



Research article

# Behavior Management of a Child with Attention Deficit Hyperactivity Disorder (ADHD) in the classroom: A Case Study

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## ABSTRACT

The aim of this study was to find out how the behavior of a child with attention deficit hyperactivity disorder (ADHD) has been managed in the classroom at Ability Bhutan Society (ABS). The current study utilized qualitative method with single-case embedded design to explore the behavior management of a child with ADHD in the classroom. Data was collected through semi-structured interviews with four social workers and a mother of a child, direct observation, participant observation, and document analysis. The qualitative data analysis was guided by Braun and Clarke's framework for thematic analysis (2012). To manage the behavior of a child with ADHD, the literature considers functional behavior assessment (FBA) and behavior intervention plans (BIP) as an intensive interventions. After the data triangulation from different sources of data, three main themes emerged: involvement of stakeholders, challenges, and strategies to manage the behavior of a child with ADHD. The analysis revealed that use of daily schedule, applied behavior analysis (ABA), and daily living skills as major strategies to be used to manage the behavior of a child with ADHD in the classroom and at home as well. Moreover, challenges like human resource, communication skills, behavior management, and the attitudes of caregivers were also discovered in managing the behavior of a child with ADHD. Recommendations on recruitment of more number of social workers were made to provide early intervention services to children on one-on-one basis.

**Keywords:** Attention deficit hyperactivity disorder (ADHD), strategies, behavior, Management, intervention plan, collaboration, challenges.

## Introduction

According to Dukpa and Kamenopoulou (2018) Bhutan has signed several international legislations such as the United Nations Convention on the Rights of the Child (1990), the Salamanca Statement (1994), and the UNCRPD (2010) and engaged in the international movement towards the inclusion of students with disabilities. Bhutan has also developed policies that will support an inclusive approach to education such as the National Policy for Persons with Disabilities (Gross National Happiness Commission Secretariat (GNHCS), 2019) which states that barriers to education shall be progressively removed and learning spaces will be accessible and safe. Similarly, Bhutan Education Blueprint 2014-2024 emphasized on access to education as one of the key recommendations to ensure equal opportunity for those children identified as having special educational needs

(MoE, 2014). In 2017, The Ministry of Education in Bhutan has developed and endorsed with another policy The Standards for Inclusive Education (MoE, 2017) which provides guidance and support for promoting inclusion in the schools. The Bhutan Standards for Inclusive Education defines inclusive education as “the process of valuing, accepting and supporting diversity in schools and ensuring that every child has an equal opportunity to learn” (MoE, 2017, P. 7). The policy also outlines standards across three dimensions: Inclusive Culture, Inclusive Policy and Inclusive Practice (MoE, 2017)

“Inclusive Education” is a relatively new endeavor in our education system and the Special Education Needs (SEN) Program under Ministry of Education is progressively gearing towards 100% enrolment of children with disabilities and providing quality inclusive education (MoE, 2017). In alignment with the rise in the global prevalence rate of disability, a two-stage child disability study conducted by the Bhutan National Statistical Bureau (2010–2011), estimates 21% of children aged 2 to 9 years have at least one disability, 19% with mild disability and about 3% with a moderate or severe disability (National Statistics Bureau & UNICEF 2012). The same study revealed cognition, behavior and communication as the most prevalent areas of disability. Since the primary challenge children on the ADHD experience are in the above-mentioned areas Ministry of Education in Bhutan have tried to enroll each and every child into the education system, many remain to be identified and many still need further support even once enrolled in schools (MoE, 2017).

## Literature Review

The aim of the study was to develop an in-depth understanding of how behavior of a child with ADHD is managed in the classroom and to know more about the case, the information gathered from the literature are presented in the following sequence: definition of the case followed by symptoms and its causes, challenges and some of the intervention strategies. According to Oke et al. (2019) one of the most common neuro developmental problems affecting behavior of children all over the world is attention deficit hyperactivity disorder (ADHD). “Attention deficit hyperactivity disorder (ADHD) is one of the most common neuro developmental disorders with childhood onset and is characterized by pervasive and impairing symptoms of inattention, hyperactivity and impulsivity that occur before the age of seven” (Lola et al., 2019, p. 1). American Psychiatric Association (2013 as cited in Kortekaas, 2018) the current (5th) edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) distinguishes between three presentations of ADHD, representing the predominant symptom pattern: the predominantly inattentive presentation, the predominantly hyperactive-impulsive presentation and the combined presentation. Appearances of the inattention component of ADHD can include daydreaming, distractibility, and difficulty focusing on a single task, whereas the hyperactivity component can be expressed as fidgeting, excessive talking, and restlessness (Biederman, 2005 as cited in Ringer et al., 2019). Moreover, ADHD is associated with psychiatric and developmental disorders such as Oppositional Defiant Disorder, Conduct Disorder, Anxiety Disorders, Depressive Disorders, and Speech and Learning Disorders (Tong et al., 2016). Therefore, the behavioral disturbance of children with ADHD significantly impairs their social, academic and occupational functioning.

### Symptoms and Causes of ADHD

Borrill (2000) acknowledges the kind of symptoms professionals look for in diagnosing ADHD as “difficulty following instructions or completing tasks, easily distracted and forgetful, often does not listen and is restless, cannot sit still and talk too much, runs about and interrupts, blurts out answers and finds difficulty in waiting or taking turns.” “It is still unclear what the direct and immediate causes of ADHD are, although scientific and technological advances within the field of neurological imaging techniques and genetics promise to clarify this issue in the near future” (Spellings et al., 2008, p. 2; Thapar et al., 2012). Having a rare copy number of variants, some gene variants, extreme early adversity, pre and postnatal exposure to lead and low birth weight or prematurity have been most consistently found as risk factors (Thapar et al., 2012). Moreover, there is a need to consider the possibility of parents and siblings being affected and how this might impact on engagement with families, influence interventions and require integration with adult services (Thapar et al., 2012). Similarly,

most researchers' suspect that the cause of ADHD is genetic or biological influenced by multiple genes, non-inherited factors and their interplay (Spellings et al., 2008; Thapar et al., 2011). However, none are yet known to be definite causal of ADHD (Thapar et al., 2012). This means that any given risk factor will only be observed during a proportion of cases and can even be found in those that are unaffected. According to Salend and Rohena, (2003 as cited in Gehrling, 2006, p. 44) inattentiveness associated with ADHD can be affected by biological factors, such as temperament and development, and environmental factors like infections, diseases, birth trauma and lead poisoning. The manifestation and prevalence of ADHD are also associated with various non-inherited factors such as pre- and perinatal factors, environmental toxins, dietary factors, and psychosocial adversity (Ringer et al 2019) but these factors have been conceptualized as nonspecific triggers of an underlying predisposition to ADHD (Biederman, 2005 as cited in Ringer et al., 2019).

## Methodology

According to Ahmed et al. (2016) there are three main methods currently accepted for conducting research: quantitative, qualitative and mixed methods. For this study, a qualitative methodology has been used as it focuses on process, meanings and uses techniques such as in-depth interviews, focus groups and participant observation (Sale et al., 2002 as cited in Ahmed et al., 2016, p. 33). Moreover, "the principal advantage of the qualitative method is its ability to generate very rich and deep data" (Ahmed et al., 2016, p. 34).

Yin (2014) presents four basic types of designs for case studies: single-case holistic designs, single-case embedded designs, multiple-case holistic designs and multiple-case embedded designs. In this study a single-case embedded design is used because it contains more than one sub-unit of analysis and moreover it is used in the field of qualitative methodology (Yin, 2014). Simons (2009 as cited in Rebolj, 2013) defines case study as an in-depth exploration from multiple perspectives of the complexity and uniqueness of a particular project, policy, institution, program or system in a real life. Similarly, Baxter and Jack (2008 as cited in Decristofaro, 2016) believe qualitative case study research to assist in investigation of phenomenon within its context using different sources of data and ensures that the research question are not being explored through one perspective, but rather a variety of perspectives to ensure multiple aspects of the research topic are experienced and understood. Therefore, from this kind of approach, expectation to receive a rich information is high that can be helpful to add to the existing literature on inclusion of students with ADHD in inclusive classrooms.

## Data sources and data collection methods

As McLaughlin (2020) states:

Data collection is the systematic approach to gather and measure information from variety of sources to get a complete and accurate picture of an area of interest and it should be planned in advance to enable a person to answer relevant questions, evaluate outcomes and make predictions about future probabilities and trends.

Ajayi (2017) further explains data collection as a process aimed for collecting and getting solution to the problem at hand which is always specific to researchers' need. Bazeley (2004 as cited in Ahmed et al., 2016, p. 40) argues that data collected from multiple sources could complement each other to offer a more comprehensive picture for the study. For this reason, Yin (2014, p. 107) adopts multiple data collection techniques, such as interviews, observation, documentation, archival records and physical artifacts. In this research, interviews, observations and documentation are used to collect both open and closed ended data as required. Therefore, how each of the data sources will be used is explained as follows:

**Interview:** Ajayi (2017, p. 4) defines "interview as a technique that is primarily used to gain an understanding of the underlying reasons and motivations for people's attitudes, preferences or behavior and it can be undertaken on a personal one-to-one basis or in a group." Similarly, an interview has been defined by Sheppard (2004 as cited in Ahmed et al., 2016, p. 43) as a conversation with a purpose that allows the researcher to gain insight into the interviewees' account of their experience, perceptions and circumstances in relation to the specific research questions the interview is addressing. With this information, data collection through interview for this study is done with one of the parents of a child

(see Appendix A) and four social workers from the centre (see Appendix B). The participants' code were used as SW1 (indicating social worker 1) – SW4 and a parent (mother). As per the participants' convenience, the semi-structured interview was carried out during break hours or after last session of the day. As per Kabir (2018, p. 205) “the interviewer can not only record the statements the interviewee speaks but can observe the body language, expressions and other reactions to the questions too which will enable the interviewer to draw conclusion easily.” In this study also, to keep the proper records of the information collected from the interviewee, researcher has used devices like recorder and mobile phone so that it is easy for the recorder to trace the important points shared by participants. Interviews took approximately 17 minutes. All interviews were audio-recorded, transcribed verbatim (see Appendix C), and before the analysis, transcripts were provided to the respective participant for member checking (Creswell, 2014).

**Observation:** Ajayi (2017, p. 4) defines “observation as a technique for obtaining information, measuring variables or gathering of data necessary for measuring the variable under investigation and watching or noting of phenomena as they occur in nature with regards to cause and effect relation.” Yin (2014) reveals types of observations as direct observation and participant observation. For this study, both observation techniques were used in natural settings to make the participants comfortable. Observations were done for the social workers teaching a lesson in the classroom mainly focusing on the strategies and techniques used to help a child in the classroom (see Appendix D). Another observation was focused on child's behavior and interaction in different settings: in the play field, classroom, rest room, break time and playing with the peers (see Appendix E). Classroom lesson observation was done six times a week and researcher was also involved in teaching a lesson. To maintain the records of the observations made in different settings, observation tool was developed like: observation form, event recording, checklist and rating scale (see Appendix F).

**Documentation:** Yin (2014, p. 107) explains “documents as useful even though they are not always accurate and may not be lacking in bias but documents must be carefully used and should not be accepted as literal recordings of events that have taken place.” Another source for data collection methods for this research study was through documentation. Firstly, the bio-data of the child maintained by the organization was referred to get the clear background information of the child and also medical history of a child's diagnosis. Individualized Education Plan (IEP) of the child was used to collect information on intervention strategies planned as per the diagnosis; strengths and weaknesses (see Appendix G).

**Validity:** As a novice researcher, to ensure enough detail is provided so that readers assess the validity of this case study research, triangulation of data sources technique was followed to collect data from different sources and explore it from multiple perspectives. Knafl and Breitmayer (1989 as cited in Baxter & Jack, 2015) also support the collection and comparison of this data enhances data quality based on the principles of idea convergence and the confirmation of findings. Integrating a process of member checking was another technique to assess the validity after collecting and analyzing the data. In this technique, the data interpretations were shared with the participants and the participants had the opportunity to discuss and clarify the interpretation and also contribute new or additional perspectives on the issue under the study.

**Reliability:** As Yin (2014, p. 48) assures: Objective behind of reliability is to be sure that if later researchers follows the same procedures as described by an earlier researcher and conducts the same case study over again, the later investigator should arrive at the same findings and conclusion.

Therefore, to document the research procedures and make the readers believe in reliability of the research, all the documents and procedures followed in the case were maintained through database and use of case study protocol.

**Ethical considerations:** The main intent of the research was to find out the behavior manage of a student with ADHD in the classroom. For that the ethical guidelines for Educational Research, adopted by Paro College of Education (PCE) was followed to ensure that the study does not breach any of the research ethics (see Appendix H). According to Widdowson (2011, p. 32) “research participants need to be free to make the decision as to whether to participate or not in the research from a position of informed consent”. “It is critical for a qualitative case study researcher to follow all ethical review procedures regarding research participants and researchers are required to minimize risks and to inform participants about risks that maybe involved” (Hancock & Algozzine, 2006 as cited in Decristofaro, 2016, p. 33). Prior to the interview, research participants were provided with letters of informed consent (see Appendix I) in which they will be required to read and sign if they agree to participate in the interview and observation sessions and provide documents required. The consent letter provides an overview of the study, addresses ethical implications, and specify expectations of participation (see Appendix J). Widdowson (2011, p. 32) shares “about confidentiality as an issue in case studies, as large amounts of detail about the client's life may be published, thus compromising the client's anonymity.” Therefore, informants were provided with information regarding the nature of confidentiality in an effort to ensure their comfort and willingness to partake in the data collection process. Moreover, informants were invited to read and comment on the finished case study, provide opportunity to remove certain information and obtain consent for the case to be published.

## Data analysis

According to Yin (2014) there are five analytic techniques to analyze the data, such as: pattern matching, explanation building, time-series analysis, logic models and cross-case synthesis. In this case study research pattern matching and thematic analysis tool were used because pattern matching compares an empirically based pattern-that is, one based on the findings from our case study- with a predicted one made before we collected our data (Yin, 2014) and Labra et al. (2020) explains thematic analysis as flexible, which offers rigorous approach to subjective experience that is highly applicable to research in social work as a means of promoting social justice and combating inequalities. Similarly, Braun and Clarke (2012) define thematic analysis as a method for systematically identifying, organizing, and offering insight into, patterns of meaning across a dataset. Thematic analysis involves six phases (Labra et al., 2020): familiarization with collected data; generating initial codes; searching for themes; reviewing themes; defining and naming themes; presenting and discussing results. In this case study research all the steps were followed to analyze the data. The textual data were read and re-read (transcripts and responses to interviews) and listened to the recorded audios on daily basis and maintained notes. Color codes were used for different interpretation about the data content from different sources of data collected because as per Braun and Clarke (2012) codes can provide a pithy summary of a portion of data, or describe the content of the data. The thematic analysis identified the common themes and subthemes, and the two other friends performed an interceder reliability check for five full transcripts, which were coded independently. Involved in reviewing the coded data to identify areas of similarity and overlap between codes and identified codes that seem to share some unifying feature together. After that themes generated and name for each coherent and meaningful pattern of structures.

## Results and Interpretations

**Involvement of stakeholders:** Under the theme involvement of stakeholders the two subthemes emerged: Involvement of parents, and involvement of overseas experts. Each of the subthemes are explained as follows:

**Involvement of parents:** All participants were asked to share how they engaged parents in managing the behavior of a child with ADHD. Most of them shared having a good collaboration with parents in terms of helping a child manage behavior. For example, Social Worker 1 (SW1) explained, “we inform them how their children do in the centre, for instance your child shows this behavior, and your child don’t know this one, need to use devices”. Similarly, another social worker reported, “first time as soon as the child comes to the centre we used to ask to the parents’ consent and ask what type of behaviors a child exhibits” (SW2).

Further it was also evident that they share intervention strategies to parents when SW4 reported “what we teach in the class we used to share with the parents after the class hour and inform them to follow similar activity at home”. Furthermore, the mother agreed that it was an advantage of bringing the child at the centre for early intervention when she said “she is hyper at home but after bringing here in ABS there is little difference”. Interestingly, there was also discussion about proper diet to be provided to the child when one of the social worker reported, “we used to inform parents to minimize the sugar intake and not to give junk foods especially noodles and juice” (SW3). This discussion suggests the need for involvement of parents to support the needs of the child with ADHD.

**Involvement of overseas experts:** The centre do not provide intervention services on Friday, rather they attend online training involving overseas experts from Australian Catholic University (ACU) as professional development program. It was evident that they shared challenges and problems with the experts and learn certain strategies to apply with children at the centre when one of the Social Worker (SW1) explained, “we share all our doubts and problem about the children and they give us ideas how to manage them in the centre”. Similarly, another Social Worker reported, “we get support from ACU and long term volunteer Moira in terms of strategies to deal with children and we do apply with our children” (SW3).

Further it is known that the parents of children with disabilities were also trained as a mother said “first I have asked the strategies we have used are right or wrong and then they said to use picture communication cues”. Therefore, it was obvious that there is involvement of overseas experts and receives techniques to manage the behavior of a child with ADHD both for social workers as well as parents.

### Challenges

Under this theme the following subthemes emerged: Behavior management, communication skills, attitudes of the caregivers, and lack of resources. Each of the subthemes is explained as follows:

**Behavior management:** Behavior management from this finding was one of the challenges faced by children with ADHD in the centre and it was explicitly explained by one of the Social Worker, “If we allocate a place for them, they will not listen because they like open space and movement free to move up down...” (SW2). Further, the social workers expressed their helplessness when the strategies did not work. For example, another Social Worker explained, “we feel hopeless sometimes when we are not able to control their behavior even after applying various strategies” (SW4). Additionally, the mother of the child also felt the same where she has to keep things in order as per the child’s like, “she used to get angry during play when her toys get distorted and she used to stay moody and cannot do other

activities”. Furthermore, the researcher also observed the child having some behavior management issues especially during group activity in the classroom.

**Communication Skills:** Communication skill was another challenge when managing a child with ADHD in the classroom. As observed, a child with ADHD lacks communication skills especially in terms of eye-contact and verbal speech. For example, one of the Social Worker reported that there was “no eye contact that’s why cannot teach what we wanted to teach...” (SW3). Similarly, the mother of the child also reported that “she don’t have eye contact and speech”. In observing the child it was evident that the child was not giving any eye-contact and not speaking when teacher communicates during activity time in the class. However, the child held teachers or mother’s hand to communicate and ask something as indicated by the mother when she said “when she needs water she used to drag me and pushes my hand to bring”. The centre has a volunteer speech pathologist that provides therapy services once a week to the child and it is yet to see the results of the speech therapy with the child in terms of speech development.

**Positive attitudes of the caregivers:** To support children with disabilities, the caregivers should have positive attitudes which include passion and patience. For instance, during personal communication with parents of children with disabilities at the centre, one of the parents agreed that, “If we want to teach a child with a disability, one should have a passion” (Father, personal communication, 10th August, 2021). Similarly, the social workers expressed working at a slower pace and repeatedly as a social worker said, “teaching repeatedly and slowly to make them understand and spare them extra time, extra guide” (SW2). Moreover, to support children with disabilities one should have patience to manage children and show interest in supporting them which was stressed by SW3, “we need interest and have patience”. Furthermore, such attitudes were also adopted by the mother of the child when she said, “I have repeated the activity and now she had become used to it with the routine”. Therefore, it was observed that all the participants agreed exhibiting positive attitudes in managing and supporting the behaviors of children in the classroom as well as at home.

**Lack of Human Resources:** Lack of human resources was one of the key challenges in the centre. Most of the children coming to the centre were severe and they need one-on-one support but due to lack of social workers and volunteers they were not able to provide services as required. It was evident that the social worker had a tough time managing children with diverse disabilities in the classroom. Though they have one volunteer in each room to support them they face problem when there are more number of children in the classroom.

It is noteworthy that they were relieved with few students from Paro College of Education for school professional experience at the centre and this was acknowledged by one of the Social Worker, “we would like to thank friends who have come from Paro College and helped us in teaching children which made our work easier” (SW1). Therefore, resources are human or material has to be in place to support a child with ADHD in managing their behavior.

However, in terms of assistive devices and other materials, the centre did not have much of an issue. The parents in order to engage children at home, the resources required were modified and improvised with the knowledge provided by the centre. For example one of the Social Worker reported that the parents were informed how to, “use resources which are available at home like child’s toys, plates, cloths, picture books...”(SW1). Interestingly, mother of a child used ‘Google’ for information on how to manage her child’s behavior at home when she mentioned, “initially I got from Google”.

## Strategies

Under this theme the subthemes emerged are: Daily Schedule, Applied Behavior Analysis, and Daily Living Skills. Each of the subthemes was explained as follows:

**Daily Schedule:** It was generally felt that using of schedules daily for children with ADHD helped the participant's structure activities during the school sessions and at home. Further, having daily schedules prevented the child from exhibiting maladaptive behaviors as one of the Social Worker explained that, "If they are engaged through activities from morning till evening then they will not display unexpected behaviors...." (SW1). In a similar way, to engage children through daily schedule, task should be on continuous process as informed by Social Worker when it was reported that, "We need to prepare continuous task otherwise...." (SW4). It is worth noting here that the mother tried using daily schedules at home with her daughter though it was not structured like in the centre when she said, "I made routine for her starting from morning and set activities based on routine". Therefore, scheduling is one of the strategies to manage the behavior of a child with ADHD both at centre and at home.

**Applied Behavior Analysis (ABA):** Observations has been made on participants using applied behavior analysis (ABA) strategies such as modeling, turn taking, rewards, reinforcements, task analysis, time-out, and direct instructions at the centre to manage the behavior of children with disabilities. It was evident that to calm sensory issues and manage the behavior of a child with ADHD in the classroom, the social workers used weighted jacket. For example, SW1 shared, "We use weighted jacket which helps in controlling movement". Further, it was highlighted that strategies such as modeling, task analysis and reinforcement were used to ensure that the child complete the given task when one of the social worker reported that, "we use modeling, positive and negative rewards, 'first and then' and tokens" (SW3). In addition, it was strongly felt that a child with ADHD requires clear and short instructions for each activity completion followed by time out session which highlighted by one of the social worker who asserted, "we use direct instruction with short sentences and time out session" (SW4). Initially the mother either consoled or ignored the child's behavioral issues and tantrums but later she also started to adopt some of the ABA strategy in making the child to complete the task and collect the materials from the floor to learn in order to about modeling and self-management. Therefore, it was evident through observation and the interview that the social workers and parents used ABA strategies to manage the behavior of a child with ADHD.

**Daily Living Skills (DLS):** Daily living skills were another strategy that the centre emphasized as an independent skills training for the children in the centre. It included basic living skills like brushing teeth, washing hands, arranging their toys, and feeding themselves. Similarly, the parents were instructed to continue these skills and practice at home. A social worker shared that, "during free time take them for walk, make them to collect their toys and put back in the container, make them to arrange their plates, fold their cloths and put in the cupboard...." (SW1). It was evident that the social workers potty trained the children and also from the interview the social worker emphasized it when she said, "we train them to go for toilet independently" (SW4). Further, the mother of a child also reported about implementing such skills at home and that her child was persistent and never giving up. For instance the mother said, "I gave her new slipper this morning and she was trying to adjust her legs until it fits her full legs inside it". Therefore, it was confirmed that daily living skills (DLS) was one of the strategy applied by participants to manage the behavior of a child with ADHD.

## Conclusion

There are several policies and guidelines to support children with disabilities within Bhutan which includes: national policy for person with disabilities (2019), standards for inclusive education (2017), and guidelines on assessment, examination, promotion and transition for students with disabilities (2018). In addition, it was estimated about 21% of children aged 2 to 9 years have at least one disability in Bhutan (2012). Therefore, the context of the research study was selected from one of the civil society organization (CSO) which provides early intervention services to children with disabilities. Information on use of functional behavior analysis (FBA) and planning of the behavior intervention plan (BIP) was also emerged from the literature review as main intervention strategies to manage the behavior of children with ADHD. Behavior Management of a child with Attention Deficit Hyperactivity Disorder (ADHD) in the classroom was the main research topic and intervention strategies were also discussed from different literature but three main strategies worked well to manage the behavior of a child with ADHD: applying applied behavior analysis (ABA) techniques, following daily schedules and teaching daily living skills (DLS). Each child with ADHD comes with their own skills and behavior across a wide continuum of impairments. Intervention strategies must be individualized based on the function of particular behavior, age level of the child and the structural constraints of the classroom. Moreover, daily schedules has been focused more to manage the behavior of a child with ADHD. Involvement of stakeholders was one of the theme emerged after data triangulation and it was discussed as one of the important indicator to use while managing and supporting children with ADHD. Similarly, this aligns with one of the subthemes ‘attitudes of caregivers’ towards children with disabilities. When there are strong collaborations among different individuals and agencies, appropriate services to children with disabilities at the right time can be provided. However, centre lacks human resources especially the social workers and if they can solve this problem, then other challenges like behavior management and communication skills of children with disabilities can be managed well. Hence, the interventions and modifications that are essential for the academic achievement of one child with ADHD may be entirely different for another. Consequently, the social workers need to pick and choose appropriate strategies in order to meet the individual needs of their children. In summary, this research study concluded with the evident that the familiarity of these techniques has been shown to be beneficial in the management of children with ADHD in the classroom and improvements were realized in inattention behavior and hyperactivity. Similarly, the results showed an impressive decrease in inappropriate classroom behaviors of a child with ADHD. Therefore, children with ADHD require service providers best efforts and instruction to manage their behavior in the classroom.

## References

1. Ability Bhutan Society. (2018). Handbook for families and caregivers of children with and without disabilities. Kuensel Corporation Ltd.
2. Ability Bhutan Society. (2020). ABS Annual Report 2020. Rainbow Prints
3. Adams, D., Harris, A., & Jones, M. S. (2016). Teacher-Parent collaboration for an Inclusive classroom” Success for every child. Malaysian Online Journal of Educational Sciences. 4(3), 58-72. <https://files.eric.ed.gov/fulltext/EJ1106456.pdf>
4. Ahmed, V., Opoku, A., & Aziz, Z. (2016). Research methodology in the built environment: A selection of case studies, 32-49. Routledge. ResearchGate. [https://www.researchgate.net/publication/299593898\\_Choosing\\_an\\_appropriate\\_research\\_methodology\\_and\\_method](https://www.researchgate.net/publication/299593898_Choosing_an_appropriate_research_methodology_and_method)
5. Ajayi, V. O. (2017). Primary sources of data and secondary sources of data. Makurdi. <https://doi.org/10.13140/RG.2.2.24292.68481>
6. Alberto, A. P., & Troutman, C. A. (2019). Applied behavior analysis for teachers (9th ed.). Pearson.

7. Baxter, P., & Jack, S. (2015). Qualitative case study methodology: Study design and implementation for Novice Researchers. *The Qualitative Report*. <https://doi.org/10.46743/2160-3715/2008.1573>
8. Bennett, K. D., & Dukes, C. (2013). A systematic review of Teaching Daily Living Skills to adolescents and adults with autism spectrum disorder. *Review Journal of Autism and Developmental Disorders*, 1(1), 2–10. <https://doi.org/10.1007/s40489-013-0004-3>
9. Borrill, J. (2000). All about ADHD: A booklet for those wanting to know more about Attention Deficit Hyperactivity Disorder. The Mental Health Foundation. [https://www.mentalhealth.org.uk/sites/default/files/all\\_about\\_adhd.pdf](https://www.mentalhealth.org.uk/sites/default/files/all_about_adhd.pdf).
10. Braun & Clarke. (2012). Thematic analysis. The University of the West of England. [https://www.researchgate.net/publication/269930410\\_Thematic\\_analysis](https://www.researchgate.net/publication/269930410_Thematic_analysis)
11. Carpenter Rich, E., Loo, S. K., Yang, M., Dang, J., & Smalley, S. L. (2009). Social functioning difficulties in ADHD: Association with PDD risk. *Clinical Child Psychology and Psychiatry*, 14(3), 329–344. <https://doi.org/10.1177/1359104508100890>
12. Coughlin, S. L. (2017). Collaborative practices among professionals in special education workplaces. Honors Theses and Capstones. University of New Hampshire. 2-23. <https://scholars.unh.edu/honors/331>
13. Creswell, J. W. (2014). *Research design: Qualitative, quantitative, and mixed methods approaches* (4th ed.). SAGE.
14. Decristofaro, A. (2016). Students with autism in inclusive school. University of Toronto. [https://tspace.library.utoronto.ca/bitstream/1807/72180/1/Decristofaro\\_Amanda\\_N\\_201606\\_MT\\_MTR\\_P.pdf](https://tspace.library.utoronto.ca/bitstream/1807/72180/1/Decristofaro_Amanda_N_201606_MT_MTR_P.pdf)
15. Dukpa, D. (2010). How can I improve my behavioral strategies in the classroom to encourage students' participation? - An Action Research. *RABSEL the CERD Educational Journal*, 14, 65-86.
16. Dukpa, D., & Kamenopoulou, L. (2018). The Conceptualisation of Inclusion and Disability in Bhutan. In *Inclusive Education and Disability in the Global South*, edited by L. Kamenopoulou, 55–79. Springer Nature.
17. Duttlinger, C., Ayres, K. M., Beville-Davis, A., & Douglas, K. H. (2012). The effects of a picture activity schedule for students with intellectual disability to complete a sequence of tasks following verbal directions. *Focus on Autism and Other Developmental Disabilities*, 28(1), 32–43. <https://doi.org/10.1177/1088357612460572>
18. Ewe, L. P. (2019). ADHD symptoms and the teacher–student relationship: a systematic literature review. *Emotional and Behavioral Difficulties*, 24(2), 136–155. <https://doi.org/10.1080/13632752.2019.1597562>
19. Faradilla, A. (2019). Social skill interventions on children with Attention-Deficit Hyperactivity Disorder (ADHD): Parents and peer involvement. Atlantis Press SARL. *Advances in Social Science, Education and Humanities Research*, 395, 1-5. <http://creativecommons.org/licenses/by-nc/4.0/>
20. Gehrling, A. (2006). Classroom management and teaching strategies for students with Attention Deficit Hyperactivity Disorder. *Elementary General Education*. <https://core.ac.uk/download/pdf/213806774.pdf>
21. Ghiasian, M. S., Shahabi, H., & Ahmadkhani, M. R. (2020). Study of communication skills in children with attention deficit /hyperactivity disorder in Shahrekord. *The Buckingham Journal of Language and Linguistics*, 12, 39–54. <https://doi.org/10.5750/bjll.v12i.1873>
22. Gonzalez, M. B. (2015, November). Behavior plan, does it work? Houston Independent School. <https://files.eric.ed.gov/fulltext/ED561861.pdf>
23. Gross National Happiness Commission Secretariat. (2019). National Policy for Persons with Disabilities. Research and Evaluation Division, Gross National Happiness Commission, Royal Government of Bhutan.
24. Hernandez, P., & Ikkanda, Z. (2011). Applied Behavior Analysis. *The Journal of the American Dental Association*, 142(3), 281–287. <https://doi.org/10.14219/jada.archive.2011.0167>

25. Hernandez, S. J. (2013). Collaboration in Special Education: Its history, evolution, and critical factors necessary for successful implementation. 3(6), 480-498. David Publishing. <https://files.eric.ed.gov/fulltext/ED544122.pdf>
26. Hong, S. B., & Shaffer, L. S. (2014). Inter-professional collaboration: Early childhood educators and medical therapist working within a collaboration. *Journal of Education and Training Studies*, 3(1). <https://doi.org/10.11114/jets.v3i1.623>
27. Hott, B., & Walker, J. (2012, April). Peer tutoring. Council for learning disabilities. <https://council-for-learning-disabilities.org/wp-content/uploads/2013/11/Peer-Tutoring.pdf>
28. Jigyel, K., Miller, J. A., Mavropoulou, S., & Berman, J. (2018). Parental Communication and collaboration in schools with special educational needs (SEN) programmes in Bhutan. *International Journal of Inclusive Education*, 22(12), 1288–1305. <https://doi.org/10.1080/13603116.2018.1426053>
29. Jigyel, K., Miller, J. A., Mavropoulou, S., & Berman, J. (2018). Benefits and concerns: Parents' perceptions of inclusive schooling for children with special educational needs (sen) in Bhutan. *International Journal of Inclusive Education*, 24(10), 1064–1080. <https://doi.org/10.1080/13603116.2018.1511761>
30. Jigyel, K., Miller, J. A., Mavropoulou, S., & Berman, J. (2019). Parental involvement in supporting their children with special educational needs at school and home in Bhutan. *Australasian Journal of Special and Inclusive Education*, 43(01), 54–68. <https://doi.org/10.1017/jsi.2019.3>
31. Kabir, S. M. S. (2018). Methods of data collection. Book Zone Publication. <https://www.researchgate.net/publication/325846997>
32. Karamat, P., & Petrova, K. (2009). Collaborative trends in higher education. *Journal of Systemics, Cybernetics and Informatics*, 7(2), 57-62. <https://www.researchgate.net/publication/259800123>
33. Kilincaslan, A., Kocas, S., Bozkurt, S., Kaya, I., Derin, S., & Aydin, R. (2019). Daily living skills in children with autism spectrum disorder and intellectual disability: A Comparative Study from Turkey. *Research in Developmental Disabilities*, 85, 187–196. <https://doi.org/10.1016/j.ridd.2018.12.005>
34. Kitchen, J., Berry, M., & Russell, T. (2019). The power of collaboration. *Studying Teacher Education*, 15(2), 93–97. <https://doi.org/10.1080/17425964.2019.1628560>
35. Korstjens, I., & Moser, A. (2017). Series: Practical guidance to qualitative research. Part 2: Context, research questions and designs. *European Journal of General Practice*, 23(1), 274–279. <https://doi.org/10.1080/13814788.2017.1375090>
36. Kortekaas, F. A. (2018). Academic underperformance in children with ADHD: Is medication the solution? ProefschriftMaken. [https://www.researchgate.net/profile/Anne-Fleur-Kortekaas-Rijlaarsdam/publication/326420854\\_Academic\\_Underperformance\\_in\\_Children\\_with\\_ADHD\\_Is\\_Medication\\_the\\_Solution/links/5b4c9379a6fdccadaecfdcce/Academic-Underperformance-in-Children-with-ADHD-Is-Medication-the-Solution.pdf](https://www.researchgate.net/profile/Anne-Fleur-Kortekaas-Rijlaarsdam/publication/326420854_Academic_Underperformance_in_Children_with_ADHD_Is_Medication_the_Solution/links/5b4c9379a6fdccadaecfdcce/Academic-Underperformance-in-Children-with-ADHD-Is-Medication-the-Solution.pdf)
37. Labra, O., Castro, C., Wright, R., & Chamblas, I. (2020). Thematic analysis in social work: A case study. *Global Social Work - Cutting Edge Issues and Critical Reflections*. <https://doi.org/10.5772/intechopen.89464>
38. Langberg, J. M., Epstein, J. N., & Graham, A. J. (2008). Organizational-skills interventions in the treatment of ADHD. *Expert Review of Neurotherapeutics*, 8(10), 1549–1561. <https://doi.org/10.1586/14737175.8.10.1549>
39. Lola, H. M., Belete, H., Gebeyehu, A., Zerihun, A., Yimer, S., & Leta, K. (2019). Attention Deficit Hyperactivity Disorder (ADHD) among children aged 6 to 17 years old living in Girja District, Rural Ethiopia. *Behavioral Neurology*. 1–8. <https://doi.org/10.1155/2019/1753580>
40. Ludlow, A., Skelly, C., & Rohleder, P. (2011). Challenges faced by parents of children diagnosed with autism spectrum disorder. *Journal of Health Psychology*, 17(5), 702–711. <https://doi.org/10.1177/1359105311422955>
41. Mautone, J. A., Lefler, E. K., & Power, T. J. (2011). Promoting family and school success for children with ADHD: Strengthening relationships while building skills. *Theory Into Practice*, 50(1), 43–51. <https://doi.org/10.1080/00405841.2010.534937>

42. McLaughlin, E. (2020). What is data collection? - Definition from WhatIs.com. SearchCIO. <https://searchcio.techtarget.com/definition/data-collection>.
43. Ministry of Education. (2014). Bhutan Education Blueprint 2014-2024: Rethinking Education. Thimphu: Ministry of Education, Royal Government of Bhutan.
44. Ministry of Education. (2017). Standards for Inclusive Education. Thimphu: Ministry of Education Royal Government of Bhutan.
45. Ministry of Education. (2018). Guidelines on assessment, examination, promotion and transition for students with disabilities. ECCD & SEN Division, Department of School Education Ministry of Education.
46. Morin, A. (2020, March 25). Using praise to encourage good behavior. Verywell family. <https://www.verywellfamily.com/how-to-use-praise-to-promote-good-behavior-1094892>
47. Movahedzadeh, B., & Mansouri, M. J. S. (2017). Effectiveness of applied behavior analysis in the self-help skills and stereotyped behaviors of children with autism spectrum disorder in Isfahan. *Social Determinants of Health*, 3(3), 141-147. <https://doi.org/10.22037/sdh.v3i3.20958>
48. National Statistics Bureau & UNICEF. (2012). Two Stage Child Disability Study among Children 2-9 Years: Bhutan 2010- 2011. Thimphu: National Statistics Bureau.
49. Ninci, J., Neely, L. C., Hong, E. R., Boles, M. B., Gilliland, W. D., Ganz, J. B., Davis, J. L., & Vannest, K. J. (2015). Meta-analysis of single-case research on teaching functional living skills to individuals with ASD. *Review Journal of Autism and Developmental Disorders*, 2(2), 184–198. <https://doi.org/10.1007/s40489-014-0046-1>
50. Oke, O. J., Oseni, S. B., Adejuyigbe, E. A., & Mosaku, S. K. (2019). Pattern of attention deficit hyperactivity disorder among primary school children in ile-ife, south-west, Nigeria. *Nigerian Journal of Clinical Practice*, 22(9), 1241-1251. [https://doi.org/10.4103/njcp.njcp\\_599\\_18](https://doi.org/10.4103/njcp.njcp_599_18)
51. Qayyum, A., Lasi, S. Z., & Rafique, G. (2013). Perceptions of primary caregivers of children with disabilities in two communities from Sindh and Balochistan, Pakistan. *Disability, CBR & Inclusive Development*, 24(1), 130. <https://doi.org/10.5463/dcid.v24i1.193>
52. Quigley, J., Griffith, A. K., & Kates-McElrath, K. (2018). A comparison of modeling, prompting, and a multi-component intervention for teaching play skills to children with developmental disabilities. *Behavior Analysis in Practice*, 11(4), 315–326. <https://doi.org/10.1007/s40617-018-0225-0>
53. Rafiee, S., & Khanjani, Z. (2020). The effectiveness of applied behavior analysis therapy on eye contact enhancement, stereotypical behaviors and reduction of behavioral problems in children with autism spectrum. *Revista Gestão & Tecnologia*, 20(2), 98–122. <https://doi.org/10.20397/2177-6652/2020.v20i2.1651>
54. Rebolj, A. B. (2013). The case study as a type of qualitative research. *Journal of Contemporary Educational Studies*, 1, 28-43. <https://www.researchgate.net/publication/265682891>
55. Rief, S. (2017, April 19). Rewarding good behavior. ADDitude. <https://www.additudemag.com/rewarding-good-behavior/>
56. Ringer, N., Wilder, J., Scheja, M., & Gustavsson, A. (2019). Managing children with challenging behaviors. parents' meaning-making processes in relation to their children's ADHD diagnosis. *International Journal of Disability, Development and Education*, 67(4), 376–392. <https://doi.org/10.1080/1034912x.2019.1596228>
57. Royal Education Council. (2020). New normal curriculum framework. Special and Inclusive Education. Curriculum Development Centre, Royal Education Council.
58. Shepley, C., & Grisham-Brown, J. (2018). Applied Behavior Analysis in early childhood education: An overview of policies, research, blended practices, and the curriculum framework. *Behavior Analysis in Practice*, 12(1), 235–246. <https://doi.org/10.1007/s40617-018-0236-x>
59. Spellings, M., Hager, J. H., Posny, A., & Danielson, L. (2006). Teaching children with Attention Deficit Hyperactivity Disorder: Instructional strategies and practices. U.S Department of Education

60. Spellings, M., Justesen, R. T., Knudsen, W.W., & Wolf, B. (2008). Identifying and treating Attention Deficit Hyperactivity Disorder: A resource for school and home. U.S. Department of Education. <https://www2.ed.gov/rschstat/research/pubs/adhd/adhd-identifying-2008.pdf>
61. Spriggs, A. D., Dijk, W. V., & M, P. J. (2015). How to implement visual activity schedules for students with disabilities. DADD Online Journal: Research to Practice. Vol.2 21-34. [http://daddcec.org/Portals/0/CEC/Autism\\_Disabilities/Research/Publications/dec2\\_2015%20DOJ\\_2.pdf](http://daddcec.org/Portals/0/CEC/Autism_Disabilities/Research/Publications/dec2_2015%20DOJ_2.pdf) ISSN: 2377-3677
62. Subba, A. B., Yangzom, C., Dorji, K., Choden, S., Namgay, U., Carrington, S., & Nickerson, J. (2018). Supporting students with disability in schools in Bhutan: perspectives from school principals. *International Journal of Inclusive Education*, 23(1), 42–64. <https://doi.org/10.1080/13603116.2018.1514744>
63. Suc, L., Bukovec, B., & Karpiljuk, D. (2017). The role of inter-professional collaboration in developing inclusive education: Experiences of teachers and occupational therapists in Slovenia. *International Journal of Inclusive Education*, 21(9), 938–955. <https://doi.org/10.1080/13603116.2017.1325073>
64. Thapar, A., Cooper, M., Jefferies, R., & Stergiakouli, E. (2011). What causes attention deficit hyperactivity disorder? *Archives of Disease in Childhood*, 97(3), 260–265. <https://doi.org/10.1136/archdischild-2011-300482>
65. Thapar, A., Cooper, M., Eyre, O., & Langley, K. (2012). Practitioner review: What have we learnt about the causes of ADHD? *Journal of Child Psychology and Psychiatry*, 54(1), 3–16. <https://doi.org/10.1111/j.1469-7610.2012.02611.x>
66. Tong, L., Xiong, X., & Tan, H. (2016). Attention-deficit/hyperactivity disorder and lifestyle-related behaviors in children. *PLOS ONE*, 11(9). <https://doi.org/10.1371/journal.pone.0163434>
67. Whatley, A. D., Gast, D. L., & Hammond, D. L. (2009). Visual activity schedules: Teaching independent transitioning during recreation and leisure. *Therapeutic Recreation Journal*, 43(2), 27-42. [https://bctra.org/wp-content/uploads/tr\\_journals/893-3490-1-PB.pdf](https://bctra.org/wp-content/uploads/tr_journals/893-3490-1-PB.pdf)
68. Widdowson, M. (2011). Case Study Research Methodology. *International Journal of Transactional Analysis Research & Practice*, 1(1), 25-34. <https://doi.org/10.29044/v2i1p25>
69. William & Mary. (2017, July). Classroom interventions for Attention Deficit Hyperactivity Disorder considerations packet. Training & Technical Assistance Centre. <https://education.wm.edu/centers/ttac/documents/packets/adhd.pdf>
70. Wong, M. E., Poon, K.K., Kaur, S & Ng, Z. J. (2015). Parental Perspectives and Challenges in Inclusive Education in Singapore. *Asia Pacific Journal of Education*, 35(1): 85–97. <https://repository.nie.edu.sg/bitstream/10497/17202/1/APJE-35-1-85.pdf>
71. Yin, R. K. (2014). Case study research design and methods (5<sup>th</sup>ed). Saga publications.
72. Zheng, Q., Tian, Q., Hao, C., Gu, J., Tao, J., Liang, Z., Chen, X., Fang, J., Ruan, J., Ai, Q., & Hao, Y. (2016). Comparison of attitudes toward disability and people with disability among caregivers, the public, and people with disability: Findings from a cross-sectional survey. *BMC Public Health*, 16(1). <https://doi.org/10.1186/s12889-016-3670-0>
73. Zuurmond, M., Nyante, G., Baltussen, M., Seeley, J., Abanga, J., Shakespeare, T., Collumbien, M., & Bernays, S. (2018). A support programme for caregivers of children with disabilities in Ghana: Understanding the impact on the wellbeing of caregivers. *Child: Care, Health and Development*, 45(1), 45–53. <https://doi.org/10.1111/cch.12618>

## **Appendices**

### **Appendix A: Interview Questions for mother of a child**

1. How is your child doing at home?
2. What are some of the inattention behaviors your child display at home?
3. How do you overcome those behaviors at home?
4. Would you like to share with me some of the strategies you follow to manage his/her inattention behavior at home?
5. How did you get these strategies?
6. How do you collaborate with school in terms of managing inattention behavior of your child?
7. Can you share some strategies that you received from the school?
8. What role did you play during IEP development of your child in terms of behavior management?
9. Can you explain the changes in the behavior of your child after applying various strategies?
10. Is there any strategies that best work for your child to manage his/her inattention behavior at home? Why do you think so?
11. Can you share some of the strengths of your child?
12. How did you use their strengths to manage their inattention behavior at home?
13. Would you like to share any other information besides what we have discussed?

### **Appendix B: Interview Questions for Social Workers**

1. Please tell me about your professional background.
2. How long have you been teaching a child with ADHD?
3. What are your experiences of teaching a child with ADHD?
4. Would you like to tell me some of the challenges you faced when dealing a child with ADHD?
5. What are some of the behavior issues a child with ADHD display in the classroom?
6. Can you share some inattention behavior of a child with ADHD in your class?
7. How do you overcome those inattention behaviors?
8. What strategies do you follow to manage inattention behavior?
9. In what way do these strategies work in managing the inattention behavior of a child?
10. How do you collaborate with parents on some strategies that they can follow at home?
11. Can you share how you integrate the strategies followed at home with strategies you follow in the school?
12. Would you like to share with me some strategies that are reflected in child's IEP?
13. Can you tell me which strategies work best for a child with ADHD to manage his/her inattention behavior in the class?
14. Please share some strengths of a child with ADHD in your class?
15. How did you use their strengths to overcome inattention behavior of a child in the class?
16. Would you like to share any other information besides what we have discussed?

**Appendix C: Interview Transcription**

Analysis from Interview (SW 1= Social Worker 1)	
Data	Codes
<p><b>Interviewer:</b> Tell me about your professional background la?</p> <p><b>SW 1:</b> Qo... laso... kadrinchey can I speak in sharchokpa? Clearing the throat. Kadrinchey sir. First of all we would like to thank friends who has come from Paro College here and helping us in helping children, thank you so much. Breathing... phone beeping... clearing the throat. Moreover supported in teaching children which made our work easier. When it comes to me, my name is Chogvel. I have been working here in Ability Bhutan Society for last six years. Actually in terms of professional background, I am not capable but with the help from ABS I got chance to attend various trainings both in and out of the country and now I feel I am bit capable. When I join this centre, we don't have any idea about children with disability. Still then after joining ABS for last six years attended various trainings both in and out of the country and that gave us ideas how to deal with disabilities. Further, I went through one year social worker training at Samtse College which went very well. Moreover, there is one very important program called 'ongoing' facilitated by specialists from Australian Catholic University. We share all our doubts and problem about the children and they give us ideas how to manage them in the centre. We still collaborate and get help from them. It has been almost two years we had been receiving training from them which has helped us a lot.</p>	<p>Collaboration</p> <p>Collaboration</p>
<p><b>Interviewer:</b> What are your experiences of teaching a child with ADHD?</p> <p><b>SW 1:</b> Laso sir. We here in ABS handle children of different types of disabilities. Severe to moderate, moderate to severe. In Bhutan there is no one who looks after severe children like us. Among those severe, if I share types of disabilities we have in our centre like CP, Autism, ADHD, aaa... CVI and lots. Among them we find very difficult to manage with ADHD because they are strong, get diverted easily, don't stay in one place and don't listen to do anything. That's why in ABS we have 5 to 6 children with ADHD and we face problem in teaching them in the class. Moreover for them the activity should be on continuous process to calm their mind and stay in one place. Once they are calm they listen to whatever we ask them to do.</p>	<p>Challenges</p> <p>Scheduled Activity</p>
<p><b>Interviewer:</b> Could you share how you overcome those challenges especially in terms of behaviour because sir has experience of dealing with them?</p> <p><b>SW 1:</b> As I have shared earlier, we face lots of challenges because they are hyperactive and to overcome that first we use weighted jacket which helps in controlling movement. Weighted jacket helps in controlling their</p>	<p>Challenges</p> <p>Strategy</p>

Appendix D: Direct Observation Form

**Observation Form (Week Two)**

**Date:** 09/08/2021

**Time:** 2:10 PM to 3:20 PM

**Facilitators:** Mrs. Pema Yuden (Social worker)

<b>Lesson Objectives</b>	A child should be able to: a) Communicate verbally through puzzle games b) Play with three different puzzle games to improve fine motor skills
<b>TLMs</b>	Building blocks, puzzle games (animals, fruits, tools, cars, items), abacus, soft balls, television, therapy ball
<b>Strategies used</b>	Prompting, chaining (forward and backward), task analysis, discrete trial training, rewards, modelling, shaping
<b>Lesson Introduction</b>	Greeted the child by saying 'Hi'. Introduced the days, months and weather of the day through television and visual pictures
<b>Lesson Development</b>	Displayed vegetable puzzle board and asked the child to remove all the items and replace back. Teacher modelled first to the child how to remove and then to replace back. After completing the first task, introduced with the another puzzle game of fruits. Made him to follow similar procedures to check his motor skills and intellectual. Presented with third puzzle games of numbers. Teacher helped the child to fit the number items in the right place. Side by side in the process of doing the activity, teacher used prompts and rewarded verbally and 'hi-five'.
<b>Instruction</b>	Clear instruction was given to the child to match the items from the puzzle
<b>Activity</b>	<ul style="list-style-type: none"> <li>➤ Asked to solve the puzzle of numbers from 0 to 10</li> <li>➤ Asked to solve the puzzle of tool (furniture) items of 5</li> </ul>
<b>Monitoring</b>	Teacher monitored strictly by sitting opposite to the child. Teacher modelled with another puzzle block when a child made mistakes in his activity.
<b>Follow up</b>	As a follow up, made a child to complete one more puzzle game. Provided rewards for completing the task.
<b>Closure</b>	Displayed building blocks and made a child to play and create some structures.

**Observer:** Mr. Ugyen Dorji (Researcher)

## Appendix E: Child Observation Journal

### **Daily Reflection of the Professional Experience (Week Five)**

#### **Reflection of the day seventeen (30<sup>th</sup> August 2021)**

As usual, I took my child to engage her in the class. First, I made her participate in circle time and then listen to the story on parts of their body. Second, I made her play with puzzles of animals, shapes, and stacking games. I have observed her using eye contact frequently during the activity and didn't show any inattention behavior. She was observed playing throwing a ball during physical education sessions with another child. Her mother brought watermelon as a snack to feed during snack time, so she was found feeding herself without any help from the mother.

In the second session, children were made to color the pictures. A child with deaf could do coloring with help from the teacher but for a child with ADHD, she did it herself. Then they were given choice time to select their favourite play. A child with deaf chose to play with the blocks and color stacking rubber by an ADHD child. Then they were made to listen and watch rhymes from the television on numbers, alphabets, and goodbye songs.

## Appendix F: Behavior Observation Check list

**Check list for classroom behavioral and participation form**

Name of the child:

Age: 2 Years

Date: 10/08/2021

Scale	Statement	Never	Sometimes	Always
	<b>Participation/effort/initiatives</b>			
1	Pay attention in the class	✓		
2	Works well with other children	✓		
3	Completes assigned works		✓	
4	Follows directions in timely manners	✓		
5	Seeks support from teacher/ peers to complete the task		✓	
6	Participate actively in the discussions	✓		
7	Volunteers in classroom task (when ask to do)	✓		
8	Follows classroom routines	✓		
	<b>Inattentive behavior</b>			
9	Doesn't seem to know what is going in the class			✓
10	Is withdrawn and uncommunicative			✓
11	Doesn't take independent initiative, must be helped to get started and kept going on with work			✓
	<b>Disruptive Behavior</b>			
12	Acts restless, moves and unable to sit still			✓
13	Needs frequent reminders/ warnings to demonstrate acceptable behaviors			✓
14	Annoys or interferes with peers work			✓
15	Yells/ shouts at friends	✓		
16	Is easily frustrated / temper/ tantrum			✓
17	Refuses to cooperate with other friends/ defiant			✓
18	Bullies other children	✓		

Observer: Ugyen Dorji

Appendix G: Child's IEP Form

**Individualised Plan**

Name: <u>Yiduen Choksang Thubedhen</u>	Date of plan: <u>17/08/21</u>	Review date: <u>12/11/21</u>	Age: <u>2yrs</u>	Date of intake: <u>8/06/21</u>
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Note: See Intake form for additional information

**Planning Team Members**

Name	Relationship to client	Signed
[Redacted]	Plan co ordinator	
	<u>Yang Tuden</u>	<u>[Signature]</u>
	<u>Kelzang Choden (mother)</u>	<u>[Signature]</u>

**Target Area: Please circle a maximum of 3-4 target areas only (must include communication and transition)**

- Pre academic/academic:** e.g. staying on task, songs, rhymes, sounds, literacy, numeracy
- Communication skills:** e.g. speech, signing, visuals, receptive and expressive language
- Personal care/selfhelp skills:** e.g. eating, dressing, toileting
- Mobility:** e.g. grasp, sitting, walking, movement
- Social skills:** e.g. greeting, eye contact, peer interaction
- Behaviour:** e.g. following directions, managing frustration, staying on task, managing transitions
- Transition:** e.g. readiness for pre school, school, vocational program
- Sensory:** e.g. tactile responses, sight, sound

**Individualised Plan**

**Team Recommendations**

**Recommended Services:**

*Possible services: Skills period: #sessions/week, Self-contained Class: # hours/week, Teaching Assistant*

Recommended Service(s)	Location	Duration	Frequency
<u>Home Schedule</u>	<u>Home</u>	<u>Every day</u>	<u>Everyday</u>

**Accommodations**

*Home environment, center (sitting, play, toilet physical environment etc)*

Accommodations	Details/ Comments

Date of Next Meeting for Review: 12/11/21

Appendix H: Research Ethics



**འབྲུག་རྒྱལ་འཛིན་གཞུག་ལག་སྐོར་སློལ།**  
**PARO COLLEGE OF EDUCATION, PARO: BHUTAN**

PCE/ADM(16)/2021-2022/72

Date: 30<sup>th</sup> July, 2021

**MEMORANDUM TO:** Mr. Ugyen Dorji, M.Ed. Inclusive Education, (II), Paro College of Education, Royal University of Bhutan.

This is to advise you that the Centre for Educational Research and Development/College Research Ethics Committee has approved the following:

**PROJECT TITLE:** Case study on Effective strategies to Manage the Behavior of a child with Attention Deficit Hyperactivity Disorder (ADHD) in the classroom. Ability Bhutan Society.

**APPROVAL No:** CRE/2021/155  
**COMMENCEMENT DATE:** 1<sup>st</sup> August, 2021  
**APPROVAL VALIT TO:** 15<sup>th</sup> September, 2021

The CERD/College Research Ethics Committee grants approval for up to a period of maximum three years. For approval periods greater than 1 year, researchers are required to submit an application for renewal at each 1 year period. All researchers must submit a Final Report at the completion of their project.

The researchers must report immediately to the CERD/College Research Ethics Committee for anything that might affect ethical acceptance of the protocol. This includes adverse reactions of the participants, proposed changes in the protocol, and any other unforeseen events that might affect the continued ethical acceptability of the project.

In issuing this approval, it is also required that all the data and consent forms are stored in a safe location for a minimum period of five years. These documents may be necessary for compliance audit processes during that period. If for any data and documentation that are retained is changed/or in case damaged accidentally, within that five year period, the CERD/College Research Ethics Committee should be informed of the new change.

  
(Dr. Kesang Sherab)  
Dean, Research and Industrial Linkages, CERD  
**Research & Industrial Linkages**  
**Paro College of Education**  
**Royal University of Bhutan**  
**Paro: Bhutan**

- Copy to:
1. RO, CERD, for kind information and follow up.
  2. Office file.

## Appendix I: Consent Form

### **CONSENT FORM for PARTICIPANTS**

**Research Project Title:** *A Case Study on Behaviour Management of a Child with Attention Deficit Hyperactivity Disorder (ADHD) in the classroom.*

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I, ....., have read the information contained in the Information Sheet for Participants and any questions I have asked have been answered to my satisfaction. **Yes/No**

I agree to participate in this activity, realising that I may withdraw at any time. **Yes/No**

I agree that research data gathered for the study may be quoted and published using a pseudonym. **Yes/No**

I agree to be identified in this research. **Yes/No**

I agree to have my interview audio recorded and transcribed. **Yes/No**

I would like to receive a copy of the transcription of the interview. **Yes/No**

I am older than 18 years of age. **Yes/No**

.....  
Participant

.....  
Date

.....  
Researcher

.....  
Date

Appendix J: Participants Information Form

**INFORMATION SHEET**  
*for*  
**PARTICIPANTS**

I wish to invite you to participate in my research project, described below.

My name is Ugyen Dorji from Paro College of Education and I am conducting this research as a part of my Project Case Study in fulfilling the requirements for the degree of Master of Education in Inclusive Education.



<b>Research Project Title</b>	<b>A Case Study on Behaviour Management of a Child with Attention Deficit Hyperactivity Disorder (ADHD) in the classroom.</b>
<b>Aim of the Research</b>	To find out how the behaviour of a child with ADHD is managed in the classroom.
<b>Interview/Survey</b>	I would like to conduct a face-to-face interview/survey with you. The interview/survey will take <u>approximately 45 minutes</u> . With your permission, I will make an audio recording of the interview to ensure that I accurately recall the information you provide. Following the interview, a transcript will be provided to you if you wish to see one.
<b>Confidentiality</b>	Any personal details gathered in the course of the study <u>will remain confidential</u> . No individual will be identified by name in any publication of the results. All names will be <u>replaced by pseudonyms</u> ; this will ensure your anonymity. If you agree I would like to quote some of your responses. This will also be done in a way to ensure that you are not identifiable.
<b>Participation is Voluntary</b>	Please understand that your involvement in this study is voluntary and I respect your right to stop participating in the study at any time without consequence and without needing to provide an explanation, however, once you begin the survey your anonymous data which you have already provided cannot be withdrawn.
<b>Questions</b>	The interview questions will not be of a sensitive nature; rather they are general and will enable me to inform the research questions I intend to explore and enhance my knowledge about disability and inclusive education issues in our socio-cultural context.
<b>Use of Information</b>	I will use the information from the interview as part of my research report, which I expect to complete in December 2021. Information from the interview may also be used in journal articles and conference presentations before and after the date mentioned. At all times, I will safeguard your identity by presenting the information in a way that will not allow you to be identified.



<b>Storage of Information</b>	I will keep all hardcopy notes and recordings of the interviews in a locked cabinet with my Principal Supervisor at the Paro College of Education. Any electronic data will be kept on a password protected computer in the same location. Only the research team will have access to the data.
<b>Disposal of Information</b>	All the data collected in this research will be kept for a minimum of five years after successful submission of my project report, after which it will be disposed of by deleting relevant computer files and destroying or shredding hardcopy materials.
<b>Approval</b>	This project has been approved by the office of Dean, Research and Industrial Linkages of the Paro College of Education (Office order no. PCE/ADM/05/2021-2022/ ).
<b>Contact Details</b>	Feel free to contact me with any questions about this research by email <a href="mailto:udee@education.gov.bt">udee@education.gov.bt</a> or by phone 17638817 You may also contact my Principal Supervisor, Dr. Karma Jigyel and he may be contacted at <a href="mailto:karmajigyel.pce@rub.edu.bt">karmajigyel.pce@rub.edu.bt</a> or +975 77235380.
<b>Complaints</b>	Should you have any complaints concerning the manner in which this research is conducted, please contact: Dr. Kezang Sherab Dean, Research and Industrial Linkages Paro College of Education Royal University of Bhutan Paro Tel: +975 17957949 Email: <a href="mailto:kezangsherab.pce@rub.edu.bt">kezangsherab.pce@rub.edu.bt</a>  Thank you for considering this request and I look forward to further contact with you.