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Research Article

"Effectiveness Of Cognitive Therapy In Managing Attention Deficiency And Hyperactivity Behaviour Among Primary Level Students".

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ABSTRACT

This study stresses to know the behavioral problems among school children exhibiting symptoms of Attention Deficit Hyperactivity Disorder which is one of the most common neurological disorders affecting children including the symptoms of Inattention, Hyperactivity and Impulsivity. This study is conducted in Madurai from selected primary classes from private organizations. In this present study the sample consist of 100 Teachers and 200 parents of Attention Deficit Hyperactivity Disorder students. The proposed study aims to find out the **EFFECTIVENESS OF COGNITIVE THERAPY IN MANAGING ATTENTION DEFICIENCY AND HYPERACTIVITY BEHAVIOUR AMONG PRIMARY LEVEL STUDENTS".**

The tools used in this study was Teacher and Parents perceptions about the Attention Deficit and Hyperactivity Disorder **students**. The study progresses through selection of variables both independent and dependent keeping in view the children exhibiting symptoms of ADHD their causes and the effectiveness of cognitive therapy to managing Attention Deficit Hyperactivity Disorder, in view of research study it was appropriately thought to pose different questions in the form of objectives and hypothesis to understand the entire aspect of children exhibiting symptoms of ADHD. Teachers may have concerns about welcoming a child with attention deficiency and hyperactivity behaviour into their classrooms and programs. Individual accommodations may be necessary to meet a child's needs and remove barriers that prevent the child from fully participating. In terms of hyperactivity, children perceive to have significant higher hyperactivity symptoms of ADHD as compared to teachers as they expressed they had difficulty in engaging activities quietly and talk excessively and feel restless often when they have to talk to their teachers, On the other hand Parents of children and teachers perceive to have similar hyperactivity scores of children exhibiting symptoms of ADHD as teachers reported that they talk much and some children leave the seats and keep playing in the class as well parents reported that they are overactive sometimes. The study revealed several critical insights into the attention span challenges faced by children with Attention Deficit Hyperactivity Disorder (ADHD). These findings highlight the multifaceted nature of the difficulties in sustaining attention that are characteristic of this disorder. In conclusion, understanding and managing attention span in children with Attention Deficit Hyperactivity Disorder (ADHD) is crucial for fostering their academic and behavioral success.

The span of attention for these children is often characterized by significant variability and inconsistency, influenced by a range of factors including task engagement, environmental conditions, and the presence of comorbid conditions.

1.0 INTRODUCTION

When the child enters the world, he is unaware of its complexities. His mid is a clean state ad gradual with the increase in his interaction with his environment, he keeps assimilating and accommodating concepts and thereby adjusts to his surroundings. During the process of interaction and adjustment he is able to learn

certain others. Thus, a child seems to be in a disabled or difficult ad problematic situation where learning of different things essential for his development ad progress are concerned. Teachers are the most significant element in early childhood classrooms. Program quality is determined by Teachers skills in managing the learning environment. Quality is further determined by Teachers personal attitudes about children and about themselves and by their philosophical beliefs on how children learn. Developmental diversity among children's special needs with a range of individualized programs. At the same time inclusive classrooms for Teachers who recognize that young children with developmental disabilities are more like typically developing children than they different from them. All children need learning activities that are geared to their individual levels of development and interests. Typically developing children need such experiences, gifted children need them, children with development delays and disabilities need them. Effective Teachers use the development approach in their teaching to provide all students within the mainstream appropriate educational programmes that are challenging yet geared to their capabilities and needs as well as any support and assistance they and or their Teachers may need to be successful in the mainstream. They recognize that all children have special needs and how our society views high quality early childhood care and education for all children. other words , if providing high quality child care for typically developing children is not a societal priority providing high quality child care for children with disabilities will not be a priority either. In Teachers recognize further that special needs cannot be met unless basic developmental needs also are met. Special education is also called as special needs education, the education of children who differ socially or physically from the average to such an extent that they require modification of usual school practices. Special education serves children with emotional, behavioural or cognitive impairments or with intellectual, hearing, vision, speech or learning disabilities, gifted children with advanced academic abilities and children with orthopedic or neurological impairments.

Every child comes from a family with its own traditions, beliefs and life ways. "**Life ways consist of a family's cultural customs, courtesies, beliefs, values, practices, manner of interacting, roles , relationships, language, rituals, and expected behaviours**" (Luera, 1993). This study is driven by the pressing need to address the growing prevalence of Attention-Deficit/Hyperactivity Disorder (ADHD) among primary school children. ADHD, characterized by inattention, hyperactivity, and impulsivity, significantly impacts academic performance, social interactions, and overall well-being. [1] Traditional approaches; while beneficial in some cases, often have limitations. This research aims to investigate the effectiveness of Cognitive Therapy (CT) as a viable and potentially more holistic intervention for managing ADHD symptoms in this crucial developmental stage. The significance of this study lies in its potential to provide valuable insights into the efficacy of CT as a therapeutic approach for young children with ADHD. By rigorously evaluating the impact of CT on core ADHD symptoms, such as inattention, hyperactivity, and impulsivity, this research contribute to the development of evidence-based interventions for this challenging condition. Furthermore, this study informs educational practices by providing Teachers and educators with valuable insights into effective strategies for managing ADHD symptoms in the classroom. The findings of this research also guide parents and caregivers in making informed decisions regarding the most appropriate interventions for their children with ADHD. Ultimately, this research has the potential to improve the quality of life for children with ADHD, enhance their academic performance, and foster their overall social and emotional well-being. By demonstrating the effectiveness of CT in managing ADHD symptoms, this study contribute to the development of more effective and accessible interventions for this growing population, ultimately creating a more inclusive and supportive learning environment for all children. Special education programs are designed for those students who are mentally , physically, socially and or emotionally delayed. This aspect of delay broadly categorized as a developmental delay, signify as aspect of the child's overall development which place them behind their peers. The characteristics of the learning disabled child vary widely. May of these children encounter difficulties in one specific area while others experience problems with a number of academic subjects. Certain common well known characteristics of learning disabled children can be enumerated as below.

- Hyperactivity
- Perceptual motor impairment
- Emotional problems
- General orientation defects.
- Disorders of attention
- Impulsivity
- Memory and thinking disorders
- Specific learning disabilities in reading arithmetic, writing and spellings
- Disorders of speech and hearing

The basis of homogeneity for learning disabled children is their disability in learning. It is only when we begin to categorize the specific types of learning disabilities.

1.1 STATEMENT OF THE PROBLEM

Education is the important for all. Primary education promises a prosperous in future. The present competitive world it is not so easy to give all equal and quality education to all particularly students with disabilities. Students with disabilities should be able to feel comfortable in classrooms, without having others stereotype them and without worrying that their confidentiality will be breached. Students with Attention Deficiency and Hyperactivity behaviour among primary level students have a low-level IQ, resulting in low cognitive abilities. These cognitive deficiencies are reflected in their academic performance. In mainstream classroom settings, Attention Deficiency and Hyperactivity behaviour students were typically forced to adhere to the general curriculum. Similarly, Teachers often it challenging to teach these students by adhering to traditional teaching techniques. In such cases, specialized teaching techniques, such as cognitive strategies are beneficial for the academic success of special needs children. Hence , the problem is stated as

"EFFECTIVENESS OF COGNITIVE THERAPY IN MANAGING ATTENTION DEFICIENCY AND HYPERACTIVITY BEHAVIOUR AMONG PRIMARY LEVEL STUDENTS".

Operational Definitions

Effectiveness: The investigator means effectiveness as specialized knowledge to planning and implementing individualized programs for children with special needs. To expertise that the early childhood educator brings to the team is the ability to create a classroom environment and learning activities that are play way method , motivating, safe, interesting, responsive, and supportive for every child. Effectiveness refers to the degree to which something is successful in producing the desired results or achieving its intended goals. In this study effectiveness means the Effectiveness of cognitive therapy in Students with Attention Deficiency and Hyperactivity behaviour.

Cognitive Therapy: Cognitive Behavioural Therapy (CBT) is a type of psychotherapy that helps children learn to identify and change negative thought patterns and behaviours. It recognizes that our thoughts, feelings, and actions are interconnected. By understanding how these elements influence one another, children learn to manage their emotions more effectively and develop healthier coping mechanisms. In the present study cognitive therapy mean specific cognitive therapy such as visualization, organizers and rehearsal.

Attention deficiency Attention deficiency, often associated with Attention-Deficit/Hyperactivity Disorder (ADHD), refers to a significant difficulty in sustaining attention and focusing on tasks. It's characterized by challenges like:

- **Difficulty paying attention to details:** Easily distracted, makes careless mistakes
- **Problems sustaining attention in tasks or play activities:** Mind wanders, easily bored
- **Difficulty listening when spoken to directly:** Seems to tune out, doesn't follow instructions
- **Difficulty organizing tasks and activities:** Forgetful, loses things frequently
- **Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort:** Easily frustrated, gives up easily

Hyperactivity behaviour Children often exhibit difficulties with sustained attention and self-regulation, significantly impact their engagement in early education and care settings. Their hyperactivity disrupt classroom activities, making it challenging for them to focus on lessons, participate in group activities, and build meaningful relationships with peers and Teachers. This lack of engagement has detrimental consequences for their learning and development, potentially hindering their academic progress and social-emotional growth.

primary level students

The lowest school giving formal instruction, teaching the rudiments of learning, and extending usually from I to V class.

1.2 RESEARCH QUESTIONS

Question 1 What is the level and extent of awareness of principal and Teachers towards **COGNITIVE THERAPY IN MANAGING ATTENTION DEFICIENCY AND HYPERACTIVITY BEHAVIOUR AMONG PRIMARY LEVEL STUDENTS?.**

Question 2 What is the level of awareness of principal and Teachers about the concept of **COGNITIVE THERAPY IN MANAGING ATTENTION DEFICIENCY AND HYPERACTIVITY BEHAVIOUR AMONG PRIMARY LEVEL STUDENTS?.**

Question 3 To what extent the principals and Teachers are aware about the concept of children with **ATTENTION DEFICIENCY AND HYPERACTIVITY BEHAVIOUR?.**

Question 4 What are the barriers in the implementation of **COGNITIVE THERAPY IN MANAGING ATTENTION DEFICIENCY AND HYPERACTIVITY BEHAVIOUR AMONG PRIMARY LEVEL STUDENTS?.**

Question 5 What are the barriers experienced by the principals in implementing **COGNITIVE THERAPY IN MANAGING ATTENTION DEFICIENCY AND HYPERACTIVITY BEHAVIOUR AMONG PRIMARY LEVEL STUDENTS?.**

Question 6. What are the barriers experienced by the Teachers **COGNITIVE THERAPY IN MANAGING ATTENTION DEFICIENCY AND HYPERACTIVITY BEHAVIOUR AMONG PRIMARY LEVEL STUDENTS?.**
Question 7 What are the barriers experienced by children with **COGNITIVE THERAPY IN MANAGING ATTENTION DEFICIENCY AND HYPERACTIVITY BEHAVIOUR AMONG PRIMARY LEVEL STUDENTS?.**

1.3 GENERAL OBJECTIVES

To examine the rapport of the Special Teachers with the parents

1. To ascertain the Special school Teachers, with reference to the background variables such as, Gender, Locality, Religion, Marital status and Experience.
2. To examine the special child Parents with reference to the background variables such as, Gender, Locality Religion, Father Education, Mother Education, Father's Occupation, Mother's occupation, and Parents Monthly Income.

1.4 Limitations of the Study

As the respondents were unaware of the ADHD disorder, difficulty was experienced in convincing about ADHD symptoms and their identification. Teachers had to be trained initially on how to identify the symptoms thus much time was consumed in identifying the symptoms. Only 10 schools had to be selected from 1st to Vth standard who where in the age group between (6-15)yrs as the respondents from primary section were unaware of these symptoms thus difficulty was encountered by the children of primary classes in relating their experiences with the causative factors.

1.5 Studies Related to Attention Deficiency Abroad

Zhang L. (2024). Efficacy of Cognitive Behavioral Therapy Combined with Pharmacotherapy Versus Pharmacotherapy Alone in Adult ADHD: A Systematic Review and Meta-AnalysisThe effectiveness of CBT + M versus M for adult ADHD was examined in this study. Up to July 29, 2023, the databases of the Cochrane Library, Embase, WOS, and PubMed were searched. Data analysis and literature screening were carried out. According to the study's findings, a meta-analysis indicated that CBT with M was superior than M in terms of reducing symptoms of ADHD. A subgroup study revealed a considerable improvement in ADHD symptoms in industrialised nations. CBT + M outperformed M at 3 months, but no statistically significant changes were seen at 6 or 9 months. According to the study, the economy and country may have an impact on the outcomes. In wealthy nations, combined therapy for ADHD should be given priority.
Dagmar Strohmeier (2024) This scoping review investigated the impact of learning loss on reading literacy among primary school students. By analyzing 20 relevant articles from databases such as Scopus, ERIC, BASE, and DOAJ, the study revealed that the COVID-19 pandemic-induced disruption to education has significantly contributed to learning loss, particularly in reading skills. This learning loss has severe consequences, including increased risk of learning poverty among primary school children. The findings underscore the urgent need for targeted interventions to address the educational setbacks experienced by students during the pandemic and to mitigate the long-term consequences of learning loss on their academic and socio-economic outcomes.

STUDIES RELATED TO ATTENTION DEFICIENCY IN INDIA

Gandhi (2023) carried out a **mixed-methods study to explore tire I practices in elementary schools across United States**, through explanatory sequential design. Eighty-seven public elementary schools located across 13 districts in 5 states are chosen as samples. As the result two pattern emerged in the implementation part; Universal Design for Learning -reading and Universal Design for Learning -math. The researchers also identified the barriers to concurrent implementation of tire-I instruction
Abdullah (2017) studied Behavioural problems of school children.**The psychological counselling approaches implemented by counselors for treating them was to examine and evaluate the behavioural problems of school children in basic education** stage, and the psychological counselling approaches implemented by their counselor for treating it. In addition to, assessing the differences in these approaches according to the variables of gender and educational qualification .The sample consisted of (240) counselors (125 Male, 115 Female) enrolled from five educational administrations. Scale was constructed for assessing the behavioural problems of students and the psychological counselling approaches used by counselors. The findings showed that the most common behavioural problems were disobedience, under achievement, delaying the academic tasks, absence from school. In addition, the most counseling approaches used by counselors were individual and group counseling, Leisure time counseling, rational-emotive therapy, playing counseling, reality therapy, and client-centered therapy. According to the differences in counseling approaches related to gender and academic qualification and the degree of counselors there were no significant differences except for the approaches of cognitive, behavioural and group counseling techniques and approaches.

1.6 POPULATION OF THE STUDY

Population means the aggregate or totality of objects or individuals regarding. Which inferences are to be made in a sample study. The population for the present study constitutes the parents (Father and Mother) of Attention Deficiency and Hyperactive Behaviour special primary school and Teachers in Madurai District, Tamil Nadu.

1.7 SAMPLE USED FOR THE STUDY

Sample is a small portion of population selected for the purpose of observation and analysis. The sample of the present study consisted of 200 Attention Deficiency and Hyperactive Behaviour special School primary level Parents and 100 special School primary level Teachers .

TABLE - 1.1 GENDER-WISE DISTRIBUTION OF THE SAMPLE (TEACHERS)

Category	No. of Teachers	Percentage
Male	06	6%
Female	94	94%
Total	**100**	**100**

The above table clearly shows that 6.0% of Teachers are Male and 94.0% of them are Female.

FIGURE - 1.1 GENDER-WISE DISTRIBUTION OF THE SAMPLE (Teachers)

TABLE – 1.2 LOCATION -WISE DISTRIBUTION OF THE SAMPLE (TEACHERS)

Category	No. of Teachers	Percentage
Rural	39	39%
Urban	61	61%
Total	**100**	**100**

The above table clearly shows that 39.0% of the Teachers are from Rural schools and 61.0% of them are from Urban schools.

FIGURE –1.2 LOCATION-WISE DISTRIBUTION OF THE SAMPLE (Teachers)

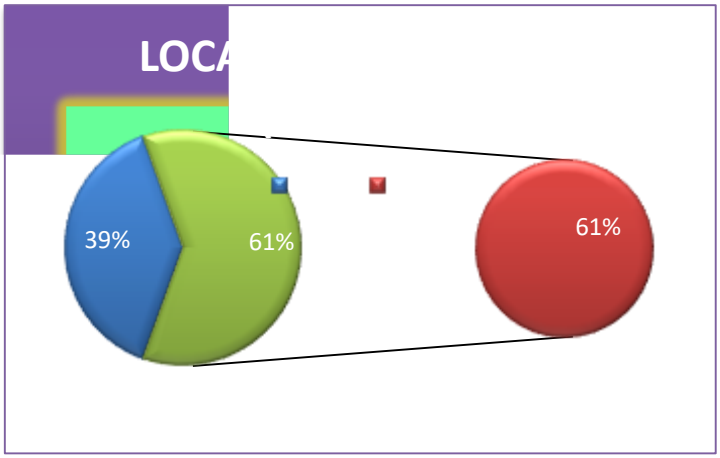


TABLE - 1.3 RELIGION-WISE DISTRIBUTION OF THE SAMPLE (TEACHERS)

Category	No. of Teachers	Percentage
Hindu	60	60%
Christian	40	40%
Total	**100**	**100**

The above table clearly shows that 60.0% of the Teachers are Hindus and 40.0% of them are Christians.

FIGURE – 1.3 RELIGION-WISE DISTRIBUTION OF THE SAMPLE (TEACHERS)

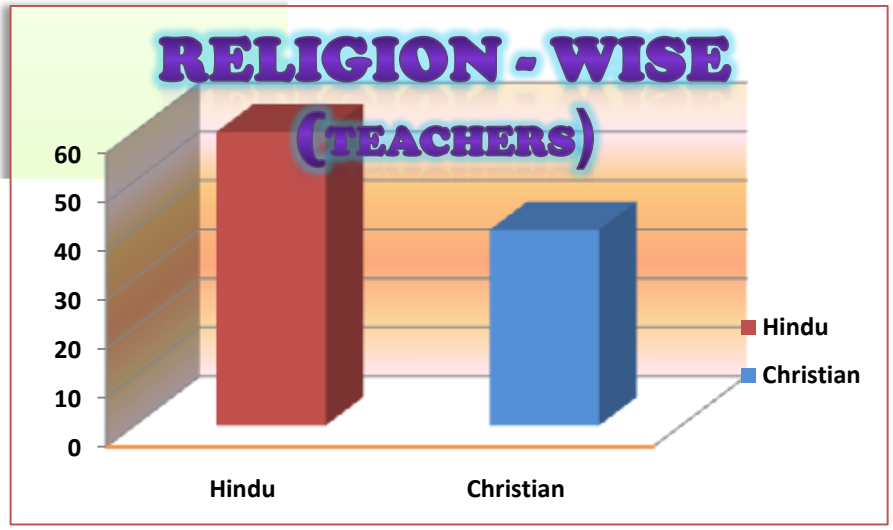


TABLE - 1.4 MARITAL STATUS-WISE DISTRIBUTION OF THE SAMPLE (TEACHERS)

Category	No. of Teachers	Percentage
Married	54	54%
Unmarried	46	46%
Total	**100**	**100**

The above table clearly shows that 54% of the Teachers are married and 46% of them are Unmarried.

FIGURE – 1.4 MARITAL STATUS-WISE DISTRIBUTION OF THE SAMPLE (TEACHERS)

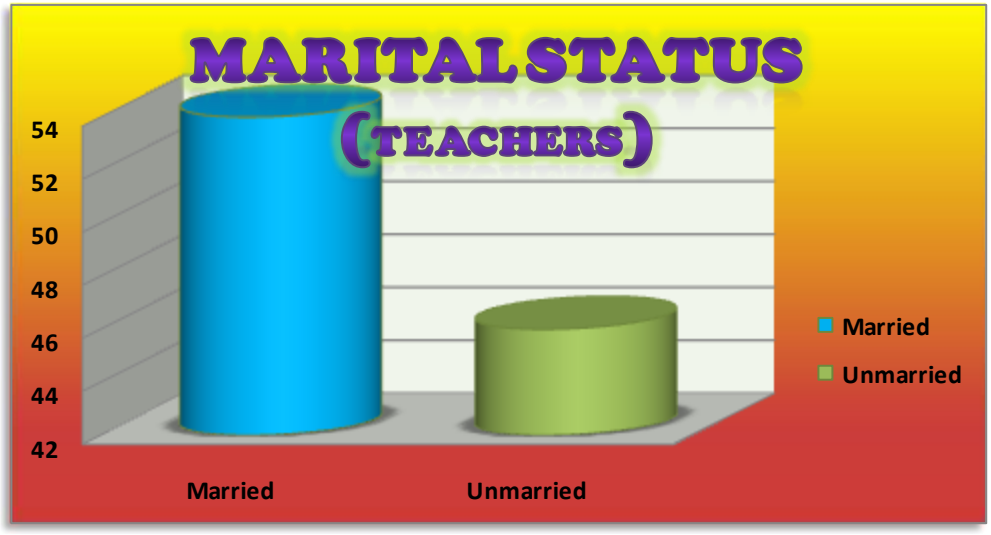
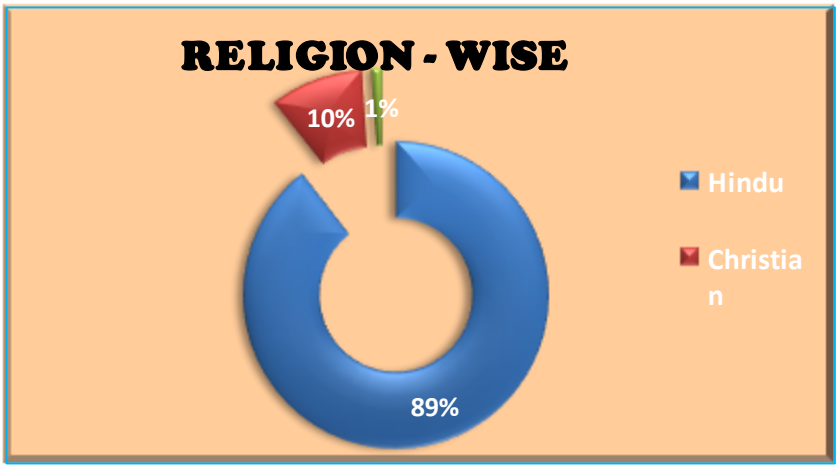


TABLE - 1.5 RELIGION-WISE DISTRIBUTION OF THE SAMPLE (PARENTS)

Category	No. of Students	Percentage
Hindu	179	89.5%
Christian	19	9.5%
Muslim	2	1.0%
Total	**200**	**100**

The above table clearly shows that 89.5% of students are Hindus, 9.5% of them are Christians and 1.0% of them are Muslims.

FIGURE – 1.5 RELIGION-WISE DISTRIBUTION OF THE SAMPLE (PARENTS)



1.8 BACKGROUND VARIABLES OF THE STUDY(Teachers)

In the present study
1. Gender
2. Location
3. Religion

3.8 BACKGROUND VARIABLES OF THE STUDY(Parents)

1. Gender
2. Location
3. Religion

1.9 TOOLS EMPLOYED FOR COLLECTION OF DATA

Research tools are administered on the sample of collection data. Tools are instruments employed as a measure to gather new facts or to explore view fields. Gathering of data may be done by some standardized test or self constructed research tools. The data may be obtained by administering questionnaires, Inventories, Observation, interviews and many other techniques.

In the present study the sample constitutes two groups of individuals as Teachers and parents of Attention Deficiency and Hyperactive behavior Children.
a. Personal data sheet for Teachers
2. Teacher - **Cognitive therapy in managing attention deficiency and hyperactivity behaviour** Impact scale
b. Personal data sheet for Parents
2. Parents- **Cognitive therapy in managing attention deficiency and hyperactivity behaviour** Cause scale

1.10 ESTABLISHING VALIDITY AND RELIABILITY

Validity

Validity of a test means the degree to which the test actually measures which is purports to measure. The validity provides a direct measure on how well the test fulfils its function.
"Validity is the extent to Education, Special Education and Educational Psychology.

Reliability

Reliability is one of the important characteristics of any test or measuring instrument. It refers to the accuracy to the measurement. Reliability also refers to the extent to which test is internally consistent., that is consistency of scores obtained throughout the test when administered once. Reliability gives the extent of which a measuring tool yields consistent scores upon testing and retesting.
The tool was administered to a set of 30 Primary school Teachers and 30 Parents in Sparks Vidyalaya Residential School For Autism Again the same tool was administered to the same set of 30 Primary school Teachers and 30 Parents in Sparks Vidyalaya Residential School For Autism . After 10 days. The responses of the Teachers and Parents were scored . In the present study the reliability was found out by test retest method. The reliability coefficient was calculated using spearman Brown prophecy formula and the reliability of the Teacher student scale is found to be 0.79 and the Reliability of the Parents children scale is found to be 0.77. .

1.11 TOOLS EMPLOYED FOR COLLECTION OF DATA

Agencies and service organizations that focus on specific developmental problems can recommend or provide videos, DVD:s, articles, Books, and other kinds of information's. These materials describe disabilities and the associated problems that confront the child, family and Teachers. Teachers may have concerns about welcoming a child with attention deficiency and hyperactivity behaviour into their classrooms and programs. Individual accommodations may be necessary to meet a child's needs and remove barriers that prevent the child from fully participating. Components for examination include both the physical environment, communication with family , Social Factors, curriculum and strategies for promoting positive behaviour as well as their own personal biases and experiences. It is true that early childhood Teachers not need extensive special training to teach childhood setting. They do , however, need a particular mind set seeing each child of all as a child, rather than as stutterer a behaviour problem or a child with attention deficiency and hyperactivity behaviour, By first viewing every child as a child , teacher come to realize that many behaviours are not related necessarily to a child disability. Blaming a child's tantrums, excessive shyness or aggressiveness on his or her disability is seldom justified. More accurate and more helpful to the child is to view the problem as a developmental irregularity or cultural diversity seen in many children to a greater or lesser degree. Teachers who work with children with developmental disabilities need, first and foremost a through foundation in normal growth and development. To recognize and evaluate developmental deviations, Teachers must have an understanding of the range and variations of behaviours and skill levels found among both normal and special populations.

Research tools are administered on the sample of collecting data. Tools are instruments employed as a measure to gather new facts or to explore new fields. Gathering of data may be done by some self made or self constructed research tools. The data may be obtained by administering questionnaires, interviews and many other techniques.

1.12 STATISTICAL TECHNIQUES USED

Depending upon the nature of the hypotheses of the study, the investigator used the following statistical techniques for analyzing and interpreting the data.

Percentage Analysis, Arithmetic Mean, Standard Deviation , 't' test, ANOVA Test and Chi-Square.

1.13 OBJECTIVES TESTING

i. To find out the level of the Teachers with their Attention Deficiency and Hyperactive behavior students

TABLE 1.6 LEVEL OF THE TEACHERS WITH THEIR ATTENTION DEFICIENCY AND HYPERACTIVE BEHAVIOR STUDENTS.

Health Factors and its dimensions	Low		Moderate		High	
	N	%	N	%	N	%
Teaching Factor	19	19.0	57	57.0	24	24.0
Economic Factors	23	23.0	56	56.0	21	21.0
Parenting Factors	21	21.0	61	61.0	18	18.0
Social Factors	22	22.0	54	54.0	24	24.0
Risk Factors	23	23.0	57	57.0	20	20.0
Parents Child Relationship	24	24.0	53	53.0	23	23.0
Regulation Factors	24	24.0	56	56.0	20	20.0
Total	25	25.0	50	50.0	25	25.0

It is inferred from the above table (1.6) that 19.0% of Teachers have low, 57,0% of them have moderate and 24.0% of them have high level of Teaching Factors. .

It is inferred from the above table (1.6) that 23.0% of Teachers have low, 56.0% of them have moderate and 21.0% of them have high level of Economic Factors .

ii. To find out whether there is any significant difference between **Gender** and the relationship of Teachers with their Attention Deficiency and Hyperactive behavior students .

TABLE 1.7 SIGNIFICANT DIFFERENCE BETWEEN GENDER AND THE RELATIONSHIP OF TEACHERS WITH THEIR ATTENTION DEFICIENCY AND HYPERACTIVE BEHAVIOR STUDENTS

Health Factors and its dimensions	Gender	Low		Moderate		High	
		N	%	N	%	N	%
Teaching Factor	Male	0	0.0	4	66.7	2	33.3
	Female	19	20.2	53	56.4	22	23.4
Economic Factors	Male	1	16.7	3	50.0	2	33.3
	Female	22	23.4	53	56.4	19	20.2
Parenting Factors	Male	3	50.0	3	50.0	0	0.0
	Female	18	19.1	58	61.7	18	19.1
Social Factors	Male	1	16.7	4	66.7	1	16.7
	Female	21	22.3	50	53.2	23	24.5
Risk Factors	Male	2	33.3	1	16.7	3	50.0
	Female	21	22.3	56	59.6	17	18.1
Parents Child Relationship	Male	0	0.0	6	100.0	0	0.0
	Female	24	25.5	47	50.0	23	24.5
Regulation Factors	Male	1	16.7	1	16.7	4	66.7
	Female	23	24.5	55	58.5	16	17.0
Total	Male	1	16.7	3	50.0	2	33.3
	Female	24	25.5	47	50.0	23	24.5

It is inferred from the above table (1.7) that 0.0% of the Male Teachers have low, 66.7% of them have moderate and 33.3% of them have high level of Teaching Factor .
In the case of Female Teachers, 20.2% of them have low, 56.4% of them have moderate and 23.4% of them have high level of Teaching Factor .
It is inferred from the above table (1.7) that 16.7% of the Male Teachers have low, 50.0% of them have moderate and 33.3% of them have high level of Economic Factors.
In the case of Female Teachers, 23.4% of them have low, 56.4% of them have moderate and 20.2% of them have high level of Economic Factors .

TABLE 1.8 SIGNIFICANT DIFFERENCE BETWEEN LOCALITY AND THE RELATIONSHIP OF TEACHERS WITH THEIR ATTENTION DEFICIENCY AND HYPERACTIVE BEHAVIOR STUDENTS .

Health Factors and its dimensions	Location of school	Low		Moderate		High	
		N	%	N	%	N	%
Teaching Factor	Rural	11	28.2	18	46.2	10	25.6
	Urban	8	13.1	39	63.9	14	23.0
Economic Factors	Rural	8	20.5	21	53.8	10	25.6
	Urban	15	24.6	35	57.4	11	18.0
Parenting Factors	Rural	12	30.8	19	48.7	8	20.5
	Urban	9	14.8	42	68.9	10	16.4
Social Factors	Rural	9	23.1	22	56.4	8	20.5
	Urban	13	21.3	32	52.5	16	26.2
Risk Factors	Rural	5	12.8	20	51.3	14	35.9
	Urban	18	29.5	37	60.7	6	9.8
Parents Child Relationship	Rural	9	23.1	18	46.2	12	30.8
	Urban	15	24.6	35	57.4	11	18.0
Regulation Factors	Rural	10	25.6	17	43.6	12	30.8
	Urban	14	23.0	39	63.9	8	13.1
Total	Rural	12	30.8	11	28.2	16	41.0
	Urban	13	21.3	39	63.9	9	14.8

It is inferred from the above table (1.8) that 28.2% of the Rural school Teachers have low, 46.2% of them have moderate, 25.6% of them have high level of Teaching Factor . With regard to Urban school Teachers, 13.1% of them have low, 63.9% of them have moderate and 23.0% of them have high level of **Teaching Factor** .

1.14 INTERPRETATION

This study on cognitive special educational practices followed by special educators in India revealed some interesting findings. Although it is generally expected that urban centres would be more effectual compared

to rural ones because of better accessibility or infrastructure facilities, there were no differences in practice between rural and urban samples, demonstrating generality of practices followed by yesal educators across different locations.

Women are generally believed to be better teachers of younger children and of children with disabilities. This study showed that women emphasised academic activity and students' performance significantly more than their male counterparts. Women were also more involved than men in other domains, with the exception of organisational activities.

It was expected that special Teachers with higher general education would be more competent and would function at a higher level in their practices across the different domains. Although this trend is seen in the results, the only significant difference was in the area of student performance, where the more educated teachers emphasised educational outcomes and achievement. However, level of professional education had no influence on special education practices.

The findings that there are no differences in practices across urban and rural areas, and that professional qualifications may not be a major influence on special education practices have implications for planning for greater coverage of these services in rural areas.

Every activity of the persons with Attention Deficiency and Hyperactivity has a meaning in life, which they have to acquire through Individualized Educational Programme supported by related services, viz., Audiology services, counseling services, early identification and assessment of disability, medical services, occupational therapy, physiotherapy, psychological services, recreation, rehabilitation, school health services, social work services in schools, speech-language pathology services and transportation.

The families of the persons with Attention Deficiency and Hyperactivity behaviour, particularly the parents and siblings do also have needs different from others, which cannot be segregated from the special needs of these children. All the needs of the persons with merital wasrdation be classified into three broad works viz. Life cycle needs, Holistic Development and Accessible and Enabling Environment. In the storde the needs start from early intervention, early childhood education, special education, vocational training, employment and independent and while socialization, the holistic development aims at providing personal hygiene, living in the physical, occupational, speech and language and psychological therapeutic intervent areas as well as family support and social work The accessible and enabling environment makes a demand on the community to interventions. accept and appreciate them as equals in the society and to provide them barrier free psychological and social environment. physical, Special education is very critical component in the development of the children with mental retardation, as is universally understood that education to human beings is very essential for a quality of life.

1.15 CONCLUSION:

Parents of children with learning disability could act successfully as behaviour therapists in helping their own children to overcome their difficulties, provided they have standard procedures to follow under supervision (David Ryback, Arthur W. Staats). When parents follow the same process of kinesthetic activities, positive reinforcement, reduction of screen time, etc., the children tend to show improvement at a faster pace. Parents' support holds a very important place in the modification of behaviour along with academic improvement. The motivation given by the parents creates a strong desire for children to perform better. A child's learning problem is believed to be due to the weakness in a particular ability that is necessary to perform a given task. These abilities are usually classified as perceptual - motor, sensory or psycholinguistic. If a child's found weak in any one of these abilities that should be remedied to overcome learning problems. psycholinguistic, visual perceptual, perceptual motor and multi sensory approaches have been suggested for ability training. Applied behaviour analysis, direct instruction and precision teaching approaches are followed in skill training.

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