

Teacher's Handling on Hyperactive Children in the Age of 4-6 Years Old: A Case Study in a Kindergarten Inclusion in Kebumen

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Abstract—This study moved from hyperactive children to Kindergarten Inclusion in Kebumen. This study aims to describe the steps of teacher handling in hyperactive kindergartens in Kindergarten Inclusion in Kebumen. This study uses a qualitative approach. Data collection techniques with methods of observation, interviews and documentation, then the subject of research 1 5-year-old boy in the Kindergarten Inclusion in Kebumen. The results showed that the steps for handling teachers in hyperactive children in the Kindergarten inclusion in Kebumen were problem identification, assessment, diagnosis, treatment planning, treatment implementation.

Keywords—teacher handling, hyperactive, children aged 4-6 years

I. INTRODUCTION

Educate in early childhood education or high kindergarten, just by completing high school / vocational school and equivalent. The teacher is an important component in the teaching and learning process in class. The teacher plays an important role in being able to help students in the class so that they can reach their potential with the full direction and guidance that are appropriate to the child's development [1]. Good teachers are able to direct children's interests and talents well and are able to make children feel comfortable and controlled while in class. The teacher is also responsible for the development of all potential students, both cognitive potential, affective potential, and psychomotor potential then what is taught to children, in the classroom the teacher plays a full role in the activity. In a school institution there are certainly problems ranging from schools, teachers, and children. The existence of problems that occur in children of course the teacher must understand how to provide the right response to overcome the problems that occur in children in the classroom. There are five teacher responses to students in the classroom learning process, namely: (1) showing concern and kindness; (2) sharing responsibilities; (3) sensitive to diversity; (4) improving children's instruction; and (5) encourage creativity.

Children have abnormal and deviant behaviors such as hyperactive behavior or can be called behavioral disorders that can harm the surrounding environment. Hyperactivity is often taken as a child with low concentration, disturbing, restless or uneasy, high activity does not aim clearly and emotions are unstable. Hyperactive children cannot remain silent, cannot listen to the teacher's explanation when teaching and the child is always pacing in the classroom [2].

Hyperactivity is characterized by difficulties that spread and develop inappropriate with attention, impulsivity and hyperactivity [3]. Symptoms of hyperactivity cause significant disturbances at home and at school and are associated with a number of behavioral difficulties such as aggression and non-compliance [1]. In addition, teachers are more likely to see less hyperactive labeled children with respect to intelligence, personality, and behavior [2].

Academically, children with hyperactivity are more likely to have lower grades, lower grades on standardized tests, greater identification possibilities for special education, and increased use of school-based services, compared with uninterrupted peers [3]. Picture of hyperactive behavior can be imagined if the child is in class with friends who are not hyperactive. Teachers as instructors certainly feel hassles, their friends will feel disturbed, so that the learning achievement achieved cannot be optimized [4].

Hyperactivity as a behavior pattern of someone who shows an attitude of not wanting to be silent, not paying attention and impulsive [5]. The child will not be silent until he feels tired, the child will continue to make sounds and move until someone pays attention to him but the child will not pay attention to the people around him. Children only expect an attention from the surrounding people such as teachers and classmates [6].

The most recognizable feature for hyperactive children is that the child will always move from one place to another, other than that the person concerned is very rare to stay for about 5 to 10 minutes in order to perform an activity assignment given by the teacher. In addition to the characteristics of the attitude of hyperactive children in the class as follows: (1) Children are easy to forget and are not completely finished in carrying out tasks; (2) Children are more likely to avoid assignments given; (3) Children find it difficult to pay attention to various tasks and also play activities; (4) The child has a behavior that causes him to be difficult to accept by other friends; (5) Children tend not to be quiet and very difficult to sit while in class; (6) Children have excessive motor activity, making it difficult to regulate.

The characteristics of children who experience hyperactivity disorder are difficult to focus on children's attention to what they do, unsuccessful completion of tasks, difficulty maintaining attention when playing, concentration easily distracted, impulsivity, difficult to queue, want to master social interaction and like to interrupt people, unable to sit still, sometimes climb, always moving, difficult to obey

the rules and instructions even though he knows the rules and is able to explain but 10 minutes later he is unable to control his behavior, so that he repeatedly violates [9]. Therefore, in the school of hyperactive children in childhood, it is difficult to concentrate on their activities. He is always confused or confused, does not like to pay attention to commands or explanations from his teacher, and is always unsuccessful in carrying out school work tasks, very little ability to spell letters, unable to imitate such letters [3].

There are 5 steps in dealing with hyperactive children. The steps are: (1) Identification of the problem: identifying a condition or right that is felt to be bad. Problems with children are derived from complaints from parents and their families, teacher complaints, and can be obtained from field observations. (2) Assessment: is an activity needed by clinics forget a variety of childhood information about clients. In other words assessment is an activity to interpret, predict, assess an individual by referring to the characteristics, characteristics or data relating to the individual concerned. (3) Diagnosis: in making a diagnosis, it is necessary to evaluate the symptoms (symptoms) and see the cause. By knowing the symptoms and causes can be determined or diagnosed whether it can be labeled hyperactive and which causes it. (4) Planning a therapy program that is in the planning of this program can be done alone or with other people. Programs planned to provide response to hyperactive children need to be informed to parents, so that it is expected that there will be collaboration between teacher parents and therapists [7]. Teachers, parents must first understand about hyperactive children, do not get wrong in taking action so that it has a negative impact on the development of hyperactive children. The existing stages are very useful for parents, especially teachers, in responding to hyperactive children.

Some responses in handling hyperactive children's behavior that can be done in preschool teachers include; (1) placement of a sitting position in front so that it is close to the teacher so that the child will be more controlled by the teacher; (2) accompanying children in completing tasks; (3) consult parents and professionals; (4) divert the active movement of children by giving games [8].

The rest of this paper is organized as follow: Section II describes the literature review. Section III describes the proposed methodology. Section IV presents the obtained results and following by discussion. Finally, section V concludes this work.

II. LITERATURE REVIEW

This research was motivated by a previous study [9] regarding the lack of knowledge about the difficulties experienced by hyperactive children, teacher relations with hyperactive children, and the handling of teachers for hyper-negative children. This study is a literature study which collects literature on hyperactive children and teachers who handle hyperactive children. The results of the literature review in the form of suggestions on how hyperactive children can be handled better by school teachers and future research advice to improve our understanding of the relationship between hyperactive children, schools and families.

Although this study has shown a variety of literature studies on hyperactive children and teachers, it has not yet

been discussed how the teacher's handling of hyperactive children in the classroom. Therefore, based on the limitations of previous studies, researchers wanted to investigate further about the teacher's response to hyperactive children aged 4-6 years in kindergarten. The hope of this research can be used as a comparison or reference in giving the teacher's response to hyperactive children in Taman-Kanak-Knak as an improvement in the quality of kindergarten teachers.

III. METHODOLOGY

This section presents the proposed method.

A. Type of Studies

This study uses a qualitative approach to reveal the handling of classroom teachers in kindergarten in hyperactive children. Data collection is done through observation, interviews, and documentation. Data were analyzed through data reduction, data display and decision making. The validity of the data using triangulation method.

B. Type of Participant

Subjects in this study were 1 hyperactive boy aged 5 years and 2 female teacher (1 class teacher aged 40 years and 1 23 year teacher) in the Kindergarten Inclusion in Kebumen.

C. Type of Outcome Measure

In this study there is a teacher handling as a reference to see what treatment is given to hyperactive children. Here is the Observatory Grid tables and interviews on hyperactive children at the age of 4-6 years [2] as follows in Table I below:

TABLE I.

Variable	Sub Variables	Indicator
Handling in hyperactive children	Steps for handling hyperactive children	Identification of problems Assessment Diagnosis Treatment planning Implementation of treatment

IV. RESULT AND DISCUSSION

The results of this study indicate that there are several steps in handling teachers of the Inclusion Kindergarten in Kebumen for hyperactive children aged 4-6 years, including problem identification, assessment, diagnosis, treatment planning, and treatment implementation. The data of this study were obtained from childhood results from observations, interviews and documentation aimed at the teacher, then the data was also obtained from childhood through documentation. The results of the data are counted with these three techniques (observation, interviews and documentation) to formulate the final results [10]. The following are the results of the teacher's handling of hyperactive children in the classroom:

A. Identify the problem

The teacher carries out the process of collecting data about children by asking / interviewing parents when they first enter. Data obtained in the form of family background, behavior and abilities of children. AP comes from simple

families, data on the child's initial ability in accordance with the characteristics of hyperactive children AP behaves difficult to sit still, shows difficulty in communicating, concentrates quickly switched from the original task and then walks in class, and refuses to be ordered or hugged. This analysis data was obtained from childhood teachers and class teachers.

After conducting analysis data obtained from childhood and classroom teachers, the reporter then reports to the principal to talk about the subject matter of the AP. After discussing the behavior of AP subjects, prominent behaviors that were difficult to sit quietly in class, did not complete the assignment from the teacher, refused the child's commands and communications were very minimal. AP behavior concerns that can interfere with other friends. Based on observations and interviews conducted by the teacher on the AP has the characteristics of hyperactive children.

B. Assessment

Initial assessment is done in school, then the next assessment tests the child's ability to use assessment guidelines from the school by the teacher. This assessment is also known that AP subjects have difficult behavior to sit still. Often going out of the classroom even out of the school area when the door is not closed, the subject likes to walk the road, jumping around without any instruction from the teacher. Children can sit for half a minute with notes to be held by the teacher's hands and feet.

C. Diagnosis

Based on the results, the assessment carried out by the teacher revealed that this hyperactive child has other behaviors, namely that children have difficulty sitting still children like to walk back and forth in the corner of the classroom or walk around the classroom or even if the class is open, the child will leave the classroom or leave school if the gate is opened. Based on the teacher's knowledge gained from reading books about children with special needs and also reading from sources on the internet, the condition of the child experiences hyperactive behavior.

D. Planning treatment

Planning treatment do with a discussion between the teacher assistant and the classroom teacher. In a treatment plan t is the teacher did not do written documentation, planning only verbally. Based on the results of the *assessment* carried out, the teacher found that the AP subject showed children a number of deviant behaviors, one of which was the difficult behavior of sitting still when in class. Even though this school is an inclusive school where students learn in class with other children. In the results of observations conducted by the teacher, it was also found that the behavior of difficult-to-quiet children disturbed his friends when learning. Based on this, the teacher decides to reduce the difficult behavior of the AP subject to silence before handling the others. Some plan designed by teachers, among others: giving *reward and punishment*, ask for help from peers (teachers work together with other students, non-abnormal) provide activities / ket e rampilan to children.

The process gives *the reward* is done when the child is able to sit quietly without appearing hiperaktifnya, and when it appears hiperaktifnya child will be given *punishment*. In addition, teachers give ket e rampilan on children so that children have an activity that is more useful and hyperactive behavior. The next plan is to involve peers, the plan the teacher will ask for peer assistance in the process of handling this child's hyperactive behavior.

E. Treatment

a) Closing the classroom door

The teacher closes the classroom door and the school gate when learning takes place, the teacher will close the classroom door so that the AP subject does not leave the classroom. But still, the child cannot sit still. Even though the door is closed, the child will still stand up from his seat and walk around the classroom for a few minutes, then sit for a while and stand up again to the door and bang on the door in an effort to show the teacher to open the door.

b) Provide children with skill activities

To reduce the frequency of the behavior of hyperactive children, teachers give some ket e rampilan like meronce. In this activity, the teacher first picks up beads, and is given to the child. Keep quiet and not hold the beads so the teacher must take the child's hand and then give an example. The teacher gives repeated examples so that the AP subject will do it himself. But in this activity the subject of AP cannot do it alone and is always given assistance by the teacher.

During this meronce activity, the concentration of children was not good and the subject of AP still kept wanting to stand up from his seat and walk around in class. When seeing the AP subject does not do the task (meronce), the teacher asks the help of other students to invite the AP subject to sit back to complete the task. When the AP subject still does not want to do the rerun, the special assistant teacher holds the AP subject's foot and is in a pinch position. In front of the AP subject there is a class teacher who holds the child's hand to do meronce activities. During the process, the AP subject cries and says "no ... no" even though it is less clear.

c) Providing rewards and penalties

Teachers will *reward* AP subjects when successfully completing tasks. *Rewards* given include hugs, compliments and if the subjects of AP do not perform well and their hyperactive behaviors appear then they will be punished. The sentence referred to here is to give things that are not liked. Teachers provide AP SAP subjects when children behave poorly.

When the child's hyperactive behavior appears on the sidelines of learning, the teacher immediately says to the AP subject " *AP want a sauce?*". And the AP immediately said " *no ... no ... no ...*", shaking his head. And when the child finishes the assignment given by the teacher, the teacher will give the child a hug / praise like " *A good AP!*" In addition, the child is given a sticker of animal pictures to stick to his book. In giving this sticker *reward* more when the child finishes the task, the child will be given a sticker because all the children get a sticker if they can complete the task. Giving *reward*stickers have nothing to do with

children's hyperactive behavior, so whether the child is still behaving hyperactively or not, the important thing is that the child works on the task after the child can get a sticker.

d) Include peers

The inclusive education system that is implemented in this school makes the teacher easier in handling. Handling hyperactive children with the help of peers is highly recommended because with the invitation of peer's children feel like having friends [11]. During the learning process, when the AP subject appears hyperactive, the teacher asks for help from peers in the subject class so that the AP subject sits back to do the work from the teacher. When the child walks the way when the learning process, the teacher asks the theme to invite the AP subject to sit. And his friend who is not ABK also invited the AP subject by dancing his hand to be invited to sit and finish the task from the teacher. After the AP subject friends managed to invite the AP subject to sit, the class teacher and the accompanying teacher immediately evaporate thanks to the AP subject friends. In addition, when the AP subject is seen playing cool alone, the teacher asks his peers for help to invite the AP subject to play.

e) Monitoring

After carrying out the *treatment*, the teacher monitors the *treatment* process that has been carried out. The monitoring process is carried out by the teacher by looking at the behavior of AP subjects when the learning process is in class. The result is that by closing the door, the opportunity for the AP subject to exit the class is reduced. In addition, peer assistance helps teachers to make AP subjects sit back to study. Although there is progress in progress in the behavior of AP subjects, the teacher does not carry out a written report that makes the measurement of the progress of AP subject behavior not neatly measured.

Official evaluation is done every six months when receiving report cards. Here the teacher will explain to parents about all developments and changes in AP subject behavior after undergoing a learning process. For daily evaluation, there is a student diary that writes about all student activities on that day. From the results of this monitoring, it will be used for the handling of the next child, namely determining the follow-up for handling hyperactive behavior on the subject of AP in the next semester.

f) Follow-up

Based on the results of the discussion between the teacher, the accompanying teacher and the school principal and seeing the results of the *treatment* carried out, the follow-up was determined. The follow-up done by the teacher is still doing *treatment* as it has been carried out, because seeing that the *treatment* given by the teacher there are not many results. Therefore, teachers decided to provide *treatment* that is the same, namely, to shut the classroom door, giving ket e rampilan for students, ask the help of peers.

Based on the results of observation, interviews and documentation studies, the steps taken in handling hyperactive children in kindergarten include problem identification, assessment, diagnosis, treatment planning, and treatment implementatio, but not all of these processes have been carried

out optimally. The problem identification process is carried out by the teacher in the school by collecting student data. The data collected included student biodata, student background, student behavior, student abilities. After collecting data, the teacher will analyze the data, after which the teacher informs the principal and other teachers. After that, teachers and principals discuss the case. After discussing the AP case, the teacher did not make a written report about this AP case.

The assessment process is to find out about AP behavior, where the child has hyperactive behavior. The behavioral assessment carried out was to look at the frequency of AP hyperactivity behavior. But in the implementation of the teacher has not been careful in the process of finding out about the information on how many times the emergence of behavior. Likewise, the length of time for hyperactive behavior. Diagnosis performed in handling hyperactivitybehaviorin the Kebumen Inclusion kindergarten is not yet appropriate because it is done by the teacher in the school, so it still needs to involve children from other competent parties such as psychologists and expert doctors. In establishing a diagnosis, carefulness is needed, and the validity of the assessment results is needed. In Kebumen Inclusion kindergarten, the assessment process is still not optimal, so the enforcement of the diagnosis is not yet valid. In this case, the new teacher sees a visible picture that is clearly visible from the child's behavior. The diagnostic process is the process of conducting an accurate and complete assessment of problems that occur in children (at home and at school) and then compiling individual programs that are comprehensive for behavioral management [12].

Master classes and teacher assistant perform oral discussion on planning the implementation of treatment that will be given to children. In this discussion process the teacher does not make reports on paper and is only oral. In general, in practice, handling planning is not in the form of paper, but discussed with parents in a discussion [13]. Planning tr e ATMEN t made in the handling of hyperactive behavior in kindergarten Inclusion Kebumen is planning to reward and punishment Request help from peers (teachers work with other students-non abnormal), provide activities / skills to children. The treatment carried out in handling the hyperactive behavior of the Kebumen Inclusion kindergarten is to carry out the implementation according to the plan, conduct an evaluation and follow up [1]. Implementation is carried out in accordance with the planning that has been made, monitoring or evaluating hyperactivity behavior has been reduced or not and looking for disturbances that hinder development, reflection, namely the disclosure of the results of the action or treatment results that have been carried out in accordance with planning, follow-up, from discussion of some of the aforementioned implementation is determined the treatment of actions to improve the implementation of the first action

V. CONCLUSION

In general, the teacher has been handling the hyperactive children very well, the teacher is very diligent and patient in giving special treatment to hyperactive children by not forgetting other normal children. And within a certain period the behavior of a hyperactive child is slightly reduced by the efforts and ways that the teacher does. Based on the results of research measures for handling hyperactive children namely problem identification, assessment, diagnosis, treatment

planning and treatment implementation. Problem identification is done by collecting data, conducting analysis and classification, inform the results of the analysis, hold a case discussion. Assessment is done by interviewing the person closest to the subject and observing the subject's behavior. The new diagnosis is carried out by the teacher in the school, so it still needs to involve children from other competent parties such as psychologists and expert doctors. Planning treatments carried out plan to give gifts and penalties and involve peers (teachers cooperate with other students-non abnormal), giving activities / skills to children. The implementation of the treatment carried out is carried out according to the plan, evaluates and follows up .

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