

Behavior modification to increase concentration complete tasks in individuals with Attention Deficit and Hyperactive Disorders (ADHD): single case

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ABSTRACT

Individuals with ADHD often have difficulty in completing their academic assignments. this study was a single case with 8-year-old male patients diagnosed with Attention deficit/hyperactivity disorder (314.00 / F90.0) predominantly inattentive presentation and have problem on of difficult to maintaining concentration when completing an academic task which is characterized by frequent daydreaming, playing objects on the table, daydreaming, looking at his friends so that he long to start working on assignments. So that performance in academic activities declined. This intervention uses behavior modification with positive reinforcement and token economy methods that aim to increase concentration in completing tasks. The results of the intervention showed an increase in the subject's concentration in completing the task. This is marked by the increase in the duration of the focus time which was originally \pm 40-60 seconds to 120-150 seconds, the reduction in things that make the subject distracted and begin to be enthusiastic in learning activities.

Keywords: *Concentration, Completing Academic Task, Positive Reinforcement, Token Economy, ADHD*

Attention Deficit Hyperactive Disorder (ADHD) is a behavior disorder characterized by inattentiveness, impulsivity, and can be accompanied by excessive activity (over activity / hyperactivity) that is not appropriate to the age that occurs in childhood (impulsivity) APA, 2013). This disorder is one of the main psychiatric problems that is often found in children under the age of 7 years. ADHD is a characteristic of developmental symptoms in two dimensions of neuropsychological function, namely the inability to focus attention, hyperactivity, and easily distraction (Amiri et al., 2013).

The cause of ADHD or attention deficit and hyperactivity disorder is not known with certainty, but if the child has ADHD, his siblings have 5-7 times greater risk to experience the same disorder. Another factor that causes ADHD is neurochemistry in the form of disruption in the function of the neurotransmitter dopamine in the central nervous system. Neurological

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factors in the form of rapid brain growth in children who experience delays in brain maturation that show symptoms of ADHD (Killeen & Tannock, 2011; Shaw et al., 2012).

Children with ADHD exhibit a variety of behavioral difficulties, difficulties in learning and need more time to repeat the lessons that have been given. And often children with ADHD are placed in special education classes or even expelled from school. Basically a child with ADHD is not unable to follow the lessons given. However, the difficulty in focusing attention causes them to appear unprepared to learn, so they often ignore the teacher during the learning process (Loe & Feldman, 2007; Shaw et al., 2012).

The subject is an 8-year-old boy, based on information from the mother of the subject, the subject experienced a disruption in its development. During pregnancy, the subject's mother slipped while trying to help the person who was in a motorcycle accident in front of her house. He experienced massive bleeding which made the doctor decide to abort the subject's mother. However, the mother of the subject did not want to do it and maintain the womb. As a result, for 4 months the subject must be bedrested due to her vulnerable pregnancy condition. The doctor informs you that if you are born you will experience physical disabilities or experience developmental disorders.

When the subject is born, he has no physical obstacles. However, his behavior seemed unnatural like a kid his age. He did not experience the phase of crawling but immediately walked on and experienced delays in speaking. The delay in speaking is exacerbated by the subject's condition when he is 2 years old choking on fish spines which requires him to be operated on. Postoperatively the subject seemed to have more difficulty speaking and behavior was difficult to control. He likes to throw things, run around and rage for no reason. Then the patients were given behavioral and speech therapy but, for one year following the therapy did not experience significant changes. The subject mother was worried to see the subject friends at the therapy site whose behavior was not good. For example, do not wear clothes running back and forth, then play with his genitals, and so forth. At the age of 5 years the subject is treated to sit quietly and talk for 4 months. The development of the subject has progressed he was able to speak and be able to respond to others even though it requires 2-3 repetitions. After the therapy is given the subject's behavior has begun to be controlled. However, the therapy is stopped and the subject's current condition is often having difficulty maintaining concentration especially on schoolwork and is easily distracted from surrounding matters, he avoids and dislikes when given an academic assignment, often does not follow instructions given by the teacher to completing their assignments so that it is impressed that the subject does not listen to what the teacher says.

The subject's behavior in general he was able to sit calmly and not leave his chair. This he can maintain because the subject has received therapy to sit quietly, so that when he sits he is able to calm down even in the short term. In addition, the behavior that is shown when given the task is stretching the chair because they want to move right away, talk to themselves, move or even throw things around, hit, and answer questions that have not been asked and daydreaming.

Parenting patterns that tend to be inconsistent between fathers and mothers. Fathers tend to spoil the subject so that it does not force the subject to study at home. different from mothers, mothers always force patients to complete their schoolwork. If the father knows that the mother is forcing the subject, then the father scolds the mother for not being too pushy.

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Mother and father relationships tend to be less warm, fathers more often prioritize personal activities than caring for children and family.

The frequency of patients studying at home is always brief because the subject when the father and mother have different opinions the subject chooses not to learn and play. The frequency of study at home is also not routine, depending on whether or not there are homework assignments from school and patients rarely repeat the lessons learned at school. The quality of learning assistance at home tends to be less than optimal, the subject is left to study alone, study in front of the television, not accompanied by father or mother. So the subject learns in a short time because it is distracted by the things around it. Patients prefer to play games or watch television rather than study.

From the results of the intelligence test the subject got a score of 75, indicating that the subject was at an average intelligence grade. With an average grade of intelligence the subject is actually able to complete and understand academic assignments well. So it is quite capable to follow the learning process at school. This shows that the subject has no problems with cognitive function. Based on the results of the CBCL subject test has a tendency to have problems with concentration that leads to concentration in doing things with a score of 18. This result is supported by the high score of aggressive behavior and thought problems, where the subject is difficult to control themselves when the concentration is distracted so he is unable to think and focus on the assignment.

It can be concluded that the subject experienced problems with concentration of attention that caused the subject to be less able to concentrate on the school assignments given. The results of the analysis have shown that the subject has attention deficit and hyperactivity disorder (ADHD). As well as having problems the difficulty of maintaining concentration during the learning process takes place. The problem is characterized by frequent daydreaming, playing banda on the table, daydreaming, looking at his friends so that he takes a long time to start working on assignments. This shows that the subject easily distracted with the surrounding environment.

Attention Deficit Hyperactive Disorder (ADHD) or attention deficit and hyperactivity disorder is a neurobiological disorder or medical disorder that can be recognized and has its own characteristics, namely: inattention (inattention) or easily distracted, impulsive, and hyperactive (Flanagan, Allen, & Henry, 2010). Lack of concentration causes children to be more easily distracted than other children, does not concentrate at all on their tasks, results in poor school performance and interferes with other children. Impulsivity is characterized by always doing risky actions, acting without thinking first and as if not aware of the consequences, and as if not hearing. Hyperactivity is characterized by always 'wanting to leave', difficult to follow, not being able to stand still, rocking around, tapping fingers or toes, swinging tunkai, spinning the body, up and down, usually doing several things at once and not have been able to sit quietly (Abikoff & Klein, 1992; Killeen & Tannock, 2011).

Barkley (2003) defines attentions as being unable to focus or persevere in a task or activity, remembering and following and following instructions or regulations and not being able to ignore the distractor when performing a task. Whereas concentration is the ability to focus attention on selected stimuli over time (Barkley, 2003; Killeen & Tannock, 2011). This is a problem in patients who have difficulty maintaining concentration so it requires more time in completing assignments compared to school friends.

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The frequency of the subject's distracted behavior in doing assignments often occurs in almost every subject. When compared with other children, the subject behaves more than doing assignments, causing the subject to be the student who always finishes working on the task and does not even complete the given task. This makes the teacher must provide special assistance to the subject. The subject is difficult to calm down while working on his task independently, the client is only able to maintain concentration in working on the task for ± 40-60 seconds.

Internal and external factors can affect a child's learning process. Internal factors include health, intelligence, interests and motivation. While external factors include family, school, community and the surrounding environment. Both of these factors greatly affect the achievement of on-task behavior in children. The difficulty of achieving on-task behavior on this subject is also due to the interference of concentration and hyperactivity that he experienced so that the subject has difficulty receiving instructions and completing academic tasks. The research found that learning success is by giving reinforcement. Strengthening is given if the individual is able to carry out positive behavior and give punishment to individuals who commit negative behavior. Giving reinforcement is done so that the intended behavior can be maintained (Dupaul, Weyandt, & Janusis, 2011).

The problem experienced by the subject now is the difficulty to maintain concentration while doing schoolwork. So that the subject looks unable to accept the task given, complete and heed the instructions given. This problem is caused by the inability of the subject to maintain their concentration in academic activities and is reinforced by the absence of habitual learning activities at home. For example, reading, writing, arithmetic and other academic activities. While the subject must prepare to enter elementary school in this new school year. So we need interventions that can be used to improve concentration in completing school work.

Handling using behavioristic principles in accordance with the subject matter, where the expected behavior can be obtained from the learning process. If the subject is confronted with conditions that require him to repeat the routine given, then the expected behavior will continue to be repeated (Alter & Alter, 2012; Pfiffner & Haack, 2015). That way the principle of operant conditioning can be used as an intervention to improve on-task behavior. Positive reinforcement and token economy techniques which are the application of operant conditioning by replacing direct gifts with something that is exchanged later. So hopefully the desired behavior can continue to be repeated. Research states that increased concentration can be seen based on the completion of the tasks given by positive reinforcement given to children. With positive reinforcement this can increase children's learning motivation in learning settings (Diedrich, 2010; Liberatore & Luyben, 2009). Other research states that by giving tokens can increase children's attention in doing tasks (Mulyani, 2012), social behavior (Klimas & McLaughlin, 2007) as well as reducing off-task behavior and increasing on-task behavior (Stahr, Cushing, & Fox, 2007 ; Wheeler, 2017).

METHODOLOGY

Participants and procedures

Patient had been diagnosed with *Attention deficit/ hyperactivity disorder* (314.00 / F90.0) *predominantly inattentive presentation* and have problem on of difficult to maintaining concentration when completing an academic task. The diagnosis was made based on the criteria delineated by the DSM V. The assessment for proper diagnosis is carried out through

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a series of methods including interviews, observation and psychological tests. Interviews were conducted on the subject's family to obtain more in-depth information about the history of the disorder experienced by the subject. Observation was carried out to obtain information about activities carried out daily by the subject and ascertain the behavior of the patients that lead to symptoms of disturbance. The psychological test used is the CPM intelligence test to determine the grade of intelligence of the subject. CBCL (child behavior check list) to confirm the behavior problems experienced by the subject.

Procedure

Test and rating scale were administrated on patients and parents. Assesment result showed that patients have significantly problem to completing academic task and lack of concentration on it. Behavior modification intervention was designed in 7 sessions in two weeks as given in Table-1, included positive reinforcement and token economy.

Table-1: Outline of intervention program behavior modification

Sessions	Description
Sessions 1	Case intake, assesment of symptom <i>Attention deficit/hyperactivity disorder</i> and collecting data from family and school
Sessions 2	problem analysis and specifications
Sessions 3	Measuring beseline lack of concentration on academic task
Sessions 4	Role play the program Child will get a positive reinforcements and collect the stamp (token economy) to exchange in every four days with the gift
Sessions 5 to 7	Monitoring and evaluating the course of the intervention program
Follow up sessios	To evaluating all intervention program that given to patients

RESULTS

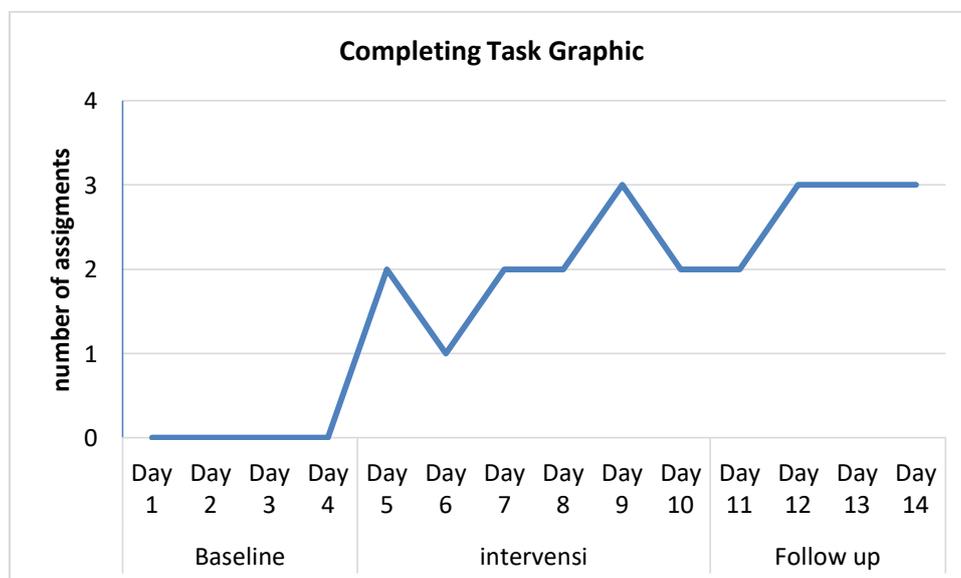
The results of the intervention showed an increase in patient concentration. This can be seen from the increasing duration of patient concentration and the number of academic tasks completed after being given positive reinforcement interventions and economic tokens. The economic token referred to in this intervention is the giving of a stamp as a temporary sign, where the mark is collected and can be exchanged for gifts. The program includes mentoring and assigning daily academic tasks that are arranged to increase concentration on the task. Results can be optimal if the patient can follow a series of interventions and adhere to any agreed agreements. However, this is not easy for subjects with attention deficit and hyperactivity disorder (ADHD). Therefore, the small amount of change experienced by the patient is a significant improvement from this intervention process.

Table-2: The result esult condition pre and post intervention

Pre intervention	Post intervention
able to maintain concentration for 40-60 seconds	able to maintain concentration for 120-150 seconds
did not complete the given task	Completing the task
When working on a task, patients often play with objects that are on the table	patients are able to move objects that are on the table while studying
When at home the subject prefers playing games rather than studying	patients want to repeat learning while at home

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Based on the table above, it shows that the patient has experienced a fairly good development with increasing duration in maintaining the concentration from 40-60 seconds to 120-150 seconds. the patient begins to understand things that can distract him and he is able to condition his own place of study. This result is supported by the increasing number of school assignments that are able to be finished.



Based on Figure 2 above shows an increase in the completion of school assignments given to patients. Before the intervention was carried out the baseline measurement showed that the patient was unable to complete the given task. After the intervention is given the patient experiences an increase in completing the tasks given. This gives an illustration that the patient has been able to increase his concentration in completing his tasks.

The results of observations using the CBCL (Child behavior Checklist) before the intervention and after the intervention showed a change in scores on several aspects of attention problems or problems in concentration. Before the intervention the score was scored 18 and after the intervention decreased to 15. That is, the patient experienced an increase in concentration which was marked by an increase in the patient's ability to complete the task.

The follow-up results showed that the patient continued to consistently learn to increase his concentration. The patient's parents continue to be committed to assisting the patient's learning process at home so that patients are motivated to complete their tasks.

DISCUSSION

The interventions that have been carried out can be said to be successful according to the agreed intervention targets. Behavior modification can be used to increase concentration in children with ADHD disorders. The results of this intervention indicate an increase in duration in maintaining concentration when completing academic task.

Behavioral approach states that behavior is formed due to a stimulus that triggers a behavior (Miltenberger, 2008). The operant conditioning theory developed by Skinner shows that the environment is a consequence that can strengthen the appearance of a behavior. The series of

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stimulus and response that appears leads to a habit. The patient's behavior is easily distracted due to stimuli in the learning environment that are continuously becoming the patient's habits. According to McDermott (2008) children are the result of what is formed by the environment, including parents. So the cause of the behavior that appears in children comes from what was formed by parents. The most common way to engage with children's activities is to involve themselves together with children in homework and project work (Schunk, Pintrich, & Meece, 2012). Positive consequences that can make a child's learning behavior survive with the assistance of learning from parents.

Behavioral modification interventions using positive reinforcement and token economy methods can increase concentration, which is characterized by increasing the duration of concentration in completing tasks in patients with attention deficit and hyperactivity disorders. Concentration helps individuals to optimize their ability to complete tasks. That way the individual is able to complete the given task and be able to take responsibility as a student at school. Giving reinforcement to each patient's achievement gives a significant meaning. In another study it was found that providing positive reinforcement can increase children's learning motivation and reduce off-task behavior while learning (Slusarek, Velling, Bunk, & Eggers, 2001). The formation of behavior according to Skinner (Olson & Hergenhahn, 2011) depends on the consequences that follow the behavior and the individual tends to maintain a behavior if there are pleasant consequences for himself over the behavior. Positive reinforcement in the form of praise to the patient can increase his sense of worth. In addition, positive reinforcement can increase student learning motivation so that students can maximize their abilities during the learning process (Diedrich, 2010). Accompanied by other reinforcement in the form of token economy, the principle of token provides reinforcement by indirect means. Strengthening is given after the patient is able to bring up the expected behavior. So that the behavior can be maintained by the patient and repeated. Previous studies have found that token economics can increase task completion or shorten task completion time and can reduce inappropriate behavior when learning in children with special needs (Klimas & McLaughlin, 2007).

The behaviorism perspective states that abnormal behavior can develop through responses that are learned, through classical conditioning, operant conditioning or modeling. Abnormal behavior results from persistent behavior caused by a variety of reinforcement or punishment incidents that encourage problematic responses. Problematic behavior in the view of behavior can be interpreted as negative behavior or habits or inappropriate behavior. Incorrect behavior is formed through the process of interaction with the environment (Bufford, 2016).

Behavioral approach is considered sufficient to be able to help children with ADHD in reinforcing appropriate behavior. This is because the behavior approach is a set of interventions that have the aim of modifying the physical and social environment to change or shape behavior, so that the desired behavior can occur (Hatiningsih, 2013). Behavior modification has been deemed effective in helping children with special needs only if implemented and consistently repeated. Although there have been many studies that show that behavioral management can improve academic performance in ADHD children, it will reduce the effects of interventions if not carried out continuously (Calkins & Dedmon, 2000).

CONCLUSION

The intervention showed an increase in patient concentration in completing the task. This is indicated by the increasing duration of the patient's focus time, the reduction in things that

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make the patient distracted and begin to be able to finish the learning activities. It can be concluded that the interventions carried out using behavior modification with positive reinforcement and token economy methods, are able to help increase the concentration of completing academic tasks in patients with attention deficit and hyperactive disorders. The patient is able to sit quietly, listen to the instructions given without interrupting in the middle of the teacher giving instructions, and able to accept and complete the tasks that have been given.

Limitations And Suggestions

Intervention was carried out on a limited sample. It can be further extended to more patients with a longer durations for the interventions.

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Conflict of Interest

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