

ARMY POLYTECHNIC SCHOOL

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APPLIED LINGUISTICS IN ENGLISH PROGRAM

TITLE:

**ANALYSIS, DESIGN AND APPLICATION OF AN
APPROPRIATE TEACHING ENGLISH METHODOLOGY
FOR PRE-SCHOOL CHILDREN WITH ADHD
(ATTENTION DEFICIT HYPERACTIVITY DISORDER)
IN THE BILINGUAL KIDS CENTRE “BLUE SKY”**

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We, **Msc. Lilián Ávalos Director**, and **Msc. Carmen Montúfar Co-director**, duly certify that the thesis under the title “Analysis, Design and Application of an appropriate teaching English methodology for pre-school children with ADHD (Attention Deficit Hyperactivity Disorder) in the Bilingual Kids Centre “Blue sky” developed by Viviana Alexandra Vallejo del Castillo, who has finished all the subjects in Applied Linguistics in English Program of the Army Polytechnic School, has been reviewed and found it apt for oral sustain.

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DEDICATION

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BRIEF SUMMARY OF THE WORK

ADHD that is characterized by hyperactivity, impulsivity and inattention is now a days investigated by many scientist that try to find the real causes of this disorder. In Ecuador the ADHD in children is not a well known theme, it is not investigated deeply, there are few teachers that discern this problem and look for a solution for applying to their daily educational job.

In this investigation we can understand the possible causes of ADHD, its treatment and some methodologies that could be applied by the English teachers.

With this project we can see immediately solutions so ADHD children can grow up happy and full of knowledge no matter of having this appalling disorder.

This project will also make you understand the necessities of comprehending this problem; the consequences that these type of children may have if they do not care about this trouble.

In the last part of the investigation you will find the developed methodology proved in a real case, with indicators and a deep analysis of the results of the methodology.

One pound of learning requires ten pounds of common sense to apply it.

INTRODUCTION

ADHD is a common behavioral disorder that affects an estimated 8% to 10% of school-age children. Boys are about three times more likely than girls to be diagnosed with it, though it's not yet understood why. Children with ADHD act without thinking, are hyperactive, and have trouble focusing. They may understand what's expected of them but have trouble following through because they can't sit still, pay attention, or attend to details.

Of course, all children (especially younger ones) act this way at times, particularly when they're anxious or excited. But the difference with ADHD is that symptoms are present over a longer period of time and occur in different settings. They impair a child's ability to function socially, academically, and at home.

Teaching is not an easy job. As a teacher I displayed the difficulties I found when educating children that present concentration problems or controlling their movements or impulses.

Because I want to offer the best education, I asked myself how I was supposed to act or where should I go to solve this problem that is why I pretend with this thesis propose some professional strategies for educating this type of children so this difficulty becomes a motivation for teaching and pass through “pre –occupation” to “occupation”, managing some positive methods for schooling ADHD children.

PART ONE

1. RESEARCH PROBLEM

1.1 Problem identification

ADD (Attention Deficit Disorder)

Attention deficit disorders are disorders characterized by serious and persistent difficulties in attention span, impulse control, and hyperactivity. Attention Deficit Disorder (ADD) is a chronic disorder that can begin in infancy and extend through adulthood. It can have a significantly negative effect on an individual's life at home, in school, or in the community. There are two types of attention deficit disorders: undifferentiated Attention Deficit Disorder (ADD) and Attention Deficit Hyperactivity Disorder (ADHD).

The problem that would be studied in my project will be only the ADHD because it is the case I have in my Institution and I want to develop some adequate strategies for teaching English to this type of children.

1.1.1 Indicators

At present, ADHD is a diagnosis applied to children and adults who consistently display certain characteristic behaviours over a period of time. The most common behaviours fall into three categories: inattention, hyperactivity, and impulsivity.

Inattention

People who are inattentive have a hard time keeping their mind on any one thing and may get bored with a task after only a few minutes.

Signs of **inattention** include:

- ⊗ becoming easily distracted by irrelevant sights and sounds
- ⊗ failing to pay attention to details and making careless mistakes
- ⊗ rarely following instructions carefully and completely

- ⊗ Losing or forgetting things like toys, or pencils, books, and tools needed for a task.

Hyperactivity

People who are hyperactive always seem to be in motion. They can't sit still; they may dash around or talk incessantly. Sitting still through a lesson can be an impossible task. Hyperactive children squirm in their seat or roam around the room. Or they might wiggle their feet, touch everything, or noisily tap their pencil. They may be fidgety or, they may try to do several things at once, bouncing around from one activity to the next.

Impulsivity

People who are overly impulsive seem unable to curb their immediate reactions or think before they act, they may blurt out inappropriate comments. Their impulsivity may make it hard for them to wait for things they want or to take their turn in games. They may grab a toy from another child or hit when they're upset.

Some signs of **hyperactivity** and **impulsivity** are:

- ⊗ feeling restless, often fidgeting with hands or feet, or squirming
- ⊗ running, climbing, or leaving a seat, in situations where sitting or quiet behavior is expected
- ⊗ blurting out answers before hearing the whole question
- ⊗ having difficulty waiting in line or for a turn

The behaviors must appear early in life, before age 7, and continue for at least 6 months. In children, they must be more frequent or severe than in others the same age. Above all, the behaviours must create a real handicap in at least two areas of a person's life, such as school, home, work, or social settings.

1.1.2 Causes

Many causes of attention-deficit/hyperactivity disorder have been studied, but no one cause seems to apply to all young children with the disorder. Viruses, harmful chemicals in the environment, genetics, problems during pregnancy or delivery, or anything that impairs brain development can play a role in causing the disorder.

☞ IMBALANCE IN THE NERVOUS SYSTEM

In the last years, whereas new tools and techniques have been developed for studying the brain, the scientists have been able to evaluate more theories about the causes of ADHD.

A recent investigation says that the dilemma of ADHD is a temperament problem. Temperamental differences between born hyperactive babies and other children exist. It is possible that the origin of these temperamental differences comes from the biochemical levels of the nervous system. In our brain a neuron comes off a small amount chemical substance (neurotransmitter) that gathers another neuron, simultaneously it is excited and it sent the message to another neuron. When a neurotransmitter is little or it occurs in excess happens that, the neuron is not excited or too much excited, this causes an imbalance between the neurotransmitters.

This imbalance would be the responsible agent for the difficulties that the child has for centering his attention and to maintain it during a certain time, as well as the lack of automatic control. Also it would be responsible for the abrupt changes in his mood, important characteristic of a hyperactive child.

☞ ALLERGY AND HYPERACTIVITY

The hyperactivity also has been explained like an allergic reaction to certain type of foods like sugar and the generally condiments. Nevertheless this theory has not been confirmed since it is knows that a diet without condiments or sugar does not accurate the hyperactivity.

☞ EDUCATION AND HYPERACTIVITY

It is known that a stressful and disorganized atmosphere can accentuate the hyperactivity but it does not produce it. A child with organized and calmed familiar

atmosphere continues being hyperactive. This leads to us not to know with certainty the real causes of hyperactivity.

☞ MOTHER'S PREGNANCY

Research shows that a mother's use of cigarettes, alcohol, or other drugs during pregnancy may have damaging effects on the unborn child. These substances may be dangerous to the fetus's developing brain. It appears that alcohol and the nicotine in cigarettes may distort developing nerve cells. For example, heavy alcohol use during pregnancy has been linked to fetal alcohol syndrome (FAS), a condition that can lead to low birth weight, intellectual impairment, and certain physical defects. Many children born with FAS show much the same hyperactivity, inattention, and impulsivity as children with ADHD.

Drugs such as cocaine-including the smokeless form known as crack-seem to affect the normal development of brain receptors. These brain cell parts help to transmit incoming signals from our skin, eyes, and ears, and help control our responses to the environment. Current research suggests that drug abuse may harm these receptors. Some scientists believe that such damage may lead to ADHD.

Other research shows that attention disorders tend to run in families, so there are likely to be genetic influences. Children who have ADHD usually have at least one close relative who also has ADHD. And at least one-third of all fathers who had ADHD in their youth bear children who have ADHD.

☞ CHILD CAUSES (student of the school)

☞ The possibility of a genetic cause to ADHD is not supported by the fact that **ADHD appears to run in families** and in this case no one of the Childs family has had ADHD.

☞ The environmental agent can not be associated with a higher ADHD because the child never lived in a very contaminated place.

☞ There is a possibility of the child to have ADHD because of the mother use of cigarettes during pregnancy, the mother did not have a calm pregnancy she had many emotional problem.

1.1.3 Effects

School Effects

The magnitude of ADHD is large; the investigators of this type of children found that children with more symptoms of ADHD have significantly lower math and reading scores. These children also have an elevated probability of grade repetition and to have trouble in learning special assignments like languages and computing.

ADHD Children typically have many academic problems. Despite being intelligent, academic performance is often below grade level. The best way to visualize the difficulty is to know the IQ/ability and the attention/concentration system. The children with ADHD do not get knowledge due to a difference in the transmission capability. If a child's intellectual ability (IQ) is measured at 115 and his/her concentration "IQ" is 50 he is not going to have a good school life.

Without treatment, ADHD Children rapidly lose ground in school. Imagine an ADHD Child with only 50% concentration. For each grade completed, he/she retains 50% despite the IQ level. After four grades in school, the ADHD Child has retained only three grades and is now one grade behind. At this point, the child begins failing and lacks the foundation to understand some more complex school concepts.

Low Self –stem effects

When ADHD children face situations that are hard or displeasure to them; they prefer to avoid tasks. So they show they low self-esteem in the followings ways:

1. He says: I do not want to do it, because it is hard and I never do things right. This boy expresses his difficulties in an opened way.
2. He says: I do it later, now I cannot, he avoids tasks because he feels incapacity of doing intellectual work.
3. He says: I won't do it, because this is for small children, is a triviality. He hides the feeling of impotency of doing any activities and the boy changes his mood.

☞ Health effects

Strikingly, the effects of ADHD on child outcomes are much larger than school problems children could also have physical health problems if they don't take an adequate medicine for the problem. The pediatrician has to determine which if the appropriate medication for the child. Teacher should also know about it, like the duration and how the medicine works so he/she can evaluate the children and observed the child while he is medicated.

Medication is not addictive, although it is certain that the often used groups of medicines are stimulants, numerous studies have tried that these medications are not addictive if they are used in a correct way. Enough patients interrupt their use in the week ends and vacations. The medical investigation for a long time has been establishing a worrisome relation between the ADHD no treated and the abuse about substances, since the ADHD can be returned drug addicted or alcoholic because they can not handle with the problem.

☞ Family Effects

The parents usually worry that the ADHD symptoms can be progressively increased and make their son to be secreted by their school partners and all the society, due to their aggressiveness and antisocial conduct this is the principal reason why parents become aggressive, impulsive and they become depressed.

The difficult behavior of an ADHD boy can generate conflicts and hostility in the answers of the relatives, causing a difficult and full relation of frustration, obtaining the lack of human heat, the marital discordances, abuse, physical and psychic aggression and this can complicate the symptoms of the boy.

1.2 Problem setting

In the "Blue Sky" Institution there is one student that was diagnosticated by two specialists (psychologist and a neurologist) like ADHD children. This has really become a problem in my English classes because he has problems concentrating and paying attention, he has trouble sitting still in class and waiting for his turn. He yells out the answers before other kids have a chance to raise their hands. He is disorganized,

distracted, or forgetful. He loses things and has trouble finishing assignments. He wiggles around in his seat, move around a lot, talk too much, or interrupt other people's conversations.

It is important to mention that the symptoms and characteristics of this type of children can change frequently and can become more intensive because everybody has a combination of behavior depending of the biology and the environment where they are involved.

This problem is presented more often in a neurophysiologic disorder in the childhood. The children with ADHD, because of the instability they present, are valued like a negative factor for normal children and they can not become part of the class group. That's why the purpose of behavioral interventions is to assist students in displaying the behaviors that are most conducive to their own learning and that of classmates. Well-managed classrooms prevent many disciplinary problems and provide an environment that is most favorable for learning. When a teacher's time must be spent interacting with students, whose behaviors are not focused on the lesson being presented, less time is available for assisting other students. Behavioral interventions should be viewed as an opportunity for teaching in the most effective and efficient manner, rather than as an opportunity for punishment.

Children with ADHD often need some special accommodations to help them learn. For example, the teacher may seat the child in an area with few distractions, provide an area where the child can move around and release excess energy, or establish a clearly posted system of rules and reward appropriate behaviour. Sometimes just keeping a card or a picture on the desk can serve as a visual reminder to use the right school behaviour, like raising a hand instead of shouting out or staying in a seat instead of wandering around the room. Giving a child extra time on tests can make the difference between passing and failing, and gives her a fairer chance to show what she's learned. Reviewing instructions or writing assignments on the board, and even listing the books and materials they will need for the task, may make it possible for disorganized, inattentive children to complete the work.

Students with ADHD often need to learn techniques for monitoring and controlling their own attention and behaviour. The process of finding alternatives for teaching this kind

of children is not easy and the main problem of some institutions is that teachers do not know about this problem and treat children in an inappropriate way.

Nowadays scientists are beginning to uncover new information on the role of the brain in ADHD and effective treatments for the disorder such research will ultimately result in improving the personal fulfilment and productivity of people with ADHD.

The use of new techniques like brain imaging to observe how the brain actually works is already providing new insights into the causes of ADHD. Other research is seeking to identify conditions of pregnancy and early childhood that may cause or contribute to these differences in the brain. As the body of knowledge grows, scientists may someday learn how to prevent these differences or at least how to treat them.

1.3 Variables working out

Dependent variable

Going through the point that the dependent variable has a relation with the problem I would say that **Y** is:

- ☞ There are not appropriated techniques, strategies and methodology for teaching English Language for ADHD children, even there are not practical examples that could be applied in the classroom day by day.

Independent variable

- ☞ The independent variable **X** is relationated with the causes that produces ADHD but there are not really determine so in this case I would mention some of the possible causes of this problem:

- ⊗ inherited genetic factors
- ⊗ mother's use of cigarettes, alcohol, or other drugs during pregnancy
- ⊗ Metabolic Alterations
- ⊗ Emotional Factors

1.4 Objectives

1.4.1 General

- ☉ To develop an adequate methodology for teaching English as a second language for Pre school children that have ADHD (Attention Deficit with Hyperactivity Disorder) which will be an important tool for supplying all the necessities that this kind of students have.
- ☉ To investigate the possible causes that produced this problem in my student so I can determine the major factor of ADHD
- ☉ To apply the diverse obtained methodologies in the case study; doing a comparison for determining the one that had the best results and applied it in my student.

1.4.2 Specific

- ☉ To investigate developed methodologies that could be applied to my case study
- ☉ To design a methodology that helps ADHD children learning English as a second language.
- ☉ To define the appropriate structure for developing methodologies that are going to be applied in the classroom.
- ☉ To analyze deeply what is ADHD and understand how it affects children.
- ☉ To analyze the causes, symptoms and problems that produce ADHD
- ☉ To investigate the precede problems of my student for knowing his real situation in that way I could understand his position.
- ☉ To build up an evaluation system for each obtained methodology.
- ☉ To apply the best methodology in a real case study so I can prove it and generalize it for similar children problems.
- ☉ To documentate real examples so they can be a tool for teachers with ADHD children.

1.5 Justification

Education is not an easy job. Some teachers present several problems treating children with some neurological problems. Good teachers try to apply the best methods for making students learn the lessons but some times even the best techniques fail.

Actually teachers do not know how to act with ADHD children, not so many books are publicized and there are not some many specialized people.

Having ADHD children in a class is not a problem but you have to know how to act, what to do and when to do and use special techniques. In Ecuador there are not to much institutions that care about this theme and that is why there are not strategies developed for helping this children.

That's the most important reason why do I want to develop strategies, establish a methodology because I believe that this type of children need specialized teachers, people who understands about the problem and treat then differently than normal children.

As we learn more about what actually happens inside the brain, we approach a future where we can prevent certain brain and mental disorders, make valid diagnoses, and treat each effectively. This is the hope, mission, and vision of my Thesis.

PART TWO

2. THEORETICAL FRAME

2.1 Theoretical and Conceptual Focus

In the year 1902, in a scientific reunion, an England pediatrician, the doctor George Still, presented in a conference, the cases where some children had a different behavior from the other children, they looked everything, they touched everything, they did not mind about what they were doing, they did not care about other children, they did not ask for permission for nothing, they did not notice about the consequences they could have by acting this way, they did not pay any attention to the things they were told.

The most terrible thing was that they did not have any control about their conduct.

Doctor Still decided, from about 100 years to define and characterize these children as “ADHD” (Attention Deficit Hyperactivity Disorder), by this way the bases were set to put this kind of children in a different group of the general population. Dr. Still had a theory in which is said that this children have this syndrome because of a congenital condition, I mean it was hereditary and not obtained after the child was born.

ADD (Attention Deficit Disorder)

In undifferentiated ADD, the primary and most significant characteristic is inattentiveness but hyperactivity is not present. These students still manifest problems with organization and distractibility, even though they may seem quite and passive.

ADHD (Attention Deficit Hyperactivity Disorder)

This disorder is presented in people since their first years of life and it could last until they are adult. It is characterized by a difficulty or an incapacity for maintaining a volunteer attention through some activities in the academic field and even in the usual field. Obviously the social relations are affected by the way it's not easy for a person to follow behavioral rules. Normally this deficit is associated by a lack of auto control and more for the difficulties in knowing that they are wrong in their acts.

These people tend to be overlooked more easily in the classroom, and may be at a higher risk for academic failure than those with ADD.

In relation to the causes known days the theme is not clear and there are many theories that try to explain it.

2.1.1 Historic Outline

Since the beginning of century, in which it was defined for the first time, until the 60's, the ADHD is explained from a purely neurological perspective, prevailing the model of the "minimum cerebral dysfunction" like the responsible in charge of the disorders that identify this type of children with lack of attention, impulsiveness and excess motor activity.

In the 60's decade the environmentalist reaction takes place, that is to say the origin of the ADHD is not intrinsic to the boy but a result of its relation with the surroundings. The studies concentrate in the functional analysis of the conduct and the intervention is based on behavioral and technical therapies of modification of conduct.

Later, during the 70's, the investigations advanced towards cognitive thesis, Virginia Douglas, within the frame of the past information, defines the disorder like attention deficit exactly as we know it know , leaving the idea that the key symptom of the hyperactive child is the excess motor activity.

Later it arrives the psychiatric manuals that are questionnaires that controls daily the behavior of the children and diagnoses child from some established variables to determine if the boy or girl have some type of disorder.

In the 90's, ADHD stills a controversial subject, one of the most accepted theories is "**The motivational model and of self-regulation**" of Russell Barkley.

In this model Barkley proposes a reduction of the three sub-categories of ADHD to two sub-types by excluding ADHD IT "Attention-Deficit/Hyperactivity Disorder Predominantly Inattentive Type" so this would leave two sub-types - ADHD - HI "Attention-Deficit/Hyperactivity Disorder Predominantly Hyperactive-Impulsive Type" and ADHD - CT. "Attention deficit disorder Combined Type". The basis for this

proposal is the argument that the core inhibitory deficit is found only in ADHD-HI and in ADHD -CT while the inattention problem of the third ADHD type has to do with passivity, sluggish information processing and deficient selective attention, and not with deficient inhibition.

Subsequently I will exposed the explanatory models of the disorder, according they have happened through the time.

☞ **Medical Model**

Between the 40's and 60's the hypothesis of the "*cerebral damage*" which is the name given to a collection of movement disorders. Movement disorders are conditions in which a person's muscles do not respond normally. It is caused by brain damage that occurs before, during, or just after birth. And the hypothesis of the "*minimum cerebral dysfunction*" which is an alteration of the learning skills, irritability, convulsion tendency, little lapse of attention; caused by the badly performance of the neurological functions; where unwieldy accepted because this two theories only explain the origin of the symptoms and not why children presented them, medical community said these terms were excessively vague.

Throughout the time diverse investigations in this field have advanced a lot. The biochemical studies raise an imbalance of the dopamine neurotransmitters ¹ like the responsible of the deficiencies in the sequential processing of the information, although the relation cause-effect has not been demonstrated.

By a Bioelectric level, also it has been observed that the pre -frontal orbit connection present certain anomalies, like a smaller electrical activity, smaller sanguineous flow and smaller dopamine availability.

Also the application of techniques of auto image by magnetic resonance has shown the relation of the hyperactivity with a diminution of the structural volume of the right pre - frontal cortex the fluted nucleus, the hard body and the cerebellum.

¹ "A monoamine neurotransmitter formed in the brain and essential for the normal functioning of the central nervous system" taken form www.thefreedictionary.com

On the other hand, the genetic studies have shown, on a consistent way that the hyperactivity is very determined by the inheritance.

Other causal of the hyperactivity existence is the environmental lead presence, the sugar, or certain additives, which have not been demonstrated to have a direct implication. However there have been settled some risk factors as the low weight when being born, drinking excessive alcohol prematurely, the mother consumed drugs, fetal suffering, et cetera.

Environmentalist Model

According to this model the hyperactive conducts would be consequence more of destruct rated and stressful environments that can suffer a child.

Between the implied environmental factors the familiar climate where the child develops plays an important role, inadequate education rules , incoherence, absence of limits, parents fights , etc can generate behavioral alterations , although it is certain that there exist a great percentage of hyperactive children with a great familiar system.

Also, any type of pathology that presents the parents can be a triggering factor of possible disorders of hyperactivity in the children like for example neuroticism, physical problems, etc.

Another implied environmental factor is the handling of the discipline, since many studies demonstrate that the families of hyperactive children use techniques of quite strict discipline.

Low socioeconomic status of families is also a characteristic of the hyperactivity, although it is not exclusive of this disorder.

Conceptual Model

This model establishes the necessity of analyzing the diverse behavioral manifestations of the ADHD like a set of related problems to each other.

It is considered that the nucleus of the problem is constituted by a biological difference, characterized by an anomalous cerebral function (imbalance of neurotransmitters in certain zones of the brain).

Accepting this affirmation, I could say that hyperactivity and the attention disorder is done for compensating the biological deficit.

In a first point of explanation of ADHD, I found a lack of attention, difficulties of learning in the “normal” abilities that a child learns through parents and professors models; also it is included emotional deficits and lacking control of fine motor skills; this all show an absence of self-regulation of the behavior.

As a result of this situation it takes to a second point where I found deficits in personal and social abilities.

On a third point; because of this difficulties, behavioral indicators would be placed in high levels of anxiety and stress (phobias, being scared to darkness), social in – adaptation, low self-esteem, this all together goes throw the scholastic failure².

In summary, evidences do not exist until this moment of a unique cause that explains the ADHD. In certain cases the educative style of the parents plays a fundamental role in its appearance; in others, organic factors and of self-regulation and, in a third group, the hyperactivity is explained better as a result of the combination of endogenous³ and exogenous⁴ factors.

2.1.2 Problem Statement

One of the subjects that the parents with ADHD children most worry about is the scholastic evolution, because they might get low academic achievements due to their attention difficulties, or the behavioral problems that can appear by the deficiencies presented in their auto control.

ADHD is a neurobiological disorder that is characterizes by three keys symptoms:

² Impossibility to reach the minimum objectives for normal scholastic level.

³ Genetic information that has influence in the development of a human being.

⁴ Factor that has to do climate, ills, economy and psychology.

- ☞ The deficit of attention,
- ☞ The hyperactivity and
- ☞ The impulsiveness

Nowadays this disorder is the one that has a greater incidence in the childhood population and it is considered that it affects 3% to 7% in scholastic age presented in major or minor intensity degree.

A person who has investigated a lot on this field is Russell Barkley; he defines ADHD as a deficit in the inhibition of answer or behavior that brings problems in the auto control and handling of the memory of nonverbal and verbal work, problems in motivation and socialization.

The ADHD has a high genetic content, approximately 80% of the cases of ADHD are presented by a relative with the same typical characteristics; and in many cases the symptoms remain throughout the whole life of the person. Although the ADHD has an organic origin the environment can do much in the improvement of the problems that are arising and in the evolution of the affected person, preventing some serious troubles or deficiencies. That is why it is important to keep parents and educators informed about this disorder.

From the consults I have done to the parents and to informative and formative materials I have acquired some knowledge for handling this difficult situation I have as an English teacher, I also tried to manage the poor automatic control ADHD students have so I can avoid the anguish that can generate the lack of control of this child to the parents and to the school.

From the childhood, the children distribute their time between the home and the school. In many cases the school is the one that detects the differences of significant behavior or academic failure; this is where I noticed the problem I had with my student.

My experience with this type of children has demonstrated the importance of knowing how to handle the behavior of the student with ADHD and managing the difficulties in

learning English so my student can understand and learn this second language in an efficient form getting the best results.

My student problem is complicated he has many problems learning English and the normal methodologies are not good enough for teaching this important language; so I could say that the real difficulty is finding an specialized methodology for educating him, this methodology must be develop depending on the actual problems he presents.

2.1.3 Actual situation

Approximately 7, 9%⁵ of the children of our country present ADHD. When analyzing this circumstance we must put our selves in alert and meditate on the consequences that could happen if we do not act with responsibility, because of this I want to refer to the words of Emilio Mira and Lopez when he analyzed the social problem produced by the learning disorders of the students: “Many of this children may be the possible adults that can not learn, the possible thieves or simple the persons that can handle any social problem and deeps on loneliness”.

It is important to mention that the symptoms and characteristics of this children changes frequently and becomes more intensive because every student of my class has a combination of behavior so this becomes a difficulty when teaching him in the same environment.

Because of the instability the student presents, is valued like a negative factor for normal children and he can not become part of the class group. I have tried to manage the English classrooms, prevent the disciplinary problems and provide an environment that is most favorable for learning so it can be more conducive to his own scholarship and also effective for his classmates I believe that teacher's time must be spent interacting with students, more even when their behaviors are not focused on the lesson presented, Behavioral interventions for this students should be viewed as an opportunity for teaching in the most effective and efficient manner, rather than as an opportunity for punishment.

⁵ Data from “Centro Nacional De Epilepsia Ecuador”

The activity that this child realizes turns out to be unproductive, mess up and is constantly changing, which is reflected in the poor quality of his work. He is impatient and intolerant which makes him frustrate easily. He is generally very emotive, aggressive and impulsive, he also cries frequently.

All of this condition takes him to have constants social problems because it is difficult for him to be associated to other children or to follow pre-established norms, making difficult his learning to a second language like English.

2.1.4 ADHD Analysis

In the Diagnostic Statistical Manual (DSM IV) published by THE AMERICAN PSYCHIATRIC ASSOCIATION, in their last version and as I said in the Historic Outline there are three types of hyperactivity

☞ **ADHD IT “Attention-Deficit/Hyperactivity Disorder Predominantly Inattentive Type”**

This is a child who seems not to be listening when somebody is speaking to him directly, seems that he dreams wide-awake, is hard for him to start up activities, often forgets and loses things.

This child usually gets distracted for any irrelevant noise, so they immediately disperse in games or other activities that does not have anything to do with the class.

In the class they are generally unnoticed, really passive, do not learn in the expected rate, forget tasks assignments or the jobs are delivery late and usually homework is incomplete. This type of children avoids, displeases and resists carrying out tasks that require a mental effort.

The presentation of their jobs is neglected, forgets to put the name, on the exams their answers are disorganized and occupy mistaken spaces.

It gives the impression that they are not an intelligent children (although is not certain), they have a high degree of alarming demotivation, is frequent that they finished at the end of the desks of the class and that nobody trust in them.

☞ **ADHD - HI “Attention-Deficit/Hyperactivity Disorder Predominantly Hyperactive-Impulsive Type”**

This children moves from a place to another at inappropriate moments, moves hands and feet in excess, balanced all the time and often stands up of their chair. They usually interrupt conversations and activities. They answer in a hasty form, even before someone has finished formulating the question. They have difficulties dedicating to tasks or calm games; this type of children also speaks in excess.

The behavior of these children is annoying and often teachers and family worry much about the manifestations of aggressiveness they have in the class and within the familiar frame.

☞ **ADHD - CT. “Attention deficit disorder Combined Type”.**

This is the most common type which, as the name implies, is a combination of the inattentive and the hyperactive-impulsive types.

A diagnosis of one of the attention-deficit/hyperactivity disorders is usually made when children have several of the above symptoms that begin before age 7 and last at least 6 months. Generally, symptoms have to be observed in at least two different settings, such as home and school, before a diagnosis is made.

After knowing and understanding the three types of ADHD I could give some personal analysis and information of the professionals that have treated this child in the Bilingual Kids Centre “Blue Sky”

2.1.5 Teacher diagnostic

The teacher plays a very outstanding role in the detection of the first signals of ADHD. Somehow the context of the class is resembled like a neuropsychological test since the students must maintain the attention in a constant form, in the school children require confidence and organization, self - control of the impulses and to remain quiet per