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ORIGINAL ARTICLE

Effect of Self-monitoring Strategy Instruction on Modify Behavior of Hyperactive Disorder in Early Childhood of Shiraz City

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ABSTRACT

The objective of this research was study the effects of self- monitoring method teaching on hyperactive child s behavior modify of preschool centers of Shiraz. So the CSI-IV , questionnaire for teachers and parents was performed by using cluster random sampling about 40 hyperactive child between 5 to 6 years of Shiraz preschool centers which includes 20 boys and 20 girls whom they were placed in 2 group of experimental and control. For experimental group, self- monitoring method teaching program was performed in 12 days, 3 hours daily, the control group did not receive any interference program. The results were analyzed by use of T-Test to compare the mean of experimental and control group. The results indicated that: Self-monitoring method teaching was effective on hyperactive Childs modifying behavior. Self-monitoring method teaching was effective on increasing hyperactive child s waiting for their turn in group activity, amount of not leaving the bench, amount of not moving, and the amount of speaking with permission in hyperactive child.

Key words: self- monitoring, hyperactivity, preschool education;

Introduction

ADHD is a disruptive behavior disorder characterized by levels of inattention, impulsivity, and over activity that are well beyond what is expected and appropriate for a given student's sex and age. Students with ADHD may have difficulty concentrating on schoolwork, frequently interrupt conversations or activities, and have difficulty remaining seated when required to do so. Children with ADHD typically first exhibit symptoms of this disorder during their preschool or early elementary school years, and it is highly likely that these symptoms will continue throughout their lives [4]. In preschool children with hyperactive disorder there are high odds that saler, remarkable, social and educational problems will be observed during school years. Consequently primary cognition and treatment may reduce detrimental effects of the disorder.

2.Literature of review:

A review of research cases show that there are significant emphases on pharmaceutical intervention and this is while not much attention has been paid to other treatment approaches of ADHD in preschool children. In a study conducted by Alizadeh [1] total

prevalence level of attention deficiency disorder along with hyperactive in five years old children in Iran was obtained 12.3%.Students with ADHD can often participate in planning for improvements in their own behavior, thus allowing them to hopefully experience more ownership for change and also pride in accomplishing improvements. First students need to be aware of the problem behaviors and the control they can exhibit to improve the situation. Self-monitoring interventions equip students to recognize and keep track of their own behavior [5,11]. Using these strategies, students can learn to identify and increase positive, pro-social behaviors, the behaviors necessary for success in general education settings. Self-monitoring interventions are among the most flexible, useful, and effective strategies for students with academic and behavioral difficulties [8]. They have demonstrated efficacy for targeting a range of academic abilities [12], self- help skills [10], behavioral problems [14], and social behaviors [13]. Self-monitoring is useful for students from preschool to adulthood and can be taught to individuals at a variety of levels of cognitive functioning. Self-monitoring interventions foster independent functioning, which allows individuals with disabilities to rely less on prompts from others [7]. The objective of this research is to study the

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effectiveness of self monitoring instruction on modify hyperactive behavior of preschool children.

3.Method:

The statistical community of this research includes all hyperactive children of preschool level who were under training in the academic year 1388-1389. Forty children from 5 to 6 years old with ADHD disorder (20 males and 20 females) were selected as sample cases of research. The experimental group received training in 12 sessions and the children of control group were doing daily activities of kindergarten. At first the target behaviors including speaking with permission, not moving, not leaving chairs, and observing turns in group activities were described in the form of illustrated stories at the time of story-telling. The children behaviors were assessed by teachers. Also illustrated forms of recording self-monitoring were made available to children and each child was asked to give advances advantages to him with respect to pictures relevant to the four variables. Any time a child had a behavior which is not acceptable he will cross out a star and by decreasing advances he will give marks to himself. At the end of training sessions the questionnaire of children's disease symptoms and parent child forms were made available to parent and teachers of both control and experimental groups.

4.Tools:

In this research the assessment tools were:

A- Self monitory recording forms specified to children.

B- Daily reporting card special for teachers

C- Questionnaire of disease symptoms of children (CSI-IV)

A: This is a researcher made form which was distributed children to record frequency of target behaviors. This form include four (4) items:

Speaking with permission, child's waiting for their turns, not leaving chairs and not moving. The forms were illustrated and were made available to children separately. The child crosses out one star any time he/she does one of target activities and reduces his advance.

B : Daily reporting card is special for teaches which are made available to teachers and the teachers specify the children's grade in terms of daily operation .The grades are form one to five and are ranked (divided)as 1-bad or not doing homework) 2-weak (poor) 3- average 4 – good 5 – excellent

This is for teachers to give marks on a daily basis and the highest mark is 20 (twenty).

C : The questionnaire of children disease symptoms is a common screening tool for psychiatry disorders which was first designed by Gadow and Spirafer (1997) emotional disorders of children and adolescents. This questionnaire includes 9 groups of behavioral disorders including attention deficiency disorder with hyperactivity. There are 14 questions in the parents form and 18 questions in the teachers form on hyperactive disorder, the marking measure for which are 4 ranks: Never ,sometimes, often and most times. Gadow and Spirafer(1997) have reported the retrial validity of the afore mentioned questionnaire at the significant level of 0.0001 for all categories [9].

Kendal have reported the validity of this questionnaire for the teachers from 91% and for the parents form 85%..In this research the kronbachalfa coefficient was used to study the sustainability of the questionnaire and this coefficient was reported 0.61 – 0.78 for the teachers form and 0.22 – 0.76 for the parents form

5.Results:

T_{test} was used to study the effectiveness of self-monitoring strategy training an improving the behaviors of hyperactive children.

Table 1: The results of t-test hyperactive children in four variables before and after training

variables	control		experimental	
	Pre-Test	Post-Test	Pre-Test Mean	Post-Test Mean
Waiting for turn	11.8	13.6	10.55	18.83
Not leaving the chair	12.8	13.05	10.9	18.84
Not moving	13.15	13	9.45	18.85
Speaking with permission	13.7	13	8.75	18.75

As it is shown in the table and with respect to theobtained level of test which has been significant at the level of 0.0001,therefore self _ monitoring strategy training has been effective on increased level of behaviors such as waiting for turn, not showing enthusiasm, not speaking and not leaving the chairs.

Discussion:

Self-monitoring strategies are individualized plans used to increase independent functioning in academic, behavioral, self-help, and social areas. Rather than focusing on reducing a student's undesired behavior, self-monitoring strategies develop skills that lead to an increase in appropriate behavior. When self-monitoring skills increase, corresponding reductions in undesired behaviors often occur, even without direct intervention [3,7]. This collateral behavior change allows teachers and

parents to address multiple behaviors with one efficient intervention. In this research, self-monitoring led to an increase in hand-raising (speaking with permission), waiting for turn and appropriate class participation and a decrease leaving the chair and moving. As a result, his teacher spent less time disciplining him. Also Austin [2] showed that the behavior of hyperactive children such as fidgeting and enthusiasm significantly reduce affected by trainings of self-management and self-reinforcement.

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