PSYCHOLOGICAL CHARACTERISTICS OF WORKING WITH HYPERACTIVE CHILDREN OF PRIMARY SCHOOL AGE

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Abstract:*This article examines the psychological characteristics of hyperactivity in children of primary school age and analyzes effective approaches to working with such children in the educational environment. Hyperactivity, most often associated with Attention Deficit Hyperactivity Disorder (ADHD), is considered one of the most common developmental and behavioral challenges encountered by teachers and psychologists in the early years of schooling. The article reviews the underlying causes and manifestations of hyperactivity, its impact on learning, attention, and social interaction, and presents practical psychological and pedagogical strategies for supporting hyperactive children within the classroom and at home. Particular attention is given to individualized approaches, the organization of the learning environment, cooperation between teachers, psychologists, and parents, and methods for developing self-regulation skills in hyperactive children.*

Keywords: *hyperactivity, ADHD, primary school age, attention deficit, psychological support, self-regulation, behavioral correction, inclusive education.*

Introduction

The transition from preschool to primary school marks a critical period in a child's psychological development, during which new demands are placed on attention, self-control, and the ability to follow structured routines. For most children, this transition, though challenging, proceeds gradually and successfully. For a significant number of children, however, this period reveals persistent difficulties with sustaining attention, controlling impulses, and regulating physical

activity — difficulties that are collectively identified in psychological and pedagogical literature under the term hyperactivity.

Hyperactivity in children of primary school age has become an increasingly prominent concern for educators, school psychologists, and parents alike. Children exhibiting hyperactive behavior often struggle to sit still for extended periods, find it difficult to complete tasks requiring sustained concentration, act impulsively without considering consequences, and may experience difficulties in peer relationships due to impulsive or disruptive behavior. Left unaddressed, these difficulties can significantly hinder academic achievement and social-emotional development, and may contribute to lowered self-esteem and increased conflict within the family and classroom.

The purpose of this article is to examine the psychological nature of hyperactivity in primary school children, to identify its principal manifestations and underlying causes, and to propose evidence-based psychological and pedagogical strategies that enable teachers, school psychologists, and parents to support the healthy development of hyperactive children within an inclusive and understanding educational environment.

The Psychological Nature and Manifestations of Hyperactivity

Hyperactivity is generally understood within developmental psychology as a persistent pattern of excessive motor activity, impulsivity, and difficulty sustaining attention that is inconsistent with a child's developmental level and that interferes significantly with academic, social, or family functioning. While occasional restlessness or inattention is a normal feature of childhood, hyperactivity as a clinical or psychological concern is distinguished by its persistence across settings, its intensity relative to same-age peers, and the degree to which it disrupts the child's functioning and relationships.

Three core features are typically identified in the psychological literature: inattention, hyperactivity, and impulsivity. Inattention manifests as difficulty sustaining focus on tasks, frequent careless mistakes, forgetfulness, and difficulty

organizing activities or belongings. Hyperactivity manifests as excessive fidgeting, difficulty remaining seated, and a persistent sense of internal restlessness, even in situations that clearly require calm behavior.[1] Impulsivity manifests as difficulty waiting for one's turn, interrupting others, and acting without adequately considering the consequences of one's actions.

It is important to emphasize that hyperactivity in children is not a reflection of poor upbringing, deliberate disobedience, or low intelligence.[2] On the contrary, many hyperactive children demonstrate strong creativity, curiosity, and enthusiasm; their difficulties stem primarily from underlying differences in neurological self-regulation rather than from a lack of willingness to behave appropriately. Recognizing this distinction is essential for educators and parents, as it shifts the focus of intervention away from punishment and toward structured psychological and pedagogical support.

Causes and Contributing Factors

The causes of hyperactivity in children are understood to be multifactorial, involving a combination of biological, neurological, and environmental influences. Research in developmental neuropsychology points to differences in the functioning of brain regions responsible for executive control, attention regulation, and impulse inhibition as a central biological factor underlying hyperactive behavior. Genetic predisposition also plays a notable role, as hyperactivity and attention difficulties are frequently observed to run within families.[3]

Environmental and psychosocial factors can further influence the intensity and expression of hyperactive behavior, even where they are not the primary cause. Chaotic or highly inconsistent home routines, excessive exposure to fast-paced digital media, insufficient opportunities for structured physical activity, and high levels of family stress or conflict may all exacerbate difficulties with attention and self-regulation. Conversely, a calm, predictable, and supportive environment — both at home and at school — can meaningfully reduce the intensity of hyperactive symptoms and support the gradual development of self-control.

It is also important to distinguish genuine hyperactivity from situational restlessness that arises from boredom, insufficiently engaging instruction, or an unmet need for physical movement. A thoughtful educator must carefully observe the consistency and pervasiveness of a child's behavior across different settings and activities before concluding that a child's restlessness reflects a deeper psychological or neurological pattern rather than a response to a particular classroom situation.[4]

Impact on Learning and Social Development

Hyperactivity presents distinct challenges for a child's academic performance and social integration within the primary school environment. Difficulty sustaining attention during lessons often results in incomplete understanding of instructional material, frequent careless errors, and inconsistent academic performance despite adequate underlying ability. Because primary school instruction increasingly demands longer periods of focused, seated work, hyperactive children may fall behind not due to a lack of comprehension, but due to difficulty maintaining the sustained attention required to complete tasks.

Socially, impulsivity and difficulty regulating behavior can create friction in peer relationships. Hyperactive children may interrupt games, struggle to wait their turn, or react impulsively during conflicts, which can lead to social exclusion or repeated correction from teachers and peers. Over time, repeated negative feedback — even when well-intentioned — can contribute to diminished self-esteem, increased anxiety, and a reluctance to participate actively in classroom life. It is therefore essential that interventions address not only the behavioral symptoms of hyperactivity but also the emotional wellbeing and self-image of the child.[5]

Psychological and Pedagogical Strategies for Support

Effective work with hyperactive children requires a coordinated, multi-layered approach involving the classroom teacher, the school psychologist, and the family. A number of evidence-based strategies have proven particularly effective within the primary school setting.

Structuring the learning environment is among the most immediately effective interventions. Clear, consistent daily routines, predictable transitions between activities, and a seating arrangement that minimizes distraction can significantly reduce the burden placed on a hyperactive child's self-regulation capacities. Breaking lessons into shorter segments interspersed with brief opportunities for movement allows hyperactive children to release physical energy in a controlled, constructive manner rather than through disruptive behavior.

Positive reinforcement and clear behavioral expectations are essential components of effective support. Rather than focusing primarily on correcting undesirable behavior, educators are encouraged to consistently acknowledge and reinforce instances of sustained attention, patience, and self-control, however brief. Simple, immediate, and specific praise — rather than delayed or generalized feedback — is particularly effective in reinforcing desired behavior in young children with attention difficulties.[6]

The development of self-regulation skills through direct instruction is another central strategy. Techniques such as guided breathing exercises, simple mindfulness activities adapted for young children, and explicit instruction in recognizing and naming one's own emotional and physical states can gradually strengthen a child's capacity for self-control. School psychologists play a particularly valuable role in modeling and teaching these techniques through structured, age-appropriate individual or small-group sessions.

Individualized academic accommodations can further support hyperactive children's learning without lowering academic expectations. These may include breaking assignments into smaller, clearly defined steps, providing additional time for tasks requiring sustained concentration, and incorporating movement or hands-on elements into instructional activities wherever possible. Such accommodations allow hyperactive children to demonstrate their genuine academic abilities without being unfairly disadvantaged by difficulties in sustained attention.

Close collaboration between teachers, school psychologists, and parents is essential to ensure consistency across the child's different environments. Regular communication allows strategies that prove effective at school to be reinforced at home, and vice versa, while also allowing early identification of any additional support the child may require. Involving parents as active partners, rather than treating hyperactivity as solely a classroom management issue, significantly improves the long-term effectiveness of intervention efforts.

The Role of the School Psychologist

The school psychologist occupies a particularly important position in supporting hyperactive children, serving as a bridge between the classroom teacher, the family, and, where necessary, external medical or clinical specialists. Through careful observation and appropriate psychological assessment, the school psychologist can help distinguish genuine hyperactivity from situational restlessness, identify any co-occurring emotional or learning difficulties, and design individualized support plans tailored to the specific needs of each child.

In addition to direct work with the child, the school psychologist plays a valuable consultative role, guiding teachers in the practical application of classroom-based strategies and supporting parents in understanding the psychological nature of their child's behavior.[7] This consultative function helps to reduce misunderstanding and frustration among adults involved in the child's upbringing, replacing punitive responses with informed, patient, and consistent support grounded in an accurate understanding of the child's underlying needs.

Regular monitoring of the child's progress, adjustment of support strategies as needed, and open communication with families regarding the child's development over time are essential components of the psychologist's ongoing role. Where appropriate, the psychologist may also recommend referral to external medical specialists for further evaluation, while continuing to provide psychological and educational support within the school setting.

Conclusion

Hyperactivity in children of primary school age presents genuine challenges for learning, behavior, and social relationships, yet it is a manageable condition when approached with patience, structure, and informed psychological support. Understanding hyperactivity as a neurodevelopmental difference in self-regulation, rather than a matter of willful misbehavior, is the essential first step toward effective intervention. Through the thoughtful structuring of the learning environment, consistent positive reinforcement, direct instruction in self-regulation skills, individualized academic accommodations, and close collaboration between teachers, school psychologists, and parents, hyperactive children can be supported not only in overcoming their difficulties but in discovering and developing their genuine strengths.

As inclusive education continues to expand within primary schools, the psychological and pedagogical preparedness of teachers and psychologists to work effectively with hyperactive children becomes an increasingly essential professional competency. Continued investment in specialist training, the availability of school psychological services, and close partnership with families will ensure that hyperactive children are given every opportunity to succeed academically, socially, and emotionally throughout their school years and beyond.

References

1. Barkley, R.A. Attention-Deficit Hyperactivity Disorder: A Handbook for Diagnosis and Treatment. 4th ed. New York: The Guilford Press, 2014.

2. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders (DSM-5). 5th ed. Washington, DC: American Psychiatric Publishing, 2013.

3. Vygotsky, L.S. Mind in Society: The Development of Higher Psychological Processes. Cambridge, MA: Harvard University Press, 1978.

4. DuPaul, G.J., & Stoner, G. ADHD in the Schools: Assessment and Intervention Strategies. 3rd ed. New York: The Guilford Press, 2014.

5. Ministry of Public Education of the Republic of Uzbekistan. Guidelines for Psychological Support of Children with Behavioral and Attention Difficulties in General Secondary Schools. Tashkent, 2023.

6. Goldstein, S., & Naglieri, J.A. (Eds.). Handbook of Executive Functioning. New York: Springer, 2014.

7. Sonuga-Barke, E.J.S. Causal Models of Attention-Deficit/Hyperactivity Disorder: From Common Simple Deficits to Multiple Developmental Pathways. Biological Psychiatry, 2005.