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PEDAGOGICAL AND PSYCHOLOGICAL STRATEGIES FOR WORKING WITH HYPERACTIVE CHILDREN AND INTEGRATED CORRECTION METHODS

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Abstract: This scientific article analyzes the theoretical and practical aspects of working with children diagnosed with Attention Deficit and Hyperactivity Disorder (ADHD), a condition increasingly observed in modern educational systems. The article examines the neuropedagogical foundations of hyperactivity, diagnostic criteria, and mechanisms for socializing such children within healthy peer groups. Furthermore, it proposes the most effective contemporary technologies used in international practice, including gamification, art therapy, and behavioral correction methods.

Keywords: hyperactivity, attention deficit, pedagogical correction, integrated diagnostics, reflective approach, inclusive environment, gamification, behavioral correction.

INTRODUCTION

The 21st century, characterized as the era of information and digital technologies, has accelerated human development while simultaneously exerting significant transformational effects on the psychophysical development of younger generations. In modern preschool and general secondary educational institutions, the number of children experiencing difficulties adapting to traditional didactic standards and displaying noticeable imbalances in their emotional and volitional spheres is steadily increasing. Among these groups, children with Attention Deficit and Hyperactivity Disorder (ADHD) constitute a distinct category.

In classical pedagogical practice, hyperactive children have often been unjustly labeled as "undisciplined," "poorly raised," or "low-achieving" students. However, contemporary international neuroanthropological and pedagogical research demonstrates that hyperactivity is not intentional misbehavior but rather a unique biological and functional characteristic of the central nervous system. Therefore, future educators and practicing teachers are expected not to rely on punishment or administrative pressure but to apply scientifically grounded diagnostic and corrective technologies.

1. NEUROPEDAGOGICAL AND PSYCHOLOGICAL FOUNDATIONS OF HYPERACTIVITY

To understand the phenomenon of hyperactivity accurately, it is necessary to examine its causes from a scientific perspective. From a neurophysiological viewpoint, hyperactivity results from an imbalance between inhibitory and excitatory processes in the cerebral cortex. The prefrontal cortex is responsible for controlling behavior, planning, and maintaining attention. In hyperactive children, the exchange of neurotransmitters such as dopamine and norepinephrine in this area occurs more slowly.

In pedagogical taxonomy, hyperactivity manifests through the interaction of three primary components:

1. **Attention Deficit:** The child cannot focus on a single activity for an extended period (even for 5–10 minutes), becomes easily distracted, and overlooks details.
2. **Motor Hyperactivity (Hyperkinesia):** The inability to control physical movements, a constant desire to move, and difficulty remaining seated.
3. **Impulsivity:** Answering questions before they are completed, difficulty waiting for one's turn, and making decisions without considering consequences.

Teachers should understand that such excessive physical activity is not a deliberate strategy to disrupt lessons but rather a mechanism through which the child stimulates and maintains brain alertness.

2. CRITERIA FOR IDENTIFYING HYPERACTIVE CHILDREN IN A GROUP

Integrated diagnostic principles require educators to rely on scientific criteria before labeling a child as "hyperactive." Based on the international DSM-5 classification system and pedagogical criteria-based approaches, the following indicators are used to identify hyperactivity in classroom settings.

Attention Deficit Criteria:

- Frequent careless mistakes due to inattention to details during academic tasks.
- Inability to sustain attention during games or educational activities.
- Appearing not to listen during direct communication.
- Failure to follow instructions completely and abandoning tasks midway.

Hyperactivity and Impulsivity Criteria:

- Constant movement of hands and feet while seated.
- Leaving one's seat or running around the classroom during lessons without a valid reason.
- Difficulty participating quietly in games or intellectual activities.
- Excessive talking and frequent digressions during communication.

Methodological Golden Rule: These symptoms should be consistently observed for at least six months in two different environments (home and school/preschool) before initiating a specialized correctional program. Temporary behaviors or actions occurring only during specific lessons may indicate low interest rather than hyperactivity.

3. PEDAGOGICAL METHODS FOR WORKING WITH HYPERACTIVE CHILDREN

Traditional commands such as "sit still," "be quiet," or "look at the board" often produce the opposite effect in hyperactive children. Restrictions may increase emotional tension and lead to aggressive behavior. Contemporary international practice recommends the following approaches.

3.1 Optimizing the Organizational and Physical Environment (Reggio Emilia Elements)

➢ **Seating Arrangement:** Seating a hyperactive child at the back of the classroom or near windows is a mistake. Instead, they should be placed close to the teacher, in the first or second row, away from distracting factors.

➢ **Eye Contact:** Before giving instructions, the teacher should call the child by name, establish eye contact, and ensure attention is focused before explaining the task.

3.2 Breaking Tasks into Smaller Steps (Decomposition Method)

Hyperactive children often struggle with lengthy instructions.

Example:

Instead of saying:

"Open page 15, read the text, copy the rules into your notebook, and solve the exercises."

The teacher should divide the task into smaller steps:

"Open page 15."

After completion:

"Read the first sentence."

Then:

"Write this word in your notebook."

Each successfully completed step should be positively reinforced.

3.3 Directing Energy Constructively

Rather than suppressing excess physical energy, it should be redirected toward socially beneficial activities.

Practice Examples:

- "Please erase the board."
- "Distribute the notebooks."
- "Water the plants."

Such tasks allow children to satisfy their need for movement while feeling useful and valued within the group.

4. INTEGRATED CORRECTIONAL TECHNOLOGIES

Working effectively with hyperactive children requires not only didactic methods but also integrated pedagogical and psychological correctional technologies.

4.1 Gamification and Token Economy Systems

Long-term goals such as "earning excellent grades by the end of the semester" often fail to motivate hyperactive children. They require immediate and visible rewards.

Method:

A "Success Card" is created in the classroom. Children receive stickers, stars, or tokens for sitting calmly for ten minutes or completing tasks on time. Accumulated tokens can later be exchanged for privileges such as leading an activity or playing a favorite game.

4.2 Art Therapy and Clay Therapy

Creative activities play an important role in reducing emotional tension and improving fine motor skills.

Practical Exercise:

Working with clay or plasticine. Children are encouraged to create shapes and channel their energy into the activity. Tactile interaction with clay helps calm the nervous system and improves sustained attention.

5. FAMILY ENVIRONMENT AND PARENTAL COLLABORATION IN CORRECTION

If diagnostic and correctional efforts are limited solely to the school environment, their effectiveness significantly decreases. Consistency and structure within the family are equally important. Educators should systematically provide parents with the following recommendations:

- **Consistent Daily Routine:** Sleeping, eating, studying, and playing should occur at the same times each day.
- **Limiting Screen Time:** Computer games and fast-paced videos may intensify hyperactivity. Outdoor sports and swimming are preferable alternatives.
- **Unified Parenting Approach:** Parents should maintain consistent rules and expectations without contradictory messages.

CONCLUSION

Working with hyperactive children requires not only patience but also profound neuropedagogical and diagnostic knowledge. Hyperactivity should not be viewed as a personal tragedy but rather as a potential source of creativity, energy, and leadership when appropriately guided.

By replacing punishment-based approaches with integrated diagnostics, task decomposition, and gamification strategies, educators can successfully support hyperactive children in adapting to healthy social environments and fully realizing their potential.

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