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THE TEACHER'S PERSPECTIVE ON ADHD

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ABSTRACT: At first, the aim of this paper is to explore and clarify scientific information about behavior, causes, characteristics, among other aspects, in the "biopsychosocial" area, on individuals with Attention Deficit and Hyperactivity Disorder – ADHD. However, the ADHD, as a problem identified by inattention, hyperactivity/ impulsivity (phisical and mental), requires, in turn, and important analysis, case by case. So, according to consulted bibliography, it is allowed to say that there are still great difficulties in giving a diagnosis, especially on children, considering levels/ degrees of various aspects and, yet understanding that, on adults, the symptoms tend to be less intense. But, also believing that, in the education field, there are still professionals in need of major knowledge, who give diagnosis (neglect), causing letterings on certain individuals (students), we made use of researches to demonstrate not only the universe of the ADHD, but also verifying an/ or identifying the inclusion of children with that disorder at schools.ⁱⁱⁱ

Keywords: Biopsychosocial. ADHD. Children and Adolescents. Inclusion. School.

RESUMO: A princípio, o objetivo deste trabalho, é explorar e esclarecer informações científicas sobre comportamentos, causas, características, entre outros, no âmbito "biopsicossocial", sobre os indivíduos com Transtorno de Déficit de Atenção e Hiperatividade – TDAH. Entretanto, o TDAH, como um problema identificado pela desatenção, hiperatividade/ impulsividade (física e mental), requer, por sua vez, imprescindível análise, caso a caso. Isto porque, mediante bibliografia consultada se permite dizer que ainda há grandes dificuldades para se realizar um diagnóstico, principalmente em crianças considerando níveis/ graus dos variados aspectos e, ainda por se entender que nos adultos os sintomas tendem a se tornar não tão intensos. Contudo, também por acreditar que na área de educação ainda existem profissionais precisando de maiores conhecimentos, que chegam a professar diagnósticos (negligências), causando rotulações a determinados indivíduos (estudantes), recorreuse então a pesquisas para demonstrar não só o universo dos TDAHs, sobretudo verificar e/ ou identificar a inclusão de crianças e adolescentes com este transtorno nas escolas.

Palavras - Chaves: Biopsicossocial. TDAH. Crianças e Adolescentes. Inclusão. Escolas.

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INTRODUCTION

The present study focuses on Attention Deficit Hyperactivity Disorder – ADHD, characterized as a neurodevelopmental disorder, which can be identified in children, adolescents and even adults. According to Silva (2003, p. 43): "their behaviors occur by an altered base trio, that is: changes in attention, impulsivity and speed of mental and physical activity".

In most cases there is a combination of characteristics that often impairs the early identification of the case. If we obtain information about this disorder and through the various theorists, it is possible to observe controversies and divergences." An example of these divergences can be observed in what is the terminology used, since it is now treated as a disorder, either as a disorder or even disease.

It is noteworthy that the diagnosis should be made by a physician with the help of an interdisciplinary team, which includes teachers, parents, psychologists and other professionals who work with the child/adolescent. Another important aspect in this sense is that there is, so far, no test to prove the existence of Attention Deficit Hyperactivity Disorder, the diagnosis, therefore, is made through clinical observation and reports.

THEORETICAL REFERENCE Definition of Attention Deficit Hyperactivity Disorder

ADHD is not related to a defective brain, however the BRAIN ADHD has a very peculiar functioning, are individuals of typical behavior, which can be responsible both for its best characteristics and for its greater anxieties and vital missteps. However, ADHD behaviour; It is born from what is called altered base trio – formed by changes in attention, impulsivity and the speed of physical and mental activity. These changes, a universe to unravel, between the oscillation of creative fullness and the tiredness of a brain that never stops." (Silva, 2009 p. 19).

According to the Brazilian Association of Attention Deficit (ADBA, 2010), Attention Deficit Hyperactivity Disorder ADHD; It is a neurobiological disorder, of genetic causes, that appears in childhood and often accompanies the individual throughout his life. It is characterized by symptoms of inattention, restlessness and



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impulsivity. It is sometimes called ADA (Attention Deficit Disorder). In English, it is also called ADD, ADHD or AD/HD".

Today THE HRT is something studied by several professional, ADHD is not considered a disease but neurological disorder, for many years ADHD was seen as a defect in moral control, the first to talk about was George Fredrick Still in the year 1902.

Agreed .com Silva et al. (2003):

In 1902, George Fredrick Still held a series of lectures at the Royal Col/ege ofPhysic/ans. In these lectures, still talked about children who were aggressive, defiant, discipline-resistant, overly emotional and passionate, showed little "inhibition of their own will", had difficulties to follow rules, were inattentive, hyperactive, proneto shear and threatening to other children due to hostile attitudes. According to Still, these creationshad a major and chronic defect" in moral control."

Thus, ADHD obtained contradictions related to it. We can point out that 1902 was initiating the true discovery of these disorders. George Still would clinically introduce children with this disorder. He was a renamed doctor who for the first time in the world would highlight everything. It was possible to show a base of 43 children with these symptoms. This man who was considered the father of British pediatrics.

Several factors are determinant in the case of ADHD, genetic and psychosocial factors, in addition to other factors that may contribute to the development of this disorder, it is very important to discover ADHD in its initial phase, thus increasing your chances of developing a normal life.

> ADHD is a heterogenic syndrome of multifactorial etiology, dependent on genetic-family factors, biological and psychosocial adversities, characterized by the presence of inappropriate performance in the mechanisms that regulate attention, reflexibility and motor activity. Its onset is early, its evolution tends to be chronic, with no significant repercussions on the functioning of the subject in various contexts of his life According to Silva et al. (2003

There is a characteristic that are of great importance for the understanding of ADHD, these have the role of contributing not only to the diagnosis but also to the follow-up of these people throughout life. This disorder is classified as: Defiant type, Hyperactive-impulsivity type, Combined type, Nonspecific type.

According to Silva et al. (2003

Inattentive type – does not see details, makes mistakes due to lack of care, presents difficulty in maintaining attention, seems not to listen, has difficulty





following instructions, disorganization, avoids/does not like tasks that require prolonged mental effort, distracts easily, forgets daily activities;

Hyperactive/impulsive type: restlessness, moving hands and feet, rummaging in the chair, difficulty in sitting, running without destination, climbing on furniture or walls, difficulty engaging in an activity silently, speaking excessively, answering questions before they are formulated, interrupting subjects that are being discussed and meddling in conversations;

Combined type: when the individual presents the two sets of inattentive and hyperactive/impulsive criteria

Non-specific type, when the characteristics presented are insufficient to arrive at a diagnosis

Full type, despite thesymptoms of balancing the daily routine.

A very curious fact when we talk about ADHD is that this disorder affects more people of the sex masculino than female, according to a study the neuropsychiatric disorder most diagnosed in childhood, persisting until adulthood around 60 to 70% of cases 4 affects approximately 3 to 5% of children, being more commonly found in boys than girls, in a ratio of 3:15.

According to Chedid (2020) the specific symptoms:

• Change in attention: A brain with ADHD may not have hyperactivity, but will always have a strong tendency to dispersal. This can generate interpersonal relationship problems, organization difficulties in various sectors of life, among others. People with this disorder have a profound difficulty in concentrating on certain subjects or situations that are mandatory to them;

• Impulsivity: In ADHD individuals, external stimuli are capable of arousing great emotions, which become fuels of impetuous actions. They need to live everything intensely, not being able to evaluate, halt their actions, and neither their verbal impulse. In the case of children, it can lead to difficulties in family relationships and with schoolmates, as well as with the teacher, and to learning problems;

• Physical and mental speed: Physical hyperactivity can be observed in those individuals who shake their legs insistently, always need to be busy hands, move all the time in something or hair, scribble papers, etc. Mental hyperactivity is more of a psychic agitation, in which the flow of thoughts is accelerated. It can lead the person to a whirlwind of activities such as interrupting the other's speech, difficulty sleeping at night (the brain does not turn off) and not Acceptance of the less intense rhythm of others

CHALLENGES OF INCLUSIVE EDUCATION

When we talk about inclusion, we can observe that there was a great evolution compared to 30 and 40 years ago but it is necessary that there are some adaptations in the curriculum model both in public and private networks according to the eca the Statute of the Child and Adolescent he says that:





The Right to Life and Health

Art. 7 $^{\circ}$ Children and adolescents have the right to protection of life and health, through the implementation of public social policies that allow the birth and healthy and harmonious development, in conditions worthy of existence.

According to LDB (Law of Guidelines and bases of education) in Article 58 cloister I says that it is important that the person with deference has a specialized follow-up. However, this is not the reality in both public and private schools. This follow-up is of great importance because it will allow the disabled person to be monitored and worked on in their limitations, without a highly qualified team this work can present negative results for both.

> There will, when necessary, specialized support services, in the regular school, to meet the peculiarities of the special education clientele.

In view of the aspects observed in Art. 59 III, which says:

Professores with adequate specialization in high school or higher education, for specialized care, as well as regular education teachers trained for the integration of these students in the common classes;

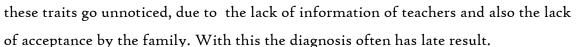
According to Article 59, it is necessary to have the necessary skills to perform the function, these professionals must really understand about the importance of their role in the lives of these students. Everything that has been affirmed only shows that each process is prepared by these teachers, to obtain a positive result, thus addressing the need for adequacy of pedagogical practice.

Due to what was mentioned in the LBD, these visits will only be possible if the students do not adapt in the regular room. In practice this theory is quite different from being understood and valued because these students can't stand to stay long inside a classroom.

Teacher's vision

In view of the arguments presented in Article 58 III in relation to the teachers' view of the HRT. These results show us that it is important to observe the students in the initial series. Because it is in this phase that some disorder manifests itself, it is necessary that teachers have greater knowledge about this disorder thus having a greater perception with students. Obtaining a more pedagogical view, because often





The role of the teacher is important in the life of students with ADHD, and it is necessary that the teacher has a lot of creativity, and get out of their daily routine. Working with students with ADHD requires attention, sensitivity, during the observation of this student, it is necessary to be patient, impose rules, and limits, respecting the student's time because the main objective should be learning and development

One can mention, for example, some ways for the student to stay for an extended time in the classroom. It is also worth remembering that for this to happen it is necessary to compromise these teachers. * It is feasible to plan innovative and anticipate the classes. Maintain the table only with activities related to the desired subject. *Seek the benefit of the five senses Of the students whenever it is feasible. Maintain the use of colleagues in pairs in activities, so that Facilitate socialization and learning. *Employ some technology so that these students can get excited and get access and desire for these classes. *When arguing it is feasible to take a break, requesting two words related to the argument mentioned (CHEDID, 2020)

Taking into account what was observed, it is notorious to note that these negative procedures, is only one of the alarming symptoms that often goes unnoticed by the teacher. Because the teacher cannot distinguish whether it is a disorder or behavior of a child badly educada.Com this the lack of distraction and restlessness only facilitates the removal of colleagues and the differentiated look of the teacher in feeling bored with these attitudes, leading the student to take punishments and punishments (CHEDID, 2020).

FINAL CONSIDERATIONS

ADHD, because of its complexity and characteristics, had been studied Mainly by health researchers. However, this concern also became part of the universe of education research not only because of the gradual increase in complaints about the behavior of students at school, but, above all, because it is at school, in the relationship with other children and in the experience of different situations, that this disorder, in general, is more evident in that student who has ADHD.



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Educators know these problems when faced with cases that occurred in the classroom and have read in books, lectures, symposium or congresses. But they know little about how to identify symptoms of (ADHD), behaviors and how to deal with a child in the face of their hyperactivity. Erroneously or out of simple ignorance about hyperactivity, many teachers still punish many children with unjust punishments in the classroom. It is necessary to be informed not to incur labels, it is worrying to know that an educator does not know a problem considered common and does not know how to identify when it comes to lack of limits on the part of parents or a disorder.

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