Does daily therapeutic intervention within a controlled environment reduce chronic disruptive behavior for a second grader with ADHD?

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DOES DAILY THERAPEUTIC INTERVENTION WITHIN A CONTROLLED ENVIRONMENT REDUCE CHRONIC DISRUPTIVE BEHAVIOR FOR A SECOND GRADER WITH ADHD?

by

Lisa M. Wright

A Thesis
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Thesis Chair: S. Jay Kuder, Ed.D.
Dedications

This thesis is dedication to both of my children, Brianna Wright and Michael Wright III for being patient and understanding while I complete the hours of research, writing and studying to complete this thesis and Master’s Degree. I also dedicate this thesis to my friends and family who took their time to help me complete this journey.
Acknowledgements

I would like to acknowledge Professor, S. Jay Kuder for his guidance, patience and expertise in completing this thesis. I would like to thank my school and program for allowing me to conduct research to enhance the abilities of the children I teach.
Abstract

Lisa M. Wright
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S. Jay Kuder, Ed.D.
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Chronic disruptive behaviors often happen throughout classrooms nationwide. These behaviors distract other students and at times prevent them from learning. This study will explore whether therapeutic interventions (environmental management method, self-management techniques) were helpful in decreasing chronic disruptive behaviors during academic time. The one participant is a second grader with ADHD, has a very hard time controlling his behaviors. Results of this study show that therapeutic interventions are an effective way to reduce chronic disruptive behaviors. These interventions will help to increase learning time and fewer distractions.
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Chapter 1

Introduction

A growing concern among educators is disruptive behaviors, which take away valuable instructional time. I believe that all students, including those with attention deficit hyperactivity disorder (ADHD) should be able to control their own behavior during the course of a school day. An educator I am able to offer opportunities for my students to be successful and use the educational time to learn. If there are other educators, parents/guardians or family members that may be interested in this topic, they could be able to use the tools for their students or child. When a child displays disruptive behavior, there is a reason for it and us as educators need to find out why. Once the reason is found, then we could offer different techniques to help and these maybe shared to other educators experiencing this problem or a similar one.

When I started in the education field, I was a one-on-one assistant to a student who was very disruptive, violent, couldn’t control his body nor follow directions. Over time, I got to know him and I realized that he was trying to avoid work and did not like the staff. I learned to get to know him, and met him at his level. I played games he liked, played basketball and even read to him because I knew he struggled in that area. Once things started to settle down (i.e. his behavior), I put some different techniques into play so he was able to stay in the classroom. Once he was able to stay in the room, we worked on getting him to stay in his seat and complete his assignments. I found that the main reason he acted out was because he struggled with all of his academics, he was embarrassed and he did not have a good home life. I shared this story to let other
educators know there is hope, and that you need to get to “know” your students as individuals, so we are able to meet their needs.

Teachers spend valuable instruction time dealing with disruptive students. These behaviors distract other students and at times prevent them from teaching and learning. At times, these students are placed out of district for a short time to be evaluated and enrolled in a partial day program work with the students’ behavior. The program focuses on the child and their behavior, and by law, the child receives a short amount of time for education. The program provides, small groups, individual and group therapy sessions, individualized and/or class-wide behavior plans. There is a weekly family session, so the therapists may work on problems at home along with at school. Family members are expected to be actively involved in the child’s treatment plan. Once the child leaves the program and attends their home school, the family should follow the plan as follows. By providing this extra support, these students may be able to learn self-management techniques so they are able to use them when they return to their home school.

Therapeutic interventions “integrate assessment and intervention within a multi-level prevention system to maximize student achievement and to reduce behavioral problems.” (Haraway p.17) “Self-management generally involves activities designed to change or maintain one’s own behavior.” (Wilkson p.151) Research indicates that interventions involving the external manipulation of antecedents and consequences have, in general, been successfully applied to a wide range of classroom problems. Teachers and staff work with the students to help to be successful in behaviors and academics. In a controlled environment, there are students in a classroom with nine other students, two counselors and one teacher. It is a self-contained structured environment where students
are on a schedule with a lot of support. We are there to help to reduce chronic disruptive behavior, which consist of getting out of your seat/area, calling out, physical and verbal abuse/harassment.

**Research Problem**

Given this background, the research question that guided this study was: Does daily therapeutic intervention, including environmental management strategies and behavior modification, within a controlled environment reduce chronic disruptive behavior for a second grader with ADHD?

**Summary**

I hope to find a technique that will be successful for this individual student with Attention Deficit Hyperactivity Disorder in my program so when he returns to his home school he would be able to use the strategies to succeed. I believe that he and other children his age are able to control their actions, with some help and support from staff. I expect this child to decrease his chronic disruptive behavior by managing to stay in his area, then to stay in his correct seat. I know the student will need support in the beginning. Once he is use to the routine, I believe he will be able to control the behaviors on his own.

All behaviors serve a purpose for the individual and have been reinforced and strengthen (or reduced) by the environment. Most behaviors serve as one or two functions: to get something (obtain) attention, objects and get out/away of something (escapes) task, embarrassment and people. The problems that would occur if disruptive behaviors continue would include interrupting learning for the class, and may get other
peers upset. This could occur in a regular classroom and in a partial program. The purpose of this study is to eliminate the behavioral interventions and therapeutic interventions, using an environmental management method and behavioral modification strategies to increase positive classroom climate, in order to have a higher success rate when students return to school.
A disruptive student can be defined as any Kindergarten through twelfth grade student who violates the rules of a school or classroom (Ford, 2013). There are many factors that are associated with challenging and disruptive behaviors. At times, it is difficult to understand why someone displays a certain behavior. However, insight and understanding of why a student behaves the way he/she does, will provide an upper hand on how to plan for an intervention to help that child.

There is existing research that links the student’s disruptive behavior and academic achievement (Ford, 2013). The behavior will take away instructional time that is important for all of the students in the classroom. When behavioral issues occur, action is needed to take place so instruction may continue and the behavior is addressed. Other students in a disruptive environment will have to suffer because the behavior of one child infringes on the abilities of other children to obtain an adequate education (Ford, 2013).

The constant disruptive behavior will cause stress for the teachers, students and the whole environment. The classroom and/or school will struggle to build a successful school culture that will be safe and nurturing for all of the students and staff. There is research that has stated the reason why students misbehave, factors such as: mental health issues, boredom, Attention Deficit Disorder, peer pressure and stressful home lives (Ford, 2013). As educators we should be willing to understand why these behaviors occur and be willing to find a solution.
Behavioral Issues

The specific behavioral issues that cause the chronic disruptions are calling out, not able to control their body, getting out of their seat, walking around the room and getting into another students’ personal space. These issues may cause the teacher to stop teaching and to address the behavior(s). That student is disrupting other students from learning and may cause others to feel uncomfortable. If these behaviors are a re-occurring problem, a plan should to resolve them should be in place. If these behaviors just started, then the teacher and student (whom is exhibiting the behavior) should figure out why the behaviors are happening and put a plan together so appropriate behaviors could take place.

Attention Deficit Hyperactivity Disorder (ADHD) presents different challenges from behavioral to academics within the school (Haraway, 2012). A student that has ADHD, could struggle in many areas of their life. They may struggle with certain areas of academics due to their short attention span, or struggles with remaining in their seat due to not being able to control his/her body. The student may exhibit the behavior of not following directions for several reasons: they may not know how to complete the assignment, there were too many steps to follow, they don’t want to be embarrassed or they can’t make the connection to solve the problem.

ADHD is associated with poor math and reading, poor grades, which could turns into grade retention (Loe & Feldman, 2007). Children tend to show symptoms of hyperactivity, inattention and impulsivity and they lead to poor educational outcomes (Loe & Feldman, 2007). Children that present these behaviors in and out of school also
have a hard time with social interactions with their peers. Other children will most likely not want to be around a child who can’t control their body. Other children will have a hard time understanding why a person acts the way they do, so the child with ADHD may have a hard time making or keeping friends. Their social skills will lack for age appropriate interactions with peers and/or siblings.

The effects of ADHD on a person can be very severe and affect global and mental functions: memory, control of psychomotor functions, intellectual functions, sustaining and shifting attention, impulse control, emotion regulation, organization, time management, problem solving and more (Loe & Feldman, 2007). With these limitations, it may cause a person to not be able to complete a task that is given to them. They also will have difficulty completing a task that contains multiple steps. With these affects, one may have limitations, which is problems of activities of daily living (Loe & Feldman, 2007). Also, they have restrictions, which is a problem with social participation (Loe & Feldman, 2007). As an educator, we have to understand their diagnosis and adapt to their specific needs. Many children who have ADHD have other conditions, such as depression, anxiety, learning problems and disruptive behaviors (Loe & Feldman, 2007).

In school a child with ADHD is more likely to be expelled, suspended, or repeat a grade and are 4 to 5 times more likely to use special educational services than children without ADHD (Loe & Feldman, 2007). These research studies may show these results, but the students who have ADHD and are successful in and outside of the classroom. There are services and accommodations that could be made for them in general education. A teacher may modify instruction for the student, have that individual sit closer to the teacher’s desk, increased time on tests, reduce homework and class
assignments. These modifications are known to be successful for students with ADHD (Loe & Feldman, 2007). Physical exercise may also beneficial for children with ADHD, which will reduce the student getting out of their seat (Loe & Feldman, 2007).

**Therapeutic Intervention**

Digney, Gibson, Lynch, McGill, McGranaghan, Power & Plunkett (2009) defined therapeutic intervention as, “An intentional interaction(s) or event which expected to contribute to as positive outcome for a child or a young person, which is selected on the bases of his/her identified needs, and which is underpinned by an informed understanding of the potential impact and value of the interaction/event involved” (p. #10).

A therapeutic intervention is an individualized plan or a whole group to attain a stated and agreed outcome (Digney et. al., 2009). A teacher may have one or more plans in place to help the child have a positive outcome. There should be positive approaches from the teacher to the student; the teacher needs to lead by example. When the interventions are successful, they are characterized by relationships that are supporting the person to increase their developing skills and self esteem that with enable the student to make positive choices (Digney et al., 2009).

In order to have an intervention succeed, there are several factors that need to be in place: a clear purpose, appropriate meeting, clarity of boundaries, training for teacher (or another other staff involved) supervision and support, partnership, clear management and timescales or evaluation forms (Digney et al., 2009) These components are important to have when you plan an intervention. An intervention is based on the assessment and outcome of the behavior of the student. Intervention is supposed to modify the core issue,
which is the behavior (Digney et al., 2009). Appropriate meetings should be held to ensure the plan is working and it is being frequently monitored. There are many interventions that require teachers to engage in programs such as, behavior modifications, so the boundaries have to be clear for the students, teacher or any other staff involved. It is important for the teacher to know his/her role and expectations of the student(s). For an intervention to be successful, the teacher needs training on therapeutic intervention, how to implement it, observe it and be well-informed on the child’s history and behaviors. The teacher could work with the Guidance Counselor, Parent(s), Caseworker, Supervisor of Special Education, Principal or any other individual who could help or be involved with this student. This leads to a partnership, adults working together to impact a positive outcome for students.

The goal of an intervention is to replace socially undesirable behaviors with social appropriate behaviors (DuPaul, Gormley & Laracy, 2014). When a behavior occurs, there is something that triggers it before it happens, which is called an antecedent (DuPaul et al., 2014). When the child behaves inappropriately, they usually do it for a few reasons: sensory stimulation, escape or avoidance of the activity, gain attention or gain access to preferred setting or materials. In order to have a successful intervention, the teacher or staff must determine why the student is behaving inappropriately. Once they figure out why, we have to replace the student’s interfering behavior (getting out of their seat or calling out) by reinforcing a socially appropriate replacement behavior (raising their hand) (DuPaul et al., 2014).
There are a few prompts or cues that a teacher is able to say or do with the whole class or with an individual to help them along with the intervention. These prompts may help with the behaviors and with their academic work:

- Remind the students to raise their hand throughout the day
- Maintain eye contact with students
- Use nonverbal cues to redirect behavior(s)
- Move throughout the classroom, stand next to the student who has trouble with behaviors
- Provide a clear schedule of the daily activities
- Provide multiple examples, with color coding
- Instruct new skills in small steps
- Class-wide peer tutoring
- Positive reinforcement

(DuPaul et al., 2014)

As educators, we automatically want to address the academics, but learning can hardly take place if there are behaviors interrupting. Once the behaviors are controlled to a point that the teacher is able to continue teaching, then smaller interventions will help the student with ADHD understand the lesson.
**Environmental Management Techniques**

When it comes to an ADHD child’s environment and physical structure of the classroom, there are several things to consider: The location of the child’s seat, teacher’s location, peers sitting next to the student, and objects are around the student that could distract them. It is very important for a teacher to consider these assigning seats. Physical structure is the way we set up and organize the students’ physical environment (Stokes, 2001). Susan Stokes talks about students with Autism and how they have trouble with boundaries. ADHD students have the same issue. Children with ADHD, autism and Down syndrome all have in common the difficulty of learning and concentration due to their disabilities (Tufvesson & Tufvesson, 2009). They are also sensitive to their surroundings, which makes it difficult for the student(s) to stay focused (Tufvesson & Tufvesson).

Having a clear physical and visual boundary throughout the room including around their desk, will put the student with ADHD on the road to success. The boundaries will be set up for the whole class throughout the room (shelves and toys labeled, teacher desk labeled with pictures next to the word). For this study, colored tape will be used as boundary markers around the teacher’s desk, student’s desk and where the students line up to exit the classroom. Red tape will be around the teacher’s desk and where the students line up so they know not to pass the tape (unless they were asked to or leaving the classroom).

The student with ADHD will be able to pick their own color of tape (except red) to put around their desk. By allowing the student to pick their own color, they will feel
like they have ownership and feel a part of the intervention. When somebody feels like they are apart of something, it makes them more willing to do it. Putting the tape around certain areas will help the student understand what is expected of him/her in certain areas, where to begin and end (Stokes, 2001).

The purpose of the tape around the desk is for the student to remain in their area/seat. It should help the student to remember to raise their hand before getting out of their seat. When I first begin to put the tape around the desk, I will help the student by reminding him to stay in him area (which is inside the tape, at their desk). Over a short period of time, the students should be able to just look at the tape and know to stay in their seat. The tape around the desk is designed to be temporary so he will be able to control his impulses on his own, even after the tape is gone.

A study done by C. Tufvesson and J. Tufvesson (2009) was focused on identifying environmental factors in the school environment that will affect the students in the classroom and their ability to concentrate. There was previous research that was mentioned about the environment and how it influences the student by social, physical and as an individual (Tufvesson & Tufvesson, 2009). The review of previous research explained how certain factors could help increase or decrease the amount of time for concentration. Other factors that may have caused the distractions were the age, gender and/or the certain disability of the student had. In this study, students were not questioned in the study because due to their disabilities, social interactions, difficulties with space, time and communication (Tufvesson and Tufvesson, 2009). Educators that worked with students between ages seven through twelve completed a questionnaire.
The questions were to identify environmental factors in the school environment that affected the children.

The study was concerned with the layout and design of the school environment and their impact on the student’s length of concentration among children with ADHD, Autism and Down syndrome (Tufvesson and Tufvesson, 2009). The authors identified two major factors within the classroom environment, physical and social. The physical layout included, windows, interior furniture in the room (i.e. place of student’s desk), noise level and lighting. The individual factors studied were gender, age, and disability. With both of these factors, the children were evaluated on how they interact and how it influences their concentration.

As mentioned previously, there was previous research that the physical environment affected the student’s ability to behave. As well as this research, it is true that physical features such as the layout of the room, noise and furnishing will affect their behavior (Tufvesson & Tufvesson, 2009). There are other factors that need to take into consideration, such as social factor, child’s behavior, amount of people in the room and spatial function (Tufvesson & Tufvesson, 2009). Spatial function is the focus point, students with ADHD have a difficult time controlling their body and able to stay in one area. It would be beneficial for students to know what area they are “allowed” to be in, or a designated area for them.

Overall, the environmental factors influenced children and their ability to concentrate, more so does the actual disability in itself was perceived to have a negative influence on the student (Tufvesson & Tufvesson, 2009). Some students would benefit
from extra support with their work and their personal setting so they could stay on task (Tufvesson & Tufvesson, 2009). I believe the tape around the student’s desk and certain areas throughout the room will benefit the students.

Self-Management

Self-Management plans are used to teach students to independently complete tasks, pay attention to their own behavior and to reinforce positive behavior (Haraway & Madison, 2012). It is used to establish behavior interventions by teaching the student what behavior to monitor, what the goal is for how long (Haraway & Madison, 2012). Self-management strategies can be used to improve time on-task, to decrease the behavior problem and to improve academic performance (Rafferty, 2010). Teaching these self-management skills at a young age could be beneficial for when growing into adulthood.

As an educator, we must know if a student is able to monitor his or her own behavior. The first step is to identify the behavior(s) that the child needs to learn to self-manage, which is the targeted behavior. As the leader in the classroom, I will visually display the behavior for the student (i.e. sit down at a student’s desk and raise my hand).

Students with ADHD usually are taught to recognize and record attention to assigned tasks (DuPaul et al., 2014). The plans can be used to monitor their own behavior, teach children what is expected of them and keep track of whether or not children complete these tasks. Providing positive attention to the student throughout the whole process is very important. Once the student successfully monitors and aims for their goal, they can earn a reward.
The plan is set up with the teacher and student (other staff knows about it or are a part of it too), timing and the reward is also implemented in the plan. The teacher and student will meet regularly to review the progress, see if there should be any changes and to celebrate success (Haraway & Madison, 2012). The goal for the student is to start paying attention to his own behavior, by marking it a piece of paper or another way. Once they realize the inappropriate behavior, then they could start behaving appropriately.

As the student attains his behavioral goal, these procedures should be gradually discontinued. The goal for using self-management strategies is to build a student’s independence to be able to engage in self-reinforcement for them. It should be able to build a feeling for the student, so they are able to control their own behaviors.

Bruhn, McDaniel and Kreigh (2015) gathered previous studies on self-monitoring interventions on students with behavior problems. They reviewed literature from 2000 through 2012, to gain more of an in-depth understanding of self-monitoring. There were five different criteria:

- Article had to be a research study using a group methodology or single-subject to evaluate participant outcome

- Independent variable had to be a self-monitoring intervention (Some included additional interventions)

- Dependent variable had to be a measure behavior

- Participants had to have documented behavioral problems
- Studies had to take place within a school-based, academic setting (including residential, alternative school places)

(Bruhn et. al., 2015)

There were 41 studies, which included one hundred and ninety-three males and thirty-eight females. Thirty of those studies included students with ADHD, disabilities and emotional or behavior disorder (Bruhn et. al., 2015). Students ranged from 14 student in grades K-2, 65 students from grades 3-5, 42 were in grades 6-8 and three were in grades 9-12; seven classes were self-contained, four in alternative schools and five in inclusive classroom (Bruhn et. al., 2015).

The self-monitoring components and outcomes across the studies were mainly positive, but offered different feedback. Students had to monitor themselves in a behavior, such as staying in their assigned seat. In nearly, two-thirds of the studies that student received reinforcement as part of the intervention (Bruhn et. al., 2015). In sixteen studies, they did not have a reinforcement component and it still was a positive outcome for the students (Bruhn et. al., 2015). In the study, they found that it is more prevalent for boys to have behavior problems than girl (Bruhn et. al., 2015).

The studies have shown that there were improvements in behavior when they used self-monitoring; it decreased off-task behavior, social interactions and disruptions and increased on-task behavior, positive social interactions and completion of work (Bruhn et. al., 2015).
Summary

Most of the disruptive behaviors that occur in the classroom could be managed instantly or over a period of time. There are some things in life that we have to work at to get better and some students just may need a little extra work. Teachers being trained on how to deal with disruptive behavior could help reduce the behaviors in the classroom (Ford, 2013). When the behaviors decrease, learning could increase throughout the day.

Along with teaching math, reading and etc., teachers should teach their students how to be responsible. Teachers and counselors should work together over the years a child is in school and for their future to implement behavior, academic and self-management interventions (DuPaul et al., 2014).

At times, students with ADHD may require adult intervention to help with their behaviors by cues, prompts or assistance to meet their goal (Haraway, 2012). Once the student successfully meets one goal, then they are able to meet another one. The main focus of this process should have a positive impact on the lives of the students. One of the most important parts when it comes to working together is to make sure there is family involvement. The collaboration between the teachers, administrative staff, parents/guardian, doctors or mental health facilities is very important. The communication and team effort will contribute to a successful outcome for the child.
Chapter 3

Methodology

This study will be conducted in a partial day setting with seven and eight year old children. This program is a day program, which the students attend primarily for therapy, but there is a two-hour required educational component. In an inclusive classroom there are no more than ten students, mostly male students, with one teacher and two counselors. The counselors are there for support, mostly for behaviors, but will help a student with academic work if needed.

Throughout the day, disruptive behaviors occur in and outside of the classroom. The main objective for the students is to receive the appropriate support and return back to their home school. These students stay in their classroom for the whole day, even for lunch. In my study, there are currently nine students in my classroom, but at any time a student may be discharged or admitted to the program. Usually the student leaves with a behavior plan for school and home. The students’ average stay at the program is eight to twelve weeks. On occasion, if the family doesn’t comply with the program rules, then the administration team will discharge them. In my classroom, there is a student who has ADHD, and has a hard time staying in his area. This child will be called, “child A” for this study. He is a male student who is eight years old in third grade. He appears to be on grade level for academics, but has a hard time transitioning to any activity. Child A was removed from his home last school year. The plan is for him to return back home, once his behaviors improve. He is very aggressive when he gets upset or angry.
Procedure and Design

I will use a single subject ABAB research design. I will first do a baseline for child A, I will observe his daily activities for a week. Every five minutes for four twenty-five minute increments daily, I will observe calling out for the first baseline of my interventions. After the first week of baseline, I will introduce a behavior chart to child A. I will let child A know that he will self-monitor himself and show him how to do it. He will have a chart that consist of numbers one through ten each in a square. I will set a timer for five minutes, once the timer goes off, child A will check the square with number 1 if he didn’t call out after the five minutes is up. I will set a timer again for another five minutes, if child A calls out without raising his hand, he will not put a check in the square with number 2. After, the timer goes off again I will set it again for another five minutes, if he completes the whole five minutes without five minutes without calling out, then he will place a check in the square with the number three in it. We will continue this until twenty-five minutes is completed. After the twenty-five minutes is completed, I will remove the chart and continue with the class.

The next time I will give him the chart, he will start with the square with the number six in it. I will set a timer for five minutes, if he doesn’t not call out for five minutes he will be able to put a check in the square with the number six. This will continue to the square with the number ten in it. For the other two groups, he will start with the square with one in it for the third group and will start with the square that has the number six for the last group. I will collect the data for two weeks with using this intervention. If child A fills eighty percent of his chart, he will receive a prize each day for two weeks. The goal is to eventually learn not to call out, but to raise his hand.
After two weeks of the first intervention, I will return to baseline for one week. Then, I will introduce and explain a different plan to child A. I will allow child A to pick the color of masking tape he would like to use. I will explain, the tape will go around your desk. The tape will be a reminder to stay at your desk, unless you are told or asked otherwise. I will just observe child A, every five minutes to see if he gets out of his seat without permission. That consists of removing his bottom from the chair and getting out of his area without raising his hand or a direction given to him so he can get up. I will chart his behavior by using a tally mark to see how many times he gets up without permission. I will let child A know that I could help remind him to stay in his seat sometimes and that the tape should be an indicator to help him stay in his seat.

This intervention will last for two weeks and I will talk with child A about the interventions. I will offer support and share feedback with the student and his therapist. The staff members in the classroom will be aware of the interventions and will communicate with me if they have any questions or concerns. I will be the main staff member that will interact with Child A throughout the interventions.
Chapter 4
Results

Summary

In this single subject design, therapeutic intervention for a child with chronic disruptive behaviors with ADHD was examined. The research question that was answered was: Did the self-management technique decrease the chronic disruptive behavior(s)? The self-management techniques included a chart that the student used to put smiley faces on himself when he didn’t call out. Once the chart was filled up, he received a prize. Also, there was tape around the student’s desk on the floor. The tape was used as a reminder to stay in his seat.

The student was first observed on baseline for the first week. The behavior that was being observed was “calling out.” The baseline was observed for five days and consist of any calling out, making noises or even saying my name to get my attention. The student’s calling out ranged from 23-44 times a day with a mean of 32 times a day (see figure 1). During the intervention 1 implementation phase, the number of callouts decreased to an average of 3 per day (see figure 1).

Intervention 1 consist of a reward chart placed on the student’s desk. Every five minutes a timer would go off, if the student did not call out, he could put a smiley face in a box. This intervention lasted for twenty-five minutes at a time and was performed four times a day for two weeks. Once the student filled up his chart, he received a prize.
Figure 1. Baseline and Intervention 1

For Intervention 2, the student was observed sitting in his seat. The baseline shows how many times the student got out of his seat each day. Getting out of his seat was defined as the student’s bottom removed from his chair, even sitting incorrectly (i.e. sitting on knees, standing up). The student was observed for twenty-five minute increments, four times a day. During the intervention phase, the student was very interested on learning to pay attention to his behavior. Once the second week started in the intervention phase, child A was able to pay attention to his behavior more which led to less disruptions.

During the baseline phase, out of seat behavior ranged from 9-16 times a day with an average of 12 times a day. During the intervention phase, out of seat behavior fell to an average of 4.5 times a day (see figure 2).
Figure 2. Results for Sitting in Seat
Chapter 5

Discussion

Review

This study examined whether therapeutic interventions reduced the chronic disruptive behavior for a second grader with attention deficit hyperactivity disorder (ADHD). The intervention took place in a self-contained special education program located in an urban area in South Jersey. The student was taught self-management techniques that could help him monitor his own behavior(s) and eventually help his behavior become more positive. This student was diagnosed with ADHD with behavioral problems, but was on or close to grade level with his academics.

The results in this study show that the disruptive behaviors were reduced by implementing these therapeutic interventions. After observing the student for the first week, the calling out behaviors were between 23-44 times per a day. After the two-week intervention, the calling out behavior was reduced to an average of three times a day. These interventions allowed the student to pay attention to “how he was acting” and to be able to change the behavior with a use of incentives.

Sometimes children need a positive influence to help them get motivated to do and be better. As Loe and Feldmen (2007) mentioned, modifications can be successful for students with ADHD. Offering extra time, moving the student’s seat or even implementing the interventions that were used in my study as a modification could help the student(s) be more successful. Not every plan or modification will work for all of the students, as educators we have to be willing to change and adapt to our students.
Digney et al (2009) said, “That therapeutic intervention is an individualized plan that would be stated and agreed with a student.” In this study, I made two different plans that were individualized for my student and we agreed to use this plan. By the end of each intervention, the student told me he enjoyed what he learned and the reward(s). I believe that this intervention was successful with my student because I took time to get to know my student, find out what he likes and let him take control of part of the plan. When an individual feels like they are apart of something, they usually seem to enjoy it more. The results of the current study are similar to those reported by Digney et al (2009) mentioned how therapeutic interventions plans are successful and by making positive choices.

Previous research, such as that by Bruhn et al (2015), has shown that students with attention deficit hyperactivity disorder can make improvements in behaviors when they used self-monitoring. In their study students had to monitor themselves with getting out of their seats. The students decreased the calling out and disruptions, on-task behavior increased and completion of work (Bruhn et. al, 2015). Additionally, most of the students earned positive reinforcement that motivated the students to continue doing the positive behavior.

The results of the Bruhn et al (2015) study are similar to those of the current study. Both of the studies used self-monitoring techniques. It is important to teach a child how to do something on their own so they are able to complete the task by their selves. They also had shown similar outcomes, which were positive. The students were able to change their behavior, reward themselves and enjoy working with the adult with the plan.
It is very important to build a relationship with your students, getting to know them as an individual, meeting them on their level and see what they enjoy.

**Limitations**

During the baseline, the students didn’t know what I was doing, but they wanted to know. After the week of baseline, I talked with one student one on one about the plan and how it was going to work. It was hard to implement the plan in the classroom because all of the students wanted to participate. When the one student who was completing the plan earned a prize, I had to make time to talk with him one on one to give him the prize. Also, the timer going off in class was a disruption, but once two days passed the students got use to it.

**Future Studies**

Possible future studies could consist of a group of students participating in the intervention. I feel like that would be beneficial in my setting because I wouldn’t have more than ten students. I may need another person observing the behaviors if there were more than one participant involved. Also, maybe focusing on the same behavior throughout the whole time and changing the intervention, to see which intervention is more beneficial.

**Practical Implications**

The participant in this study experienced two intervention plans that focused on changing one behavior at a time into a positive one. This student was successful with both plans and behaviors. His disruptive behavior did not stop completely; however, it
dramatically decreased which made an obvious change throughout the day. Although each intervention lasted two weeks, the student exhibited success and asked for the chart when it was over. He really enjoyed putting his own smiley faces in each box when he followed the directions (not calling out). Having control of his success at his age really motivated him to do the “right” thing. He became more aware of his calling out behaviors and learned to wait and raise his hand.

The second intervention was focused on sitting in his seat. The student would constantly get up out of his seat walk around the room, disrupt other students while I was teaching or just get his bottom out of his chair. It took him longer to understand the concept of the intervention, so after the first week ended, his behavior decreased. He was sitting for longer periods of time and completing his assignments.

This intervention could be used with different behaviors and issues that could occur in any classroom. It could be used on one student or with a whole class. It could encourage teamwork among each other. The teachers could use this method if they are able to observe and teach at the same time. The teacher could put a mark on the board or on a chart when the student(s) is showing the inappropriate behaviors so he/she wouldn’t forget.

Some of the problems that teachers may encounter while using this intervention could include:

- Trying to find time to observe the behavior(s) throughout the day
- Informing other teachers about the intervention if they are not in a self-contained classroom
• Collaborating with other teachers, professionals and parents/guardians on the issues and/or results.

Conclusion

This study sought out answers to this question: Does daily therapeutic intervention within a controlled environment reduce chronic disruptive behavior for a second grader with ADHD? The data illustrated that both of the disruptive behaviors decreased and positive behaviors increased. Combining the two interventions proved to help the student with ADHD. Once students are able to see the benefits of positive behavior, then they are more likely to keep on doing it.
References


