IJNRD.ORG ISSN : 2456-4184
INTERNATIONAL JOURNAL OF NOVEL RESEARCH AND DEVELOPMENT (IJNRD) | IJNRD.ORG
An International Open Access, Peer-reviewed, Refereed Journal

ADDRESSING CORE CHALLENGES IN ADHD: A CASE STUDY ON STRUCTURED THERAPY AND PROGRESS

Tanisha Arora
Student (Masters in Clinical Psychology)
Amity Institute of Psychology and Allied Sciences
Amity University, Noida, India

Abstract: Attention Deficit Hyperactivity Disorder (ADHD) is a complex neurodevelopmental disorder characterized by challenges in attention, impulsivity, and hyperactivity, which impact academic and social functioning. This paper examines the example of R, an 8-year-old child with ADHD who has benefited from organised therapies aimed at improving academic engagement, impulse control, attentional abilities, and sensory integration over the course of two years. To help him concentrate and participate in class, his individualised treatment plan consists of Sensory Integration Therapy, Special Education initiatives, and structured behavioural techniques. This essay highlights the advantages of a customised, multifaceted approach for managing ADHD in children by discussing R's difficulties, the treatment strategies used, and his subsequent development.

INTRODUCTION

ADHD is a prevalent neurodevelopmental disease that frequently shows itself as impulsivity, excessive activity, and trouble maintaining focus. These symptoms may affect a child's ability to concentrate in class, adhere to schedules, and grow up with acceptable social skills. Even though children with ADHD may face particular difficulties, prompt and well-planned interventions can greatly help them manage their symptoms and improve their quality of life.

R, an 8-year-old child with an ADHD diagnosis, has sensory sensitivity in addition to the three main symptoms of ADHD: impulsivity, hyperactivity, and distractibility. R is very active, finds it hard to sit still for long stretches of time, and finds it hard to concentrate on schoolwork. He regularly loses track of things, has trouble following multi-step directions, and tends to interrupt or talk out of turn. His heightened sensitivity to tactile and auditory stimuli is evident in his sensory profile, which frequently makes him more inattentive in situations when there is an abundance of sensory information.

This case study demonstrates how R's development has been aided by a multi-modal, individualised intervention plan that incorporates behavioural techniques, sensory integration, and special education. Managing sensory sensitivity, organising academic support, and offering behaviour skills to enhance self-regulation and concentrate have been the main objectives of his intervention program at Help and Opportunity Services (HOS).

CASE HISTORY

3.1 Demographics

R is a boy with ADHD who is eight years old. He resides in an urban region with his parents and regularly attends HOS for therapy sessions aimed at addressing his academic, behavioural, and sensory difficulties related to ADHD.

3.2 Core Challenges

Maintaining focus, managing impulsivity, and adjusting to sensory inputs in hectic settings—particularly at school—are among R's primary challenges. He has trouble waiting his turn, is often distracted, and is frequently fidgety. Due to pain caused by classroom noises or direct touch with specific objects, auditory and tactile sensitivity are major obstacles that further impair his ability to concentrate.

3.3 Background Information

When R was about five years old, his parents began to notice indicators of hyperactivity and distractibility, such as his incessant movement, difficulties focussing, and difficulty following directions. His diagnosis of ADHD resulted from these behaviours that hampered his capacity to learn and participate in social activities. Over the course of two years, R's individualised intervention program at HOS has addressed his sensory issues, scholastic difficulties, and behavioural regulation after his parents sought assistance there.

3.4 Daily Life Challenges

Both at home and in the classroom, R's ADHD symptoms present difficulties. Without constant reminders, he finds it difficult to stay motionless, finish homework, and adhere to regular routines. Due to his sensory sensitivity, R occasionally avoids work or gets upset when confronted with too many sensory inputs. He also finds it difficult to cope with the textures and sounds that are typical in school environments.

ASSESSMENTS

R underwent a comprehensive assessment, including ADHD-specific measures, sensory profile evaluation, and educational assessments, to understand his strengths and challenges.

4.1 ADHD-Specific Evaluation

A combination of observations made during organised clinical examinations and reports from parents and teachers supported R's diagnosis of ADHD. His symptoms, which affected his capacity to concentrate on academic assignments and social interactions, included high levels of impulsivity, hyperactivity, and distractibility in most situations.

4.2 Sensory Profile Assessment

R is extremely sensitive to touch and aural stimuli, according to the Sensory Profile Assessment. He is quickly overwhelmed by sounds such as classroom banter or tactile sensations from specific school items, which impairs his capacity for self-control and concentration.

4.3 Educational Assessment

According to academic evaluations, R struggles with impulsivity and focus, which affects his reading comprehension and math abilities and makes it difficult for him to learn new ideas. R needs systematic support in the classroom because of his frequent fidgeting and distractibility, which make it difficult for him to stay focused during classes.

FORMULATION

A customised intervention plan was developed for R based on the findings of the assessment. Three main areas were the focus of the objectives:

Attention and Behaviour Regulation: Increase his capacity to adhere to school norms and procedures, decrease impulsive behaviour, and lengthen his attention span.
Sensory Integration: To encourage comfort and concentration in a variety of settings, address sensory sensitivity, especially in the tactile and auditory domains.
Academic Support: Using his talents to increase participation, create structured support to help with reading, maths, and other academic tasks.

THERAPEUTIC APPROACH

R's treatment included the following interventions:

6.1 Sensory Integration Therapy

- **Goal**: Control tactile and auditory sensitivity to improve concentration during class activities.
- **Methods**: In a controlled setting, R was progressively exposed to touch and aural stimuli. Techniques included using noise-dampening headphones in noisy environments and engaging in sensory play with various textures to increase tactile tolerance. Activities such as soothing aural exercises and textured play were incorporated into the sessions. In order to lessen aural distractions and increase his comfort level in crowded settings, noise-cancelling headphones were developed.

6.2 Behavioral Strategies for Self-Regulation

- **Goal**: Reduce impulsive behaviors and improve focus during academic tasks.
- **Methods**: Positive reinforcement, visual schedules, and clearly defined behavioral expectations helped R build self-regulation skills.
- **Approach**: Structured behavioral supports, such as a rewards system, encouraged desired behaviors like waiting his turn. Visual schedules helped R understand routines, reducing his impulsive interruptions.

6.3 Special Education Support

Goal: Offer organised learning resources to enhance focus and academic involvement.
Methods: Using visual aids, dividing work into manageable steps, and adding frequent breaks were the main focusses of special education sessions. Targeted reading activities and maths games with visual aids were part of the special education support. Taking regular breaks allowed him to better control his attention span, which progressively improved his ability to perform academic assignments.

INTERVENTION AND PROGRESS

R has significantly improved during the past two years in several areas:

Attention and Self-Regulation: R's attention span has gradually improved, allowing him to accomplish more extensive academic work with fewer interruptions.
Sensory Tolerance: R has improved his comfort level with both tactile and auditory stimuli through sensory integration therapy. He now uses noise-cancelling headphones when necessary and engages in activities that involve a variety of textures.
Academic Engagement: R is now more adept at adhering to classroom procedures and shows increased interest in academic assignments, especially when there are visual aids available.

OUTCOMES

Measurable gains have resulted from R's organised intervention plan:

Attention and Impulse Control: R is now able to concentrate for extended periods of time and better control his impulsive actions, particularly in structured environments.
Sensory Tolerance: His increased ability to withstand tactile and auditory stimuli keeps him attentive in class.
Academic Progress: Since he can now concentrate for longer periods of time and is more involved in learning activities, R's reading and arithmetic abilities have improved.

DISCUSSION

The case of R emphasises how crucial it is to manage ADHD symptoms using a systematic, multidisciplinary approach. His improvements in sensory tolerance, behavioural control, and attention show how well behavioural techniques, special education support, and sensory integration therapy work together. The participation of R's family, who have reinforced techniques at home, has been crucial in offering constant support in a variety of contexts.

This case study highlights how behavioural support combined with interventions that target academic and sensory difficulties can improve learning and self-regulation in kids with ADHD.

CONCLUSION

R's case demonstrates the value of a comprehensive, individualized approach to managing ADHD. His progress highlights the effectiveness of sensory integration, behavioral strategies, and special education in improving his academic engagement and self-regulation. The ongoing, family-supported intervention underscores the importance of consistent, holistic support for children with ADHD to foster lasting improvements in their quality of life.

REFERENCES

(1) Hafez Afefe Barakat, A., Ata Abd El-Salihen, F., Mohamed Khalifa, A., & Mohammed Ibrahim, F. (2023). Sensory Integrative Intervention: Outcomes of Motor, Cognitive and Social Skills among Children with Attention Deficit Hyperactivity Disorders. *Egyptian Journal of Health Care*, *14*(3), 726-738.

(2) Bakar, N. A., & Zainal, M. S. (2020, March). The Effects of Using Positive Reinforcement Techniques to Reduce Disruptive Behavior of Pupil with ADHD. In *International Conference on Special Education In South East Asia Region 10th Series 2020* (pp. 107-114). Redwhite Press.

(3) RAD, D., & RAD, G. (2024). Promoting Positive Behaviour in Children with ADHD. *ALINA MARIA BREAZ*, 110.

(4) Fabiano, G. A., Naylor, J., Pelham Jr, W. E., Gnagy, E. M., Burrows-MacLean, L., Coles, E., ... & Waxmonsky, J. (2022). Special Education for Children with ADHD: Services Received and a Comparison to Children with ADHD in General Education. *School Mental Health*, *14*(4), 818-830.