



## **A look at curricular adaptations for students with Special educational needs**

**Un recorrido a las adaptaciones curriculares en estudiantes con Necesidades educativas especiales**

**América María Alvarado Jara**

Msc. Unidad Educativa Presidente José Luis Tamayo. Daule, Ecuador,  
[america.alvarado@educacion.gob.ec](mailto:america.alvarado@educacion.gob.ec), <https://orcid.org/0009-0008-0060-0563>

**Giovanni Antonio Freire Jaramillo**

Msc. Universidad Laica Vicente Rocafuerte, Guayaquil, Ecuador, [gfreirej@ulvr.edu.ec](mailto:gfreirej@ulvr.edu.ec),  
<https://orcid.org/0000-0003-3275-2488>

### **ABSTRACT**

Education is an intentional activity that involves both the subject who learns and the object to be learned, it takes into account several participants in the mentioned phenomenon and has a social scope from the links that arise with other people, in this sense there is a relationship that is generated between different agents in which there is a social space of coexistence, it has the pretension of positive acceptance of the other, social dynamics is present at all times and seeks the inclusion of all learners through a process that requires active and democratic practices for the acquisition of meaningful learning, in this scenario the Psychopedagogy seeks the study of the student's mind, their intellectual, physical, emotional, social resources, also aims to make a call for commitment to the executing entities, facilitators of this transmission of new knowledge.

## RESUMEN

La educación es una actividad intencionada que implica tanto al sujeto que aprende como al objeto por ser aprendido, toma en cuenta a varios partícipes en el mencionado fenómeno y que tiene un alcance social desde los vínculos que se suscitan con otras personas, en este sentido hay una relación que se genera entre distintos agentes en la cual se da un espacio social de convivencia, tiene la pretensión de aceptación positiva del otro, la dinámica social está presente en todo momento y busca la inclusión de todos los aprendientes por medio de un proceso que requiere prácticas activas y democráticas para la adquisición de un aprendizaje significativo, en este escenario la Psicopedagogía busca el estudio de la mente del estudiante, sus recursos intelectuales, físicos, emotivos, sociales, además pretende hacer un llamado de compromiso a los entes ejecutores, facilitadores de esta transmisión de conocimiento nuevo.

### Keywords / Palabras clave

Psychopedagogy, hyperactivity, disorder

Psicopedagogía, hiperactividad, trastorno

## Introduction

The current knowledge society is producing changes at great speed as the loss of values and social norms that are generating a constant increase of students with behavioral or emotional problems, affected in their academic performance; largely produced by the effects of pandemic 2 that have induced humanity to a social distancing and health and economic crisis, consequently, educational problems; therefore, the psycho-pedagogue must reimagine new approaches, strategies, methods, interventions and curricular adaptations that ensure quality education for a more humane and inclusive world. Some behaviors, at certain times, are important for the development and formation of the child's own identity such as the acquisition of motor skills, self-control and personal development; however, there are cases in which the frequency and intensity of their emotions are clearly above normal for their age.

These problems, in most cases, can be explained as a mismatch within the family, school or social context, because if it remains over time,

children or young people can be identified as problematic and are labeled or stigmatized with other problems that would hinder the possibilities of adaptation and normal development.

Within the educational context, psychopedagogy, remember that, having a space to enable the integration of people to the contexts, is unobjectionably linked to education, but its primary intention is the search for spaces of full and constructive interaction, at individual and collective level, without losing sight of the empathic and dynamic. At this point it can be mentioned that psychopedagogy plays a very important role as an aid to the management of the educational process, for example, the participation of individuals where they inevitably expose their own way of learning and notwithstanding that must undoubtedly prevail in the search for a fair teaching, with quality and warmth, within a framework of tolerance, respect for the different ways of learning that each person has, the promotion of eliminating prejudices and resistance that usually arise from the role of the teacher, either due to professional reluctance or ignorance of how to act appropriately in front of a student with special educational needs.

The attention of children and adolescents is a priority and even more so if the students suffer from Attention Deficit Hyperactivity Disorder ADHD, since they are vulnerable children and adolescents and are protected by the Constitution, Laws, Regulations, Ministerial Agreements, and International Standards, then the teacher is the one who must apply as a general rule the first step to help a person to overcome a difficulty and especially if it is related to ADHD, so it must be very clear where the problem is, create a strategy and act to prevent. The Department of Student Counseling DECE, will intervene following the following axes: Detection - Intervention - Follow-up - Referral - Promotion - Prevention.

For which the following objective is proposed: the teacher should know and recognize the different difficulties presented by the students, which will help them to detect a specific alteration in the attentional function. The purpose of this work is for the teacher to have the knowledge and through this to develop the ability to detect in time any difficulty that the student has and request the DECE to intervene and guide the teacher, the family and the environment about the behavioral disorder.

Since they are currently very common, the protocols issued by the Undersecretary of Specialized and Inclusive Education of the Ministry of Education must be followed.

In which textually states that "Any student who has learning difficulties for whatever cause, should receive the specialized help and resources they need, either temporarily or permanently in the most normalized educational context possible" (Undersecretary of Specialized and Inclusive Education, 2016).

Even well-behaved children and adolescents can be difficult and defiant at times. So, it is not easy to recognize the difference between a strong-willed or emotional child and a child with oppositional defiant disorder. It is normal to observe oppositional behavior at certain stages of a child's development.

A teacher who has witnessed on several occasions that an adolescent manifests a frequent and persistent pattern of anger, irritability, argumentativeness, defiance, disobedience or resentment towards parents or other authority figures, may be suffering from oppositional defiant disorder. This disorder is more evident in children 8 years of age, and these oppositional defiant disorders usually occur in the family environment, eventually they can occur in other environments, it is not a disorder that occurs at the time but rather is gradual and can take months or years.

"In a significant proportion of cases, oppositional defiant disorder constitutes an antecedent whose evolution will lead to dissocial disorder" (Moreno and Oliver, 2001),

When intervening in the school it is necessary to have a differential diagnosis in order to work accurately and effectively with children. Shortening treatment times and avoiding the magnification of symptoms. Therefore, when making a differential diagnosis for (ODD), the following points should be taken into account, according to the symptomatology presented by the children (Kaplan H. & Sadock, 1999)

- Oppositionist periods of development
- Behavioral disorders
- Attention deficit hyperactivity disorder:
- Oppositional Behaviors associated with mental retardation
- Comprehensible language disorders

- Selective Mutism
- Separation anxiety disorder
- Phobias
- Psychotic Disorder and Mood Disorder
- Specific learning disorder

(Duck and Loren, 2010) state that: "What is possible for the student with special educational needs is possible for everyone (...) and this is one of the most important maxims" the teacher, despite having held several conversations with the student to provide help, states that some impulsive behaviors had begun to occur (hitting a classmate) for which he had been punished. But all the student does is victimize himself ("I can't control myself"), etc., etc.

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(De la Oliva, Martín & Veles de Medrano, 2005). This is how it becomes a complicated situation, but it is no less true that the teacher must adjust to an existing reality where students present a great variety of traits and symptoms produced by alterations, disorders and multiple special educational needs exposed by the student, and that needs an integral attention to the diversity of people in the context and to the differences that each human being reveals at the moment of learning in each school stage, without this implying inferiority or superiority, it can simply be understood as a revelation of diversity in specificity.

Upon detection, the teacher refers the case to the DECE for intervention, the student with ADHD needs treatment for systematic and/or asystematic learning disorders, making the therapeutic approach according to the characteristics of their pathology. Once the student has been identified as a student with learning problems due to oppositional defiant disorder, protocols must be followed to help him/her in his/her prompt recovery, for which it is necessary to adopt internal measures. "School also influences the cognitive, emotional and physical development of children, ranging from the development of basic skills to higher intellectual demands along with moral and social development. Accompanying them to become independent and mature adults" (Rutter, 1985).

From this, the presence of parents or legal representatives will be requested in order to inform them about the situation of their child who will be exposed according to the report of the tutor in which the psychological evaluation will be requested.

It will also be made known to the parent that a student who presents this oppositional defiant disorder cannot be controlled by the family alone and needs to receive help from doctors, mental health professionals and experts in child development. For this, the student should be referred to one or more specialists in the field and they will be the ones to determine the degree of hyperactivity and according to their report should have a consultation with the neuropsychiatrist who will determine the corresponding medication.

Behavioral treatment of oppositional defiant disorder involves learning skills to help build positive family interactions and control problem behavior. Additional therapy, and possibly medication, may be needed to treat related mental health disorders. The help and guidance of educational psychologists to parents and teachers to stimulate both cognitive and behavioral development of the student is very essential, since these behaviors are developed in the family and social educational environments.

The most affected by this disorder are boys, more than in women before puberty, the symptoms are similar, but in boys more aggressive and confrontational behaviors are detected (Larroy & Puente, 1997) points out that there is a higher percentage of children and adolescents, and reiterates that it is more frequent in boys than in girls, although after adolescence there are no differences between the sexes". Contrary to what happens with other disorders, in this case there are few definitional criteria (Jimenez, 1994) "it is difficult to point out general defining features applicable to the subjects supposedly affected by the disorder without being forced to reach diagnostic specifications".

In this case, the parents have complied with all protocols and have taken the recovery of the child very seriously, her son, giving him a lot of love and affection, compensating him with cuddles for his achievements, has had a good recovery.

## **Materials and Methods**

This article used an interpretative-hermeneutic methodology (González et al., 2017). For this purpose, a review and analysis of a case was carried out, as part of the teaching-learning process at the university. In addition, the experience of certain authors as experts in the development of infants was taken into account. An interview was

applied, in which answers were obtained based on their perspective as pedagogues and psychologists who understand SEN.

## Results

The establishment of these directions obeys a didactic purpose since, in the practice of the teaching-learning process, they are worked and assumed in an integrated, systematic and gradual manner, as well as from a transversal and interdisciplinary conception in the curricula.

What has been the greatest difficulty you have had to deal with in the DECE of the cases that are referred to you?

Mainly the lack of interest and co-responsibility on the part of the parents who do not respond to the calls, summons or attend the Campus, nor do they provide support and follow-up to those they represent.

What has been the intervention model to deal with these cases?

Training and psycho-pedagogical workshops in the form of a School for Parents to integrate and recognize the importance of school activities, fundamentally, emotional development and educational co-responsibility.

In your opinion, as a teacher, what special educational needs (SEN) not associated with a disability do you identify most frequently?

ADHD disorders with symptomatic pictures of behavioral problems, scattered attention, impulsivity, mood variations, disorganization, inability to complete tasks, irritability.

What professionals and routines are involved in the psycho-pedagogical intervention process?

Teachers, psychologists, doctors, neurologists, therapists, with routines to verify if the student has understood the activity, task, exam, structuring a study environment without distracters; generating well-defined routines with clear rules and applying behavior modification strategies with stimuli and affection. Carrying out clear and precise communication during school activities; setting goals, teaching the

importance of compliance and consequences; working with love, understanding, flexibility and patience.

## Conclusions

Researchers agree that these ADHD disorders are multi-causal; they require intervention in all areas of development at the individual, family, school and social levels. It is common for families of students with ADHD to seek counseling in the social services of the Educational and Health District of the area; therefore, parents should seek a reengineering or restructuring of family activities and ask themselves if they are devoting quality time rather than quantity to meet the needs of their children.

Parents should attend to the integral - emotional development, not only the economic needs, and listen to their children in order to dialogue and share. In the cases in which the intervention, identification and interpretation protocols were put into practice, it was evidenced that the curricular adaptations had an impact and improved the levels of performance and socioemotional behavior. The UDAI sends the respective report to the DECE to coordinate with teachers and authorities the development of the DIAC.<sup>7</sup> The percentages of students with ADHD are related to the evidence of teachers' academic evaluations. It is of great concern that cases of hyperactive/impulsive ADHD have increased in direct relation to the loss of values or social breakdown and may persist into adulthood.

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