

Social Work & Education

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UDC 376

DOI: 10.25128/2520-6230.23.1.12

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Article history:

Received: February 08, 2023

1st Revision: February 28, 2023

Accepted: March 30, 2023

Fert, O. (2023). The main aspects of pedagogical support of children with ADHD, including children with double exclusivity – gifted children with ADHD. *Social Work and Education*, Vol. 10, No. 1. pp. 134-145. DOI: 10.25128/2520-6230.23.1.12

THE MAIN ASPECTS OF PEDAGOGICAL SUPPORT OF CHILDREN WITH ADHD, INCLUDING CHILDREN WITH DOBLE EXCLUSIVITY – GIFTED CHILDREN WITH ADHD

Abstract. The main peculiarities and difficulties in teaching children with Attention Deficit Hyperactivity Disorder are considered. Positive qualities and creative abilities of mentally preserved and gifted children with ADHD are named. Advice in teaching children with double exception is given. The purpose of the article is to analyze the problem of children with Attention Deficit Hyperactivity Disorder including those, who have preserved intellect and ADHD and factors of their effective inclusion in the educational process.

Attention Deficit Hyperactivity Disorder is a polymorphic clinical syndrome, the main manifestation of which is a violation of the child's ability to control and regulate his behavior, which is manifested by motor hyperactivity, impaired attention and impulsivity. According to the International Classification of Diseases - ICD- 11 and classification of the American Association of Psychiatrists DSM-5, ADHD is the most common mental development disorder in children and adolescents up to 9%, is at the beginning of the classification and refers to disorders of neurodevelopment. Children with ADHD are very different. In general, the level of intellectual development is not a differential trait for Attention Deficit Hyperactivity Disorder. Often there are children with normal intelligence, or even gifted with signs of disorder. These are children with the so-called "double exclusive". Therefore, the problem of children with behavioral disorders, disorders of neurodevelopment – Attention Deficit Hyperactivity Disorder in the educational process is extremely common and urgent. These are children who are often not covered by mainstream support in an inclusive educational environment, especially in Ukraine they are in the "grey zone" The factors of successful inclusion of children with normal level of intelligence or even gifted in the educational process are compulsory multidisciplinary study and functional and behavioral assessment of the child, application of behavioral correction techniques within the program of behavioral interventions, adaptation of the curriculum, constant collaboration with pedagogical staff. Also, we should remember that this process should start as early as it possible, that gives more effective results.

Key words: Attention Deficit Hyperactivity Disorder; children with double exclusivity; functional-behavioral assessment.

INTRODUCTION

Attention Deficit Hyperactivity Disorder (ADHD) is a polymorphic clinical syndrome, the main manifestations of which are impaired ability of the children to control and regulate their behavior, it causes motor hyperactivity, attention deficit and impulsivity. According to the more recent classification of the American Psychiatric Association DSM-5, ADHD is the most common disorder of mental development in children and adolescents, up to 9%, it is at the beginning of the classification and refers to neurodevelopmental disorders (Chen, 2017, Asherson, 2015, Ophoff, 2013).

This is a neuropsychiatric disorder - that is, its cause is the peculiarities of the structure and functioning of the brain, or organic lesions of the central nervous system, and not, according to popular myths, poor upbringing, allergic diet, etc. In most cases, ADHD is a genetic disorder and is associated with genes responsible for metabolism and activity of two neurotransmitters – dopamine and norepinephrine. Although the behavioral problems of a hyperactive child appear from the first years of life, they are often attributed to temperament or improper upbringing of the child before reaching the senior preschool or primary school age. During learning, there are difficulties that are increasingly problematical to ignore. The three main symptoms of ADHD are attention deficit, impulsivity and excessive motor activity, mobility. Impulsivity and hyperactivity are manifested by the following symptoms: the child is constantly moving, can not sit in one place for a long time, runs when required to sit, talks a lot, interrupts others, inappropriately interferes in conversation, can not stand waiting for something (such as, for example, in turn in the game) acts without thinking about the consequences or rules. Impulsiveness and over-activity do not contribute to a student's productive success, but the greatest academic difficulties are due to inattention. According to statistics, about 65% of children with ADHD have academic difficulties, which are divided into actual difficulties of academic skills and problems with success, which can be both concomitant and manifested separately. Even if the child does not have significant academic difficulties, he or she will still have problems with class and homework, mostly due to the inability to meet the time frame, which is a consequence of immaturity of the frontal cerebral cortex, and thus impaired executive function. Due to the increased response to external stimuli and the inability to perform not very interesting work for a long time, a child with ADHD needs more time to complete the task than his neurotypical peer (DuPaul, 1994, Fert, 2017). Children with ADHD are very different, their peculiarity, related to physiological reason not problems with intelligence. In general, the level of intellectual development is not a differential feature of ADHD. There are a lot of children with normal intelligence, or even gifted, who have signs of the disorder. These are children with the so-called "double exclusivity". The peculiarities of teaching this category of children are discussed in the works of S. Rief and others. The main characteristics of this category of children are: high level of development of analytical skills, divergent thinking, a wide range of interests, the ability to holistic perception of reality, a fine sense of humor. On the other hand, there is uneven development of learning skills problems with academic performance, motor skills, poor handwriting, inaccuracy in work, non-compliance in following instructions, impulsiveness, lability of emotions, problems with self-organization.

CHILDREN WITH ADHD IN A PRIMARY SCHOOL

It is known that manifestations of ADHD such as impulsivity, hyperactivity and attention deficit are in children before school age, but they often tend to be attributed to

improper upbringing or age, that the child will inevitably “outgrow”. When it comes to training a child in the last year of kindergarten, or in the first year of school, educators, teachers and parents face learning and behavioral difficulties and realize, that they are dealing with something more than just childish pranks. Teachers and educators are the first, who can recognize the problem and, thus, the child is often examined and directed to the final diagnosis at the beginning of training. Often a child with ADHD has concomitant learning difficulties, sometimes problems and delays in general development - language problems, disorders of fine and gross motor skills, academic difficulties such as difficulty remembering numbers, alphabet, etc.

Here is a list of the main symptoms that may be a reason to suspect a preschool child of possible learning limitations. Many of these symptoms are also direct indicators of ADHD. This list was compiled by the International Dyslexia Association (Rief, 2005, DuPaul G, 1994) (table 1).

Table 1: The list of the main symptoms of possible learning limitations in preschool child (Rief, 2005)

| Language: | Motor skills: | Cognitive activity: | Social skills: |
|--|---|---|---|
| <ul style="list-style-type: none"> • Slow speech development • Pronunciation problems • Difficulty learning new words • Difficulty following simple instructions • Difficulty understanding issues • Difficulty in expressing their needs and desires • Difficulties in learning poetry • Insufficient interest in fairy tales and stories | <ul style="list-style-type: none"> • Clumsiness • Imbalance of movements • Difficulty manipulating small objects • Uncertainty about jogging, jumping and other sports • Difficulties with self-care skills such as shoelaces, buttoning, etc. • Avoid activities such as drawing | <ul style="list-style-type: none"> • Difficulty memorizing the alphabet or days of the week • Poor memory for daily events • Poor understanding of causes and effects, difficulties in calculation • Difficulty understanding concepts such as size, shape, color • Easy switching of attention to extraneous stimuli • Impulsive behavior • Restlessness (hyperactivity) Difficulty in keeping attention on the task • Difficulties in changing activities • Constant repetition of the same thing, inability to switch | <ul style="list-style-type: none"> • Difficulty in interacting with other children, playing alone • Predisposition to sudden and violent mood swings • Mild irritation and depression • Difficulty in self-control, sudden outbursts of anger, tantrums |

If the child shows similar symptoms, parents and teachers should initiate further examination of the child. It is good to have the discuss and diagnose the child's behavior in the team of specialists of the school or kindergarten, with the obligatory referral for a final diagnosis to competent psychologists and psychiatrists.

What a teacher can do to succeed in teaching preschoolers and elementary school students:

- *Organization of the learning environment.* The environment should be hospitable, safe, comfortable, structured, free. Children must have some freedom, be free to explore the environment, interact with subjects and learning materials

- *Be in constant contact with the child and his parents.* Create a kind of community in which the child, teacher and parents interact, respecting all the characteristics of the child and his family, including cultural and national

- *Teach the child basic social skills,* teach a child to behave among children, to develop basic skills of communication and interaction in a team, as the ability to walk in pairs, play with children, etc.

- *Clear schedule.* Consistent actions of the teacher. Every child needs a clear schedule, especially a child with ADHD. When daily events are predictable, it is much easier for a child to function effectively. In kindergarten, it is important that the schedule and agenda are stable, it organizes the children

- *Use different retention tactics.* The teacher can use the same techniques as in older age, the main thing is the correct organization of the environment with a minimum of stimuli, a lively pace of classes and constant feedback.

- *Achieving the desired behavior.* Behavioral interventions are little different from those in high school. Using of the token system in cooperation with parents, consistent upbringing, when desirable and undesirable behavior is necessarily accompanied by appropriate consequences.

- *Using of temporary isolation of the child and timeout.* Sometimes it is useful to give the child a break from the team. When you see that the child is too excited, he or she can be removed from the child's environment for a while. This technique can have a positive color, in order to allow the child to play alone and calm down, and can be a method of punishment. Time out - removing the child for a while, without any toys or activities. Is an effective method that is widely used in preschool

- *Make learning fun.*

Alarming Signs of Learning Skills Disorder:

- avoid reading and writing,
- errors in reading and perception of what is read,
- difficulties with summarizing,
- difficulty understanding the terms of the task,
- difficulty answering questions,
- poor spelling,
- difficulty thinking abstractly,
- poor writing skills,
- difficulties in learning a foreign language,
- poor mastering of mathematics material,
- difficulty staying organized,
- difficulty in performing tests when you need to choose one answer,
- slow work in class and when taking tests,
- difficulty checking work, avoiding checking his work, or checking incorrectly;

Social behavior:

- difficulty to accept any criticism,
- difficulty establishing feedback,
- difficulty understanding and accepting other people,
- difficulty resisting peer pressure (Rief, 2005).

ADOLESCENCE AND ADHD

Adolescence is associated with serious changes in the child's body. This is also a period of personality formation, so it is necessary to carry out comprehensive actions aimed at the socialization of the child, it is desirable that they originate from primary school. During adolescence, a child with all the usual symptoms of ADHD, due to his impulsiveness may have problems with the law, conflicts with parents, teachers, peers, higher than average risk of adolescent pregnancy, problems with alcohol and drugs may also be present. But there are as well significant benefits, that children can demonstrate along with their limitations. So, impulsiveness is not always bad.

Positive qualities of a teenager with ADHD (Rief, 2005):

- hyperactive children perceive reality acutely and can notice more than others;
- they are very creative, resourceful, able to change everything around;
- they are very persistent, if they want to achieve their goal, they do not give up trying despite failures. Able to return to work again and again bringing favorite business to perfect results;
- children with ADHD are very energetic and often succeed in activities that are interesting for them;
- they need to be praised, they love to please teachers and parents;
- they are interesting interlocutors.

How to act as a teacher to achieve better results in the education of adolescents with ADHD:

- a clear structure of activities and adequate expected results can improve the performance of students with ADHD;
- use methods of behavioral management, behavioral contract, incentive system, etc., in close cooperation with the child's parents;
- it is very useful to assign a child a mentor from the senior class, it greatly increases the motivation to learn. The mentor must be authoritative;
- teach the child to understand their disorder, but carefully, emphasizing the positive aspects, correctly explaining the limitations and methods of combating them;
- encourage the child to consult a psychologist to attend individual and group psychotherapy classes;
- be positive about the child;
- try to create a socially acceptable atmosphere in the team. Teach neurotypical children to accept those with disabilities;
- introduce a differentiated approach to the education of children with ADHD, pay attention to everyone, adjust the workload according to the needs of the child;
- be flexible in assessing and burdening the child;
- develop an authoritative teaching style, try to have the trust of the child;
- do not be afraid to reduce the load and give work that the child likes the most.

Adolescence is associated with the greatest risks for the child, because it is the time when the personality is formed. It is very important for a teacher to be:

- vigilant, use techniques aimed better socialization of the child to the team of peers;
- help to decide on a future profession;
- do not burden the child with uninteresting activities, instead give more time for interesting ones;
- work closely with the child's parents;
- emphasize the positive aspects and special abilities of the child (Rief, 2005).

FUNCTIONAL-BEHAVIORAL ASSESSMENT

Functional-behavioral assessment (FBA) includes a number of strategies for assessing the interaction between behavior and the environment in order to form a competent opinion about this behavior. The aim of the FBA is to increase the effectiveness of measures aimed at correcting the behavior of students with ADHD by applying the necessary interventions directly in relation to this behavior (Rief, 2005, Fert, 2016, Kieling, 2008).

On the basis of the information received through FBA the plan of behavioral intervention (PBI) is made. FBA should be made by a team of school specialists for students whose behavior significantly hinders school success. In general, FBA and PBI are very effective in meeting the needs of any student with behavioral disorders that hinder his or her performance. FBA has many methodological strategies. Standard components of FBA include (Rief, 2005):

- collection of descriptive information (through interviews, direct observation, review of behavior diary entries, etc.) about the behavior and surrounding events;
- forming a hypothesis about behavioral functions based on the collected data;
- based on the hypothesis, a team of school specialists forms an individual program of interventions that teach socially acceptable skills designed to replace problem behavior; changed behavior should have the same function for the student (for example, raising his hand to attract attention instead of shouting) in a more socially acceptable way;
- the team determines the effectiveness of the intervention by tracking the progress of student behavior.

FBA is also designed to collect information to establish the following:

- events (lack of sleep, forgetting to take medication, changing daily routine, changing housing) or something that can worsen behavioral problems;
- conditions (situations, events, requirements, time, specific people) that can provoke problem behavior;
- clear description of problem behavior (frequency, intensity, duration);
- where and when this behavior occurs (most likely to occur);
- desirable or acceptable alternative to problem behavior;
- immediate consequences of problem behavior and factors that may contribute to it (which usually occurs after an episode of problem behavior, what is the response to this behavior by peers and adults);
- hypothetical assumption of the causes of problem behavior (the child wanted to avoid a difficult task, attract attention, etc.);
- hypothetical assumption of how the problem can be solved (reduce task time, mitigate requirements, etc.);

- positive Behavioral Intervention Plan (PBIP).

After the FBA, a team of specialists forms a PBIP, which, according, includes:

- defining acceptable behavior;
- strategies to create conditions designed to change certain causes of problem behavior (environment, schedule, etc.);
- identify acceptable behaviors that the team of professionals expects from the child;
- training in any skills needed (social skills, conflict resolution techniques, anger and aggression control);
- building acceptable behavior through the use of behavioral reinforcement strategies (using specific behavioral programs and identifying reinforcements that will be effective and motivating for a particular child);
- reduction strategies (identification of acceptable consequences that can reduce problem behavior, negative incentives);
- any additional opportunities and strategies to influence the child's behavior that can improve it in a positive way, through the use of appropriate means of influence;

We offer you an indicative list of questions that can be used by a team of school professionals to carry out functional – behavioral assessment.

List of questions for behavioral assessment:

1. Identify school staff working with the child;
2. Identify other persons working with the child, medical and rehabilitation institutions, etc.;
3. Assess the home / family environment. Identify factors in the child's environment that may impair school performance. What support do the parents provide to the child? Who exactly lives with the child. How the child spends the weekend and his free time;
4. General information about the student. Hobbies, interests. Are there any cultural issues that may be affecting (Rief, 2005, Martin, 2014, Singh, 2012).

CHILDREN WITH DOUBLE EXCLUSIVITY

Children with double exclusivity have features that are typical for both a gifted child and a child with ADHD. Unfortunately, a large number of such children are simply unnoticed or misunderstood. It is unfortunate that due to their unevenly developed abilities, these children often fall into the category of weak students.

Due to their exceptional abilities, gifted hyperactive children become the subject of high expectations from parents and teachers. People around think that this child should constantly show remarkable results. But due to their disability, inability to concentrate for a long time, children do not meet the expectations placed on them, which leads to frustrations, conflicts and misunderstandings between parents, children and teachers (Barkley, 2006, Durheim, 2009).

We have repeatedly observed such children, with remarkable abilities, especially in certain subjects, where they demonstrate sometimes encyclopedic knowledge, these children may not be able to keep up with others. There are many difficulties in communicating with a gifted hyperactive child. The child can be a challenge to the teacher, especially when he knows a lot, can question the opinion and words of the teacher, and this does not help to establish a teacher-student relationship. It is also

difficult for parents and teachers to accept the fact that a child has mosaic type of development

High school has its additional difficulties for a child with ADHD. And it is very important how prepared the child is from primary school. Additional problems with:

- changing the environment. the child no longer sits in the same classroom, but walks around the school changing classrooms, it does not help to concentrate;
- one teacher is replaced by several teachers, which is a source of additional stress, because now the child has to establish relationships with different people. this is not very comfortable for a hyperactive child;
- increasing academic requirements can be a very painful problem for a child with ADHD;
- transition age and hormonal changes, related aggravation of relationships within the children's team, the struggle for leadership;
- the desire to be accepted, the effort to improve something in yourself, your appearance;
- sometimes conflicts with parents escalate.

During September-December 2019, we had a study on the basis of Lviv Secondary School № 60, Ukraine, we conducted a multidisciplinary study of 6 children with double exclusivity. These were children who underwent a survey and were found to have signs of ADHD based on a Conners-3 survey. These children are students of grades 2-4. These are children who attend general education classes and demonstrate excellent and good test results in academic subjects, but have behavioral problems and test results are uneven, excellent grades change mediocre. After conducting a joint functional-behavioral assessment – a method aimed at studying the causes of unacceptable behavior, a plan of positive behavioral intervention was drawn up by a team of school specialists under the guidance of a scientific consultant in collaboration with parents using behavioral correction and adaptation techniques. according to the individual needs of children. After the implementation of the relevant planned interventions (implementation of the behavioral intervention plan, application of behavioral correction techniques and adaptation of educational materials), at the end of the semester we assessed the level by 10 indicators on a ten-point scale, used for the analysis of research results. It is important, that teachers and parents didn't have no psychoeducation previously, they just received the new experience, and this is research we can consider as the first step to further examination of the problem and concrete steps forward better understanding and help to this category of children. It was just simple instrument to ask about evaluation of the progress in comparison with the beginning of the school year (table 2.).

According to the results of the study, the following main points should be emphasized: the highest level was achieved in terms of "following parents' instructions", and there was success in the incentive program, which is an encouraging result, as the incentive program is recognized by the international pedagogical community as an effective tool for ADHD and other behavioral disorders. The performance indicator of the incentive program is equivalent to the performance indicator in the classroom, which confirms the effectiveness of functional-behavioral assessment and multidisciplinary study of children with behavioral disorders in the

educational environment, even for children who are not officially inclusive but have problems with social interaction. The result in terms of academic performance is above average, which indicates the need to continue the planned program and conduct a re-survey at the end of the school year (Neale, 2010, Zentall, 2011, Synopsis of DSM-V Diagnostic Criteria, 2014).

Table 2: The evaluation of the progress of children with double exclusivity at the beginning of the school year

| № | Indicators | Ten-point scale |
|-----|---|-----------------|
| 1. | Behavior in the classroom | 7,6 |
| 2. | Interaction with peers | 7,6 |
| 3. | Preparation for lesson | 8,1 |
| 4. | Completion of the task in lesson | 7,3 |
| 5. | Academic performance | 6,3 |
| 6. | Behavior at home | 7,5 |
| 7. | Following the instructions of parents | 9.1 |
| 8. | Implementation of the incentive program | 8.3 |
| 9. | Doing homework | 8,0 |
| 10. | Participation in extracurricular activities | 8,8 |
| | Average | 7, 86 |

And the end of school year results were higher, that's proves that all the strategies (FPO, team work, close cooperation with parents, system of incentives) works well in children with double exclusivity without complete diagnosis and official direction to inclusive education (table 3).

Table 3: The evaluation of the progress of children with double exclusivity at the end of the school year

| | | |
|------|---|------|
| 1. | Behavior in the classroom | 8,7 |
| . 2. | Interaction with peers | 8,8 |
| 3. | Preparation for lesson | 8,9 |
| 4. | Completion of the task in lesson | 8,3 |
| 5. | Academic performance | 8,1 |
| 6. | Behavior at home | 8,5 |
| 7. | Following the instructions of parents | 9.8 |
| 8. | Implementation of the incentive program | 9.3 |
| 9. | Doing homework | 8,9 |
| 10. | Participation in extracurricular activities | 9,3 |
| | Average | 8,86 |

As we see, with constant influence, the progress in the main needed issues in approximately six months reached one whole point. What says, that we should provide all this items in spite is not diagnosed officially.

Thus, the problem of children with behavioral disorders, neurodevelopmental disorders – Attention Deficit Hyperactivity Disorder in the educational process is extremely common and relevant. These are children who are often not covered by basic support opportunities in an inclusive educational environment. Factors of successful inclusion of children with double exclusivity in the educational process are mandatory multidisciplinary study and functional-behavioral assessment of the child, the use of behavioral correction techniques in the program of behavioral interventions, curriculum adaptation, constant cooperation of teachers with parents.

DISCUSSION

The problem of children with ADHD is very complicated and had a few faces. Not only in Ukraine children with normal level of intelligence of gifted and lack of attention often are in the grey zone of education (Rief, 2005, Kieling, 2008, Fert, 2016). In Ukraine we have no mechanism to help the family officially, everything often is done by voluntary striving of the teacher to build trustful relationships with the parents of the child, also psychoeducation of parents is one of the key issue in the successful process of inclusion such children in educational environment, as it was proved by many scientists (Rief, 2005, DuPaul, 1994, Martin, 2014) .

CONCLUSIONS. METHODOLOGICAL RECOMMENDATIONS.

In addition to the main material of the study, we want to offer brief practical guidelines for teachers and parents of children with behavioral disorders. Among the features of children with ADHD should be noted the fact that they are extremely creative, they often find very unusual solutions to problems and tasks, are extremely gifted in music, drawing and other creative activities. Therefore, the teacher must be understanding of the child's hobbies and allow him to develop his abilities, because it is known that many successful artists, scientists, musicians and actors have problems with behavior and learning . The process of teaching and educating children with double exclusivity, as well as other children with behavioral disorders, must be flexible. It is necessary not to complicate educational tasks, to give the child the opportunity to choose the activity that he likes.

Methodical recommendations on education and support of children with double exclusivity:

- understanding the non-randomness of certain special abilities, even when the child does not demonstrate them in other circumstances.
- it is important to show flexibility in choosing educational tasks, to give the child a choice, to adapt the curriculum to the needs of the child.
- it is important to be in constant contact with the child's parents, to involve them in the procedure of functional and behavioral assessment and drawing up a plan of behavioral interventions
 - it is important to encourage the child's activity, give feedback on his actions
 - involve in additional classes on the most interesting subjects.
 - cultivate healthy social skills within the whole team, encourage friendliness with peers.

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ОСНОВНІ АСПЕКТИ ПЕДАГОГІЧНОЇ ПІДТРИМКИ ДІТЕЙ З ГРДУ, ВКЛЮЧНО З ДІТЬМИ ІЗ ПОДВІЙНОЮ ВИНЯТКОВІСТЮ-ОБДАРОВАНИМИ ДІТЬМИ З ГРДУ

Ольга ФЕРТ, доктор педагогічних наук, професор кафедри спеціальної освіти факультету педагогічної освіти Львівського національного університету імені Івана Франка, Львів, Україна; доктор, науковий співробітник інституту спеціальної педагогіки Університету Лейбніца, Ганновер, Німеччина;

Анотація. Розглянуто основні особливості та труднощі навчання дітей з гіперактивним розладом з дефіцитом уваги. Зазначено позитивні якості та творчі здібності інтелектуально збережених та обдарованих дітей із ГРДУ. Сформульовано рекомендації щодо навчання дітей з подвійною винятковістю.

Метою статті є аналіз проблеми дітей із гіперактивним розладом з дефіцитом уваги, у тому числі зі збереженим інтелектом і ГРДУ, а також чинників їх ефективного включення у навчальний процес.

Гіперактивний розлад з дефіцитом уваги – поліморфний клінічний синдром, основним проявом якого є порушення здатності дитини контролювати та регулювати свою поведінку, що проявляється руховою гіперактивністю, порушенням уваги та імпульсивністю. Відповідно до Міжнародної класифікації хвороб – МКХ-11 та класифікації американської асоціації психіатрів DSM-5 ГРДУ є найпоширенішим розладом психічного розвитку дітей та підлітків - до 9%, знаходиться на початку класифікації та відноситься до порушення нейрозвитку.

Діти з ГРДУ дуже різні. Загалом рівень інтелектуального розвитку не є диференційною ознакою для ГРДУ, часто зустрічаються діти з типовим інтелектом або навіть обдаровані діти з ознаками розладу. Це діти з так званою «подвійною винятковістю». Тому проблема інклюзії дітей з розладами поведінки, порушеннями нейрозвитку, зокрема дітей з гіперактивним розладом з дефіцитом уваги в освітній процес є надзвичайно поширеною та актуальною. Це діти, які часто не охоплені загальною підтримкою в інклюзивному освітньому середовищі, особливо в Україні, вони знаходяться в «сірій зоні». Вивчення та функціонально-поведінкове оцінювання дитини, застосування методик корекції поведінки в рамках програми поведінкових втручань, адаптація навчальної програми, постійна співпраця педагогічних працівників - це основні аспекти ефективної інклюзії таких дітей. Також слід пам'ятати, що процес включення потрібно починати якомога раніше, це дає можливість отримати більш ефективні результати.

Ключові слова: гіперактивний розлад з дефіцитом уваги; діти з подвійною винятковістю; функціонально-поведінкове оцінювання.

Статус статті:

Отримано: лютий 08, 2023

1-ше рецензування: лютий 28, 2023

Прийнято: березень 30, 2023