem. While discussing each major theme, the data obtained from the instruments were utilized to make the analysis reliable and valid.

#### 5.1 Behavioral Characteristics and their Severity

The results of the study indicated that the four children are so unique in their behavioral characteristics as compared to their classmates. The data obtained from the interviews and my own observations have shown that these children are not able to sit still and attend classroom lessons quietly instead they are extremely restless and fidgety on their seats. They have also seemed to be easily fatigued and bored in staying on tasks for a longer period of time. This is particularly true during prolonged lectures, group works and independent tasks. Instead of being attentive to these lessons, they are either preoccupied with their own 'businesses' on their seats by frequently shifting from one activity to another or moving here and there and their behaviors i.e. their restlessness, fidgetiness, moving around and noisy behaviors are becoming worsen. Supporting the above finding, Serfontein (1994) noted that most children with hyperactivity are often restless, fidgety and have difficulty in sitting still for a period of time. A study by Weiss and Hechtman (1993) and Barkley (1998) also asserted that the core symptoms of hyperactivity typically worsen in situations that require sustained attention (e.g., listening to classroom teachers, doing independent tasks, in group situations, etc.).

The finding also revealed that their core problems (poor sustained attention, hyperactivity and impulsivity) not only persistently affect their day-to-day academic activities but also they make them frequently interfere on and disturb their classroom peers and teachers during the teaching and learning process. As a result, their peers and teachers usually complain and respond

negatively against them. As reported by parents and confirmed by the classroom teachers, these children usually exhibit similar odd behaviors at home that they exhibit in the classroom thereby presenting great challenges to their parents. In line with the above findings, Heward (2006) pointed out that children with the predominantly hyperactive impulsive symptoms often present great challenges to their parents, teachers and classmates. Their inability stay on tasks, impulsive behaviors and restlessness, and fidgeting impair their ability to learn and increase the likelihood of unsatisfactory interactions with others.

Not all children with hyperactivity necessarily have the same behavioral characteristics. Rather, they may differ from each other in terms of the types, severity, and situational pervasiveness of their hyperactive behaviors and additional problems they have. The four children witnessed this fact. For example, Compared to Girum, Sara and Dawit, Abel is extremely aggressive (he usually involves in both physical and verbal aggression) noncompliance to disciplinary norms and uncooperative. Regarding this, his teacher reported the following:

Disturbing others deliberately, destroying others' properties, fighting with and trying to attack and injure others, and serving as a 'catalyst' to make others quarrel and disturb are not only his day-to-day activities but also they are his "hobbies". Abel has no respect and fear to others. Moreover, he is not willing to listen and accept whatever I tell him to do or not to do so.

There are also slight differences among the cases with regard to their gross motor behaviors. For instance, unlike Sara and Dawit, Girum and Abel are usually out of seat and moving and/or running in the classroom. The findings of the study are consistent with the earlier literatures and research findings. For example, Barkley (1998) asserted that these children represent a heterogeneous population who display considerable variations in the degree of their symptoms, situational pervasiveness of their symptoms, and in the extent to which other disorders occur in association with their disorder.

Generally, to receive the APA diagnostic criteria of hyperactivity, a child must persistently manifest the core symptoms of hyperactivity-impulsivity for at least six months. In addition, the child must exhibit the symptoms both in the classroom and at home. Moreover, the symptoms must occur more frequently in the child than in other children at the same developmental stage and they persistently interfere with his/her academic and social functioning (APA, 1994). Therefore, based on the findings of the study, previous research results and literature discussed

so far, the four children involved in the study seem to meet the above mentioned diagnostic criteria and it may be possible to conclude that they exhibit hyperactive impulsive behaviors.

In addition, from the disruptive, aggressive, impulsive and noisy behaviors of the children, frequent negative feedback they receive from their classroom teachers and peers and persistency and pervasiveness of their core symptoms, it may be possible to conclude that the hyperactive behavior is severe enough in disturbing the classroom. Of course, there seems little difference among the cases concerning the severity of their core symptoms. The difference lies in the presence of additional problems the children have. For example, due to his extreme aggressiveness, noncompliance, and uncooperativeness, Abel's hyperactive behavior seems more severe than the three cases in disturbing the classroom.

## 5.2 Social Characteristics

Establishing and maintaining good interpersonal relationship has strong correlation with successful social and academic achievement in one's life. Nevertheless, due to their disruptive and impulsive behaviors, children with hyperactivity often experience social difficulties (Cosser, 2005; Kos et al., 2006).

The findings of the study indicated that though there is little difference among the cases regarding the degree of disapproval and rejection that they receive from others, all of them seem to have impaired and unsatisfactory relationships with their parents, teachers and peers. As a result of their disruptive, intrusive, aggressive and noisy behaviors, they usually receive negative feedback from most of their classroom peers, teachers and parents. Since these children usually upset and disturb their seatmates by pushing, touching, and blocking them during teaching and learning process and destroying their learning materials, most of their classmates are not willing to sit and work cooperatively with them. The difference regarding the degree of disapproval and rejection they receive from others lies in the levels of aggressive, noncompliance, disruptive and noisy behaviors that they exhibit in the classroom. For example, compared to Girum, Sara, and Dawit, Abel is extremely disruptive, aggressive and noncompliant. As a result, he is considered

as the most disruptive and naughty boy by most of the school's community. To elaborate this, the teacher described as:

Abel has over all discipline problems. As a result of his extreme disruptive, aggressive and noncompliance behaviors, not only his classmates but also all the school's population knows him very well. He is always accused of fighting with others and disturbing the class and punished. He also tries to make other students disturb the class by imitating his odd behaviors. His presence makes the class very challenging and "disruptive". As a result, I always feel disappointed and complain of to teach in the classroom. Generally, Abel is number one in our school in having such odd behavioral characteristics.

In line with the above findings, Cosser (2005) reported that children with hyperactivity are more aggressive, disruptive, noncompliance, noisy and socially rejected in their social relations than their normal peers, especially if they are male hyperactive, and particularly, if they are aggressive. Weiss and Hechtman also noted that since the presence of these children within the classroom may influence interaction patterns within the classroom as a whole, teachers of a class where there is a child with the disorder interact more negatively not only with the child in question but also with other children in the classroom.

However, being high achiever academically and without significance aggressive and other anti-social behaviors may not be a guarantee to be escaped from others' disapproval. In this study the case of Sara confirms the above mentioned idea. Despite the fact that she is cooperative, helpful and hard worker, and, as a result, she is liked by most of her classroom teachers and peers, she usually receives negative feedback and punishment from her classroom teacher and peers as a result of her disruptive, talkative, domineering and impulsive behaviors. Regarding this, her teacher reported the following:

Despite the fact that Sara is active participant and hard worker in her learning, she is extremely talkative, disruptive, domineering and impulsive. I always feel upset and disappointed by her odd behaviors. Even sometimes she makes the class students laugh at her due to her excessive body movements and her comedian act, such as dancing, whistling, singing and mimicking. Therefore, I usually punish her thinking that her disruption is deliberate (አውቃ ነው የምትረብሽው ብዬ ስለማስብ ሁልጊዜ እመታታለሁ).

With regard to the above finding, Young (2000) stated that although levels of aggression and other antisocial behaviors may be the over whelming factor in mediating a speedy negative peer reputations that children with hyperactivity develop after extremely limited periods of contact, children without significant aggressive behavior are also at strong risk for receiving peer

disapproval. Similarly, Nielsen (1997) pointed out that due to their disruptive behaviors, these children are continuously bombarded with negative feedback and punishment.

To sum up, from the findings of the present study and previous researches discussed so far, it is possible to conclude that hyperactivity is more likely to have negative impacts on the children's day-to-day social interactions.

### **5.3 Academic Characteristics**

When children enter elementary school, it is assumed that they are at appropriate stage of development both to behave properly and learn and achieve better academically just like their age mates. To this end, they should sit still, attend and listen, follow teachers' instructions carefully, obey to disciplinary norms and work cooperatively with others. However, due to their poor sustained attention, restlessness, fidgetiness, impulsiveness and off-task behaviors, most children with hyperactivity often experience academic difficulties (Kos et al., 2006; Heward, 2006). Kos et al. (2006) and Valente (2001) also noted that compared to their peers without the disorder, most children with hyperactivity do poorly when they need to complete a task, and have more academic underachievement, grade repetition and drop out outcomes.

The findings of this study revealed that except Sara who usually actively participates in every classroom lesson and as her academic documents indicate, she is one of the highest achievers in her class, Girum, Abel and Dawit do have nearly poor and similar academic characteristics. The hyperactivity of their behavior seems to seriously affect their classroom performance, participation, taking lesson notes, keeping the neatness of their learning materials, response for questions, organizing and completing tasks and examinations. It is proved that hyperactivity affects their academic performance. The three children with hyperactivity in this study are below average achievers. They have experiences of repeating class and if they promote to the next grade level, it must be the bonus score teachers are adding what they didn't perform.

Since these children are characterized by poor sustained attention, frequent off-task behaviors, impulsiveness, hastiness and lack of patience, the least achievement they have in their academic

performance may not be surprising. In view of this, Weiss and Hechtman (1993) and Serfontein (1994) explained that children with hyperactivity are often disorganized, haphazard thinkers and poor planners to daily activities. Their impulsiveness often lead them to incorrect assumptions and inappropriate answers in examination situations, and these characteristics in turn cause them to make incorrect deductions and value judgments as consequences of their hastiness. These authors further added that due to their impulsiveness, many children with the disorder often display symptoms of impatience and intolerance. Similarly, as emphasized by Buttery (2009), these children are often disorganized and have a tendency to become messy because they skip from activity to activity, too impatient to clean up the debris from their last endeavor.

Not all children with hyperactivity necessarily have great academic impairment. With this regard, Heward (2006) stated that regardless of their impaired and unsatisfactory interactions with others, there are some children with hyperactive impulsive symptoms who do well academically. Mastropieri and Scruggs (2000) also mentioned that though many children with hyperactivity have impoverished knowledge basis in all academic areas from lack of sufficient active participations in school activities, there are some students with the disorder who can attain average, or above average academic achievement. In this study, the result obtained concerning Sara is in agreement with the literatures mentioned above. It was witnessed by her hard working, active participations and better academic performance. She is exceptional in her academic performance.

Based on the overall discussions made so far and the results of the study, it is possible to conclude that hyperactivity is more likely to have negative impacts on the academic performance of the children. Generally, from findings and discussions made so far the four children involved in the study seem to meet the diagnostic criteria used for this study listed below and it may be possible to conclude that they are children with hyperactive behavior.

1. The child must manifest six or more of the hyperactivity-impulsivity symptoms for at least six months.
2. The symptoms must be manifested in at least two settings (i.e., at home and in school).
3. The symptoms must be severe enough and persistently interfere with and negatively affect the child's academic performance and social interactions.

4. The child's core symptoms must be different both qualitatively and quantitatively from the age group in which he/she belongs to
5. Parents, teachers and peers must frequently respond negatively against the child's odd behaviors (APA, 1994; Quay & Hogan, 1999; Brandu & Pretis, 2004; Heward, 2006).

In addition, most children, if not all, with the disorder are more likely to have other additional problems, including aggression, conduct disorder, learning difficulties and noncompliance (Quay & Hogan, 1999; Sandberg, 2002; Turnbull et al., 2004; Smith, 2008). Hence, based on the behavioral, social and academic characteristics of the cases and different literatures and previous research findings discussed so far, it is possible to conclude that though the degree varies among each other, the four cases seem to have aggressive behavior in addition to their hyperactive impulsive behaviors. As compared to Girum, Sara and Dawit, Abel seems to have noncompliance along with his hyperactive and aggressive behaviors.

#### **5.4 Teachers' Responses**

The findings of the study showed that years of their teaching experiences, their frequent daily exposures with the children, frequent feedback they have got from parents, peers and other classroom teachers and the common course they took during their college education helped the teachers identify and know the children. However, the teachers reported that lack of adequate knowledge and training about the disorder and on how to manage and teach these children hindered their attempts to enable the children to get the best in their education. With this regard, Girum's teacher stated the following:

It is really difficult for me to manage and teach Girum as he always need frequent monitoring and strict control during every activity and task he does in the classroom. My lack of enough knowledge and training in the area of people with special needs hinders me not to teach and manage the child with full confidence.

Similarly, Sara's teacher expressed her opinion as follows:

Although I agree with the principle that students with special needs including those with behavior problems like Sara should be taught in regular classrooms, it is difficult to manage and teach these students unless we have to be trained with enough knowledge and skills.

Generally, all the teachers' participants in the research have complained that they didn't take any short or long-term training, particularly in relation to how to handle and support students

with special needs in general and those with behavior problems in particular. Thus, they always feel incompetence and frustration in teaching and managing children with hyperactivity as these children usually present great challenges on their teachers. In line with the above findings, a study by Kos et al. (2006) confirmed that teachers' frustration in teaching these children are more exaggerated if they do not have knowledge and skills concerning the disorder. One factor need to meet the practice of inclusion is the competence of teachers in knowledge and skill to meet individual children's need. These teachers should be equipped with the necessary skills on how to teach and manage children with hyperactive impulsive behaviors.

### **Behavior Modification**

The four teachers reported that, as much as possible, they have tried to advice and encourage the children so as to improve their academic performance and undesirable behaviors. During the teaching learning processes, the teachers usually motivated and encouraged these children to participate in the ongoing classroom lessons by giving chance to answer questions, do exercises on the blackboard, read passages in front of the class and participate in group activities. Praise was the most commonly used positive rein-forcers the teachers used to encourage and maintain improved behaviors on these children.

But, what is surprising is that, unless they are frequently monitored and reinforced by the teachers, the children are not willing to attend and do whatever task they are assigned to do. This is particularly true in the case of Girum, Abel and Dawit. For example, Girum's teacher reported the following:

Whenever I encourage him by using words, such as 'bravo', 'go on', 'please do', etc, he does his assigned tasks very soon. Otherwise, if I stop encouraging and reinforcing him, he never attempt. Instead, he engages in his own 'businesses'. Generally, Girum usually requires my frequent monitoring and encouragement for every task he is given to do.

In line with the above findings, a study by Nielsen (1997) confirmed that since children with hyperactivity have poor sustained attention, they need frequent encouragement and reinforcement to attend and complete tasks they are given. Similarly, Bekle (2001) noted that frequent encouragement and monitoring of their activities and tasks are good strategies that promote the academic engaged times and success of these children.

Although there was little difference among teachers concerning their application of punishment, in most cases, they preferred to use physical punishment (e.g., pinching and hitting) and verbal punishment (e.g., warning, reprimanding and insulting) following the children extreme disruptiveness. The difference lies in their tolerance, immediacy, and strictness in controlling the children's disruptive and off-task behaviors. For example, among the four teachers, Girum's teacher had patience and tolerance towards the child's odd behaviors whereas Dawit's teacher was very strict in controlling and frequently monitoring the child's activities and behaviors.

From the findings and the discussions, it is possible to conclude that the teachers have seemed to differ from each other with regard to their firmness, tolerance and consistency in their classroom management of the children's hyperactive impulsive behaviors. In addition, they usually employed verbal reinforcements, especially praise following the children's appropriate behaviors. Moreover, because of its many side effects, such as child abuse, violation of child's rights and development of aggression on the victim, corporal punishment should not be recommended as a corrective strategy for the management of the children's disruptive behaviors.

Although empirical studies have supported the use of behavioral interventions in reducing disruptive and off-task behaviors in these children, the sole use of behavioral control will not be effective, especially to address the children's academic and social difficulties. This is because; hyperactivity is a multifaceted disorder that is usually associated with deficits in multiple areas of functioning, including academic, behavior control, social and psychological. Therefore, teachers should incorporate appropriate academic and social interventions along with their use of behavioral interventions. Even, teachers should use varieties of reinforcements such as praise, privileges (e.g., games, arts, free time, etc) and token rewards (e.g., points, candy, etc) following the children's appropriate behaviors and negatives consequences such as reprimands, response cost and time out following the children's inappropriate behaviors.

### **Academic Modification**

The teaching strategies the teachers used to deliver their lessons to the students were mostly teacher-centered method of teaching i.e. lecture, question and answer and demonstration teaching

techniques. But, sometimes the teachers employed discussion, cooperative learning and other independent tasks such as project works (especially during science class) and they also invited students to work out the questions on the black board to enable them to be involved and participated in the teaching and learning process actively. However, during both lecture times and student centered learning strategies, like discussion and cooperative learning, the cases, especially Girum, Abel and Dawit do not pay due attention and participate actively in what is going on in the classroom rather they engage in their own “businesses” such as playing with different objects.

In my opinion, this might be because of the following reasons. Firstly, the teacher-centered teaching strategies might diminish the interest and motivation of these children. Secondly, due to their greatest difficulties in sustaining their attention to tasks for longer periods of time, they may be easily fatigued and bored as a result of attending the prolonged lectures and other independent tasks. Thirdly, due to their greatest tendency to be involved in motor over activities, these children are very much interested and actively participated if they are provided with interesting and attention holding activities such as games, films, arts and sports than when they are attending prolonged lectures and independent tasks (e.g., writing, reading and doing class works). For example, in supporting the above findings, Abel’s teacher reported the following:

Lecture is my usual method of teaching. Sometimes I use radio program. Surprisingly, Abel prefers radio to lectures and he attends attentively and participates actively during radio program than lecture times. During Aesthetic periods too, he is very much interested to attend as it invites him to play sports, music and games. Even he usually scores higher marks in Aesthetic than other subjects.

Another problem I observed and even reported by the teacher themselves was that due to large class size, work load and longer working periods, the teachers are not able to help the children personally by preparing and presenting tasks in accordance with their learning needs, weaknesses and strengths. In addition, due to the prolonged consecutive periods that they usually teach without giving breaks to students in between class time, the children are easily fatigued and, as a result, they either engage in their own “businesses” or disturb the class by moving here and there rather than attending and participating in the teaching and learning process.

Moreover, the teachers have seemed to feel disappointed and become unhappy in teaching these children in their classroom due to the great effort and patience it requires and additional work load it incurs on them in controlling and monitoring the children's activities and behaviors as frequently as possible. In describing the difficulty of managing and teaching these children, Girum's teacher said like this: *"Since the child always needs frequent monitoring and strict control, it is really difficult for me to teach him."* With similar talk, Abel's teacher expressed her feeling about the challenge of managing and teaching the child as follows: *"Generally, his presence makes the class very challenging and disruptive and, as a result, I always feel disappointed and complain of teaching in the classroom."*

As reported by the teachers and confirmed by my own observation, on average, the teacher-to-student ratios in each class room was 1:55. Each teacher teaches three subjects (Amharic, Mathematics and Science) in his or her class room and, as a result, they have a work load of 20-22 periods per week and daily, on average, he/she teaches for four periods (180 minutes). With regard to their duration of working periods, daily, on average, each teacher teaches from 2-3 consecutive periods in the morning session and 1-2 consecutive periods during the afternoon session.

Of course, from the findings, it is possible to say that with such large class size and workloads; it is more likely difficult for the teachers to provide the children with sufficient and appropriate educational support. In line with this, a study by Bekle (2001) confirmed that children with hyperactivity can be benefited more from the teaching and learning process and achieve best academically if they are provide with one-to-one instruction; if they are attending in shorter learning periods with frequent breaks in between lessons; and if they are frequently monitored and checked by their teachers. Similarly, as noted by Kos et al. (2006) and Serfontein (1994) that teachers are expected to prepare and provide tasks to greater detail and analysis to these children and they also are aware that these children usually need routine, regularity and repetition while learning, doing tasks and following instructions.

Modification in instructional materials is another academic intervention that should be taken into account while teaching these children. With this regard, Sherman et al. (2006) suggested that

teachers should use variety of media in their instruction (such as chalk boards, over head projectors, objects, charts, games, films, etc) so as to enable children with the disorder to participate actively and achieve good academic performance. Barkley (2002) also proposed that the use of increased stimulation within the task (e.g., color, shape, texture, etc) enhances their attention to tasks thereby increasing the academic success of these children.

However, due to lack of instructional materials, the teachers were forced to use only chalk boards while teaching these children. In such conditions, let alone students with hyperactivity even all students without the disorder are not expected to become competent and effective in their learning in classroom where only similar teaching method is applied and no multimodalities are employed. Generally speaking, the teaching strategies and instructional materials that were employed didn't address the unique needs of these children. This has made the children at a disadvantage not benefited more from the instructional processes which in turn has decreased their overall academic performance.

When it comes to the modification of the classroom environment, in each classroom the students usually sat in an interactive grouping style. The grouping was made by the teacher based on mixed ability grouping. The teacher made these groupings purposefully to enable students to help each other and control and monitor their activities as easily as possible. As a result, each classroom was relatively "active" and "quiet". However, as confirmed during classroom observations, the teachers usually sit the four children in inappropriate position in the classroom. For example, except Abel who usually sits wherever he wants to sit by frequently changing both his group and seat, Girum, Sara and Dawit usually sit in the extreme front position of the classroom, near doors and windows where they can be easily distracted by external stimuli that they can see and hear through doors and windows.

In addition, except Girum who usually sits alone, both Sara and Dawit often sit in between two of their seatmates. As a result, they are not only in a good position to feel comfort and move freely while sitting due to lack of enough space but also they make their seatmates feel uncomfortable and disturbed due to their extreme restlessness and fidgetiness. This is because; each desk can accommodate only two students to sit comfortably. Moreover, the tables of these

children, especially in the case of Girum and Abel are always occupied by the debris (full of unwanted materials).

When the teachers were asked why they did such sitting arrangement concerning these children, they responded that in their opinion the students are in appropriate position. They further assured that they purposefully made the arrangements in order to control the children's disruptive behaviors as easily as possible and enable the children themselves to see and follow what is going on during the teaching and learning process. Regarding Abel, his teacher reported the following:

Whether I make him sit alone or in group, there is no difference because he never stop changing his seat and group frequently and disturbing the class. Therefore, since he is beyond my control, I stop making him sit in a particular group.

Here the teachers have seemed to worry more about the easiness of the sitting arrangements for controlling and monitoring the children's disruptive behaviors rather than to be more concerned about whether these children can be benefited from the teaching and learning process. With regard to the above findings, Kos et al. (2006) recommended that children with this disorder perform at their optimal level when the classroom is highly structured, routines are in place, there are minimal sensory distractions, and they are seated close to the teacher in the middle-front of the classroom.

The last but not the least point that should be worth mentioning is the communication between teachers and parents concerning the children's behavior problems. It is true that, to be successful in their learning and social life, these children always need the close supervision and support from both their teachers and parents. To this end, teachers and parents should work collaboratively.

As it is indicated in the findings of the study, teachers have tried their best to communicate and discuss with parents about the children's behavior problems. Nevertheless, most parents are not concerned and willing to shoulder their responsibility. Instead they have left all the burdens to teachers by complaining that the children's behavior problems are beyond their control. Even some parents are not totally willing to communicate and discuss with the teachers. This is

particularly true in the case of Abel's parents. To confirm this, Abel's teacher stated the following:

Although I usually try my best to communicate and discuss with his parents, they are not willing to cooperative. Even what is surprising is that the father always warns and punishes Abel not to come to home by having any message from school concerning his behavior problem.

Since, as reported by the teachers, these parents are poor and are always busy in earning their leaving through weaving and other daily labor activities, let alone that they give due attention to their children's behavior problems and learning even they are not able to satisfy the children's basic needs. Of course, lack of knowledge and awareness about the disorder, the challenges these children often present on them, their low socioeconomic status and their being not literate, may be the factors that hinder parents not to be concerned about their children's problems and provide them with the necessary support. One solution for this is training parents about the disorder, how to manage their children's behavior problems and what support they should provide for these children.

All in all, from the findings of the present study and previous research results discussed so far, it is possible to conclude that the children are not provided with sufficient and appropriate educational and social support by their classroom teachers and parents.

### **5.5 Limitations and Significance of the Study**

This study is not without its limitations. The following were the major limitations I faced while conducting my research.

It is obvious that to make the observational data concerning the symptoms of hyperactivity more reliable, the observation should be conducted for a relatively longer period of time (for at least six months) and its symptoms must not be better accounted for by other coexisting disabilities. But, due to time constraints, I tried to observe the symptoms for only one month. In order to decrease this limitation, I focused mainly on the responses of research participants particularly teachers' responses as they are self-contained teachers who know the students very well due to their sufficient years of experiences in teaching the children and day-to-day exposures with them. In addition, I tried to cross check the existence of those additional observable manifestations

(coexisting problems) such as aggressiveness, conduct problems, non-compliance, academic difficulties, physical impairments, sensory impairments and mental retardation through observation, interview and documents. However, the diagnosis of the other invisible coexisting conditions, deep investigation of family history, intelligent testing and medical examinations of the four children involved in the study are beyond the scope of this study which require a comprehensive and persistent assessment by the concerned professionals.

Unwillingness of some parents for the interview was the second problem I faced. This is particularly true in the case of Abel's parents. Despite the fact that I tried my best to contact and convince them, they were not willing to participate during the interview. Hence, to minimize this limitation, I interviewed Abel's intimate classroom friend who knows the child's behavior very well as he lives together with him at home.

Thirdly, lack of adequate studies in the Ethiopian context regarding behavior problems in general and hyperactivity in particular, hindered me to deeply examine the existing problems, research gaps, practices and the trends of educational provision and support for children with hyperactivity. This forced me to be highly dependent on western cultures. Therefore, the readers of this paper should take into account all the above mentioned limitations while reading the paper.

With all the above mentioned limitations, this study is believed to have the following significance:

- ✦ It may be helpful for teachers and parents in the sample school and others to understand and be familiar with the symptoms, causes and impacts of hyperactivity.
- ✦ It may also be used by special needs education experts and other professionals who are interested to assess those students with behavior problems and provide them with special educational program in the regular classrooms.
- ✦ It helps as a foundation for other researchers who need to conduct further research in the area.

## CHAPTER SIX

### 6. Conclusion and Recommendations

In this part of the study, I have tried to wind up the research and come up with the conclusion and recommendations of the findings of the study. The first part deals with the conclusion that are made based on the results of the study and the discussions made so far. The second part focuses on the recommendations of the research which are forwarded based on the conclusion reached so far.

#### 6.1 Conclusion

The findings of the study revealed that the four children display hyperactive behavior and their hyperactive behavior is severe enough in disturbing the classroom. The hyperactive behavior negatively affects not only the children social interactions and academic performance, but also it presents great challenges to parents, teachers, peers and the school in general. Because of lack of adequate knowledge and training among teachers about the disorder and on how to manage and teach these children, unavailability of the necessary facilities and materials and parents unwillingness to work collaboratively with teachers concerning their children's behavior problem, the school in general and classroom teachers in particular are not ready to accommodate the educational and social needs of these children.

As these children grow up into adulthood without being provided with the appropriate and sufficient educational and social support, their current problems may become worsen and chronic enough leading them to not only school failure and drop out of schooling early before they have achieved their high schools and college education but also their overall development will be deteriorated. This in turn will lead them to be unemployed and become the burden not only to their parents but also it is a failure to the educational system and the nation at large.

It may be difficult to generalize the findings of this study to other similar primary schools children from such a case study consisting of only four cases and small number of research

respondents. However, from my own observations and theoretical knowledge of similar situations of primary school's children in Ethiopia, lack of adequate knowledge and training among primary school's teachers in special needs, unavailability of the necessary facilities and materials, poor educational provisions to these children, absence of modern comprehensive assessment and early intervention in our context, Ethiopia and other related factors, it may be possible to generalize the findings of this study to other primary school's children where they may face with similar problems.

## 6.2 Recommendations

1. In order to accommodate all students in a classroom regardless of their physical, behavioral, psychosocial and other conditions, all environmental barriers should be eliminated. Among these barriers the major one is attitude of the community in the school. Therefore, the school should provide awareness training to the school's community in general and classroom teachers and peers in particular regarding students with special needs like the four cases.
2. In the study lack of adequate knowledge and training about hyperactivity and on how to teach and manage children with the disorder was reported as a major factor that hinders the teachers' attempt to help the children get the best academically. With this regard, the school should take the initiative to organize different long-term and short-term trainings to teachers in collaboration with the concerned bodies to equip teachers with the necessary knowledge and skills that enable them to teach and manage students with hyperactivity.
3. The classroom teachers are expected to make the classroom teaching and learning processes and environment as conducive and attractive as possible by doing the following in order to increase the children's academic engaged times which in turn improve their academic performance.
  - ↓ By employing different teaching strategies (e.g., role play, group discussion, project works, cooperative learning, etc.) rather than depending on prolonged lectures and independent tasks.

- ✚ By using different teaching materials (e.g., objects, drawings, charts, games, etc) along with chalkboards
  - ✚ By preparing and providing tasks to the children's level of understanding (e.g., giving a few and short duration tasks at a time for these children, allowing extra time for them to finish their given tasks, giving clear and concise and even written copy of instructions for them, etc.).
  - ✚ By allowing breaks for these children during prolonged class time (periods)
  - ✚ By sitting the children in appropriate position (preferably close to the teacher in the middle-front of the classroom, away from doors and windows where they may be easily distracted) and sitting them only with one partner in a desk so as to give them enough space to feel comfort and move freely while attending lessons and doing tasks.
  - ✚ Since these children are always with a very cluttered desk, teachers should help organize their materials and they should also place high priority on orderliness and neatness for these students.
  - ✚ By frequently encouraging, monitoring, guiding and rewarding these children with their activities and tasks instead of punishing and/or ignoring them.
  - ✚ Generally, since these children always needs routine, regularity and repetition while learning and doing tasks, teachers should be committed to provide them with highly structured classrooms and very strict routines in their daily activities together with consistent disciplines.
4. Parents should be given the training concerning behavior management skills that enable them to manage their children's behavior problems and provide them with the necessary educational and social supports in collaboration with teachers. In addition, these parents should be provided with counseling services that help them get relief from their stress and frustration they have developed due to the challenges these children often present on them.

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**APPENDICES**  
**ADDIS ABABA UNIVERSITY**  
**FACULTY OF EDUCATION**  
**DEPARTMENT OF SPECIAL NEEDS EDUCATION**

**Appendix-1: Interview Guides**

**A. An Interview Guide Prepared for Classroom Teachers**

**Objective:** The main purpose of this study is to investigate the behavior of children with hyperactivity in the regular classroom and how teachers response to meet the educational needs of these children. Be sure that your responses are kept confidential and used only for academic purpose. Therefore, you are kindly requested to give your genuine responses.

Do you mind if I use tape recorder to record the information that you will give?

**Thank you in advance for your cooperation!**

**I. Background Information**

1. Age \_\_\_\_\_ Sex \_\_\_\_\_ Educational Status \_\_\_\_\_  
Work Experience \_\_\_\_\_

**II. Information Concerning the Case**

1. What is the student's full name \_\_\_\_\_ age \_\_\_\_\_ sex \_\_\_\_\_ ?
2. For how long you have known the student?
3. What types of odd behaviors the student exhibits in the classroom?
4. Does the student exhibit these odd behaviors consistently? If so, how often?
5. In what situations the student exhibits these odd behaviors?
6. Do you believe that the child's behavior problem is severe enough to disrupt the classroom? If so, to what extent he/she disturbs to the classroom?

7. What impacts do you observe that these odd behaviors cause on the student's educational performance and other classroom peers?
8. Do you believe that these odd behaviors have impacts on the student's social interactions (such as interaction with peers, teachers, and his/her overall discipline)? If so, please explain them.
9. Do you observe other behavior problems such as aggressiveness (aggression to people and animals), destructiveness (destruction to property), theft, lying, noncompliance and serious violations of classroom rules on the student in addition to his/her hyperactive behavior?
10. How do you identify students with such types of symptoms as early as possible? Have you developed any identification mechanisms?
11. What measures (either supportive or corrective or both) do you take in response to the student's behavior problems?
12. Do you believe the student has been provided with appropriate educational and social support? If so, what types of educational and social support you have provided to him/her?
13. Have you faced any challenge in managing and teaching the child in the classroom? If so, please mention them.
14. How often do you contact and provide information to parents concerning the child's behavior problems? And what response/feedback have you got from them?
15. What other things do you explain more?

## **B. An Interview Guide Prepared for Parents**

**Objective:** The main purpose of this study is to investigate the behavior of children with hyperactivity in the regular classroom and how teachers response to meet the educational needs of these children. Be sure that your responses are kept confidential and used only for academic purpose. Therefore, you are kindly requested to give your genuine responses.

Do you mind if I use tape recorder to record the information that you will give?

**Thank you in advance for your cooperation!**

### **I. Background Information**

1. Age \_\_\_\_\_ Sex \_\_\_\_\_ Educational level \_\_\_\_\_  
Profession \_\_\_\_\_

### **II. Information Concerning the Case**

1. What is your child's full name, age and grade level?
2. What is your relationship with the child?
3. How is the educational achievement of your child?
4. What types of odd behaviors do you observe on your child?
5. Does your child exhibit all these odd behaviors always?
6. To what extent do you belief that these symptoms affect your child's educational performance?
7. To what extent do you belief that these symptoms affect your child's social life (e.g., his/her relationships and or interactions with peers, parents, siblings, and neighbors)
8. How do you feel and react towards your child's odd behaviors?
9. How other family members, peers and neighbors react towards your child's odd behaviors?
10. What kind of educational and social support do you provide to your child?
11. For how many times you have contacted with the school due to your child's odd behaviors?
12. Do you have anything to explain more?

### **C. An Interview Guide Prepared for Classroom Peers**

**Objective:** The main purpose of this study is to investigate the behavior of children with hyperactivity in the regular classroom and how teachers response to meet the educational needs of these children. Be sure that your responses are kept confidential and used only for academic purpose. Therefore, you are kindly requested to give your genuine responses.

Do you mind if I use tape recorder to record the information that you will give?

**Thank you in advance for your cooperation!**

1. Do you like to play?
2. What kinds of play you usually play?
3. With whom you play most?
4. Who is your intimate friend in your classroom?
5. Do you usually sit with him/her in the classroom? If not, why?
6. Do you usually prefer to play with your friend or others? Why?
7. Do you work cooperatively with your friend on your learning?
8. What types of your friend's behavior you do not like? Why?
9. In your opinion what types of behaviors are inappropriate (or should not be exhibited) while your teacher is teaching?
10. Who do you belief usually exhibits such behaviors in your classroom during the teaching and learning processes?
11. Are there other students or only your friend who usually exhibits such behaviors?
12. What impacts do you belief that these odd behaviors have on your child's learning?
13. What impacts do you belief that these odd behaviors have on your child's social life (e.g., his/her relationship and/or interactions with his/her peers, teachers and the school community in general)?
14. Finally, tell me your age \_\_\_\_\_ and grade level \_\_\_\_\_.

#### **D. An Interview Guide Prepared for the Cases**

**Objective:** The main purpose of this study is to investigate the behavior of children with hyperactivity in the regular classroom and how teachers response to meet the educational needs of these children. Be sure that your responses are kept confidential and used only for academic purpose. Therefore, you are kindly requested to give your genuine responses.

Do you mind if I use tape recorder to record the information that you will give?

**Thank you in advance for your cooperation!**

1. What is your father's full name?
2. What is his profession?
3. What is your mother's full name?
4. What is her profession?
5. How many brothers and sisters do you have?
6. From your family, with whom you play and interact most? Why?
7. How many friends do you have in your classroom?
8. With whom you usually sit and play most? Why?
9. Which do you like most, learning or playing? Why?
10. What do you feel if you are sitting a longer time and attending lecture or doing independent tasks?
11. What major social problems do you face while you are playing and interacting with your classmates?
12. Can you tell me your major educational problems that you face while you are learning?
13. Tell me your age \_\_\_\_\_ grade level \_\_\_\_\_ and place of birth \_\_\_\_\_?

## Appendix-2: Observation Guides

### A. Observation Checklist for the Cases' Hyperactive-impulsive Behaviors

Name of the observer \_\_\_\_\_

Name of observee \_\_\_\_\_

Place of observation \_\_\_\_\_

Activity observed \_\_\_\_\_

Date of observation \_\_\_\_\_

Observation interval \_\_\_\_\_

Time of observation \_\_\_\_\_

No	Symptoms to be observed	Occurrence of the symptoms	Observation Interval=15minutes			
			Dimensions of the behaviors to be measured			
			Duration	Frequency	Latency	Intensity
1	Restlessness					
2	Out of seat					
3	Excessive talking					
4	Excessive running or moving around					
5	Blurting out answers					
6	Difficulty waiting turns					
7	Difficulty playing quietly					
8	Excessively interrupts on others					
9	Often "on the go"					
10	Off-task					
11	Noncompliance					

## B. Observation Checklist for the Teachers' Response

Name of the observer \_\_\_\_\_

Name of observee \_\_\_\_\_

Place of observation \_\_\_\_\_

Activity observed \_\_\_\_\_

Date of observation \_\_\_\_\_

Observation interval \_\_\_\_\_

No	Skills to be observed	Observation Interval=45minutes		
		Frequency		
		Never	Sometimes	Always
1	<b>Behavioral Intervention</b>			
	1.1 Use of reinforcement (e.g., praise, privileges, etc)			
	1.2 Use of punishment (e.g., response cost, reprimands, time out, corporal punishment, etc)			
	1.3 Planned ignoring			
2	<b>Academic Intervention</b>			
	<b>2.1 Modification to method of instruction</b>			
	2.1.1 Use of different teaching strategies			
	2.1.2 One-to-one instruction			
	2.1.3 Small teacher-to-student ratios			
	2.1.4 Shorter working periods			
	2.1.5 Self-paced tasks			
	2.1.6 Frequent monitoring of the child's activities			
	2.1.7 Allows frequent breaks between lessons			
	<b>2.2 Modification to instructional materials</b>			
	2.2.1 Use of multimodalities (such as chalkboards, overhead projectors, objects, charts, games, etc)			
	2.2.2 Increased stimulation within a task (e.g., color, shape, texture, etc)			
	2.2.3 Breaking tasks into smaller pieces			
	2.2.4 Use of activities within a task (e.g., games, films, music, sport, etc)			
	<b>2.3 Modification to classroom environment</b>			
	2.3.1 Appropriate of sitting arrangement and position			
	2.3.2 Safe, visible and accessible classroom			
	2.3.3. "Active" and "quiet" classroom			
	2.3.4 Structured classroom			
	2.3.5 Absence of sensory distracters			

### Declaration

I, the undersigned, declare that this thesis is my original work and has not been presented for a degree in any university, and that all source of materials used for the thesis have been fully acknowledged.

Name: Birhanu Mekuria

Signature: \_\_\_\_\_

Place: Addis Ababa University

Date: \_\_\_\_\_

### Approval

This thesis has been submitted for examination with my approval as university advisor.

Name: Alemayehu Teklemariam

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

