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APPLYING SHAPING TECHNIQUES TO IMPROVE CONCENTRATION LEVELS OF ADHD CHILDREN IN TKIT BUAH HATI KITA

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ABSTRACT

ADHD is a child with difficulty maintaining attention so that they are less able to concentrate on activities, disorders that arise such as difficulty in maintaining focus, easily distracted by external stimuli, not finishing tasks, so that their concentration is easily disturbed. This study aims to determine the effect of shaping techniques on the concentration level of children with ADHD in group B1 TKIT Buah Hati Kita Jember. The subjects in this study were ADHD children with the initials A. This study used quantitative experimental research with the Single Subject Research method with an A-B-A research design. The data collection method used was observation. Researchers conducted direct observations of children at school and at home during the initial baseline, intervention and baseline 2 processes. The data analysis technique used was analysis in conditions and analysis between conditions. The results of the study showed that the application of shaping techniques had an effect and was effective in improving the concentration of children with ADHD. The improvement that occurred during the Intervention condition was able to be maintained by the child

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1. INTRODUCTION

Children are essentially individuals in a stage of growth, possessing unique characteristics that differ from those of adults. Child development is crucial because this period is often referred to as the "Golden Age." During this time, children begin learning to gain experiences and knowledge they have not yet encountered. Children with special needs are those who require additional support due to difficulties in developmental aspects, such as cognitive, physical, and socio-emotional domains . Kholilah & Solichatun (2017), state that special education is designed for students with learning difficulties arising from physical, mental, or social factors, as well as those with exceptional talents. ADHD

(Attention Deficit Hyperactivity Disorder) is one category of children with special needs.

According to Baihaqi & Sugiarmin in Kholilah & Solichatun (2017), ADHD stands for Attention Deficit Hyperactivity Disorder. Attention refers to focus, deficit means a lack or reduction, hyperactivity refers to excessive activity, and disorder indicates a functional disturbance. Amalia (2018), argues that children with ADHD face difficulties in maintaining attention, making them less able to concentrate on lessons. The resulting impairments include difficulty sustaining focus, being easily distracted by external stimuli, and failing to complete tasks, causing their concentration to be easily disrupted.

Nuryana & Puryanto define concentration as the effort to direct attention toward a specific object or task (Putri & Widiastuti, 2019). Concentration is required for every activity; with proper concentration, tasks can be completed more quickly and with better results. Aviana & Fatichatul Hidayah (2015), explain that concentration is the way an individual focuses their attention through seeing, speaking, and hearing. Concentration is a source of mental power that allows a person to retain information for a long time; consequently, if a person's concentration weakens, they tend to become forgetful, and vice versa.

Characteristics and interventions for ADHD, according to Silitonga et al. (2023), the concentration characteristics of children with ADHD (Attention Deficit Hyperactivity Disorder) include: 1) difficulty waiting for turns or queuing, 2) a tendency to interrupt others' conversations, 3) showing defiant behavior, 4) lack of self-confidence, 5) poor organizational skills, and 6) being easily bored, restless, and hasty in decision-making. Barkley (2014), explains that children with ADHD demonstrate difficulties in maintaining consistent and sustained attention. They experience impairments in brain functions that play a vital role in regulating focus, inhibiting impulses, and sustaining concentration on tasks requiring long-term persistence. Cahya, in (Indra et al., 2018), identifies factors influencing the concentration of children with ADHD, including: 1) genetic factors, 2) chemical imbalances in the brain, 3) brain performance, 4) exposure to toxic substances, 5) cigarette smoke, 6) alcohol consumption during pregnancy, and 7) other factors.

Based on observations, specific ADHD-related issues were identified in Group B1, involving a child identified as "A." The child experienced concentration difficulties, where focus lasted less than 3 minutes, as confirmed by a psychological diagnosis of ADHD. This impairment was evident during learning activities, when

JP2KG AUD (Jurnal Pendidikan, Pengasuhan, Kesehatan dan Gizi Anak Usia Dini)
PG PAUD Universitas Negeri Surabaya
E-ISSN: 2599-2910
Vol.07 No.1, 2026, halaman 167-180

the child was completing assignments with his group mates. The child was easily distracted by external stimuli, especially outside noise, leading him to switch to other activities and rush through assignments. This condition indicated a lack of self-control and prevented the child from completing assignments as instructed. The impact was not only on child "A," but also disrupted class dynamics because his disorganized behavior and the noises his peers made distracted other students. Consequently, specific treatment was needed to address this concentration issue.

Improving a child's concentration requires engaging and enjoyable methods, such as understanding the child's character, play therapy, habit modification, shaping techniques, the use of reward concepts (reinforcement), and punishment in learning. Among these methods, shaping is a prominent choice. NASA et al. and Ho et al., in (Gede et al., 2021), state that the use of the shaping technique combined with token economy reinforcers is proven to increase the duration of a child's behavior. Komalasari, in (Sari & Pratiwi, n.d.), argues that shaping is a way to form new behaviors by providing immediate and regular reinforcement whenever the behavior is shown. Reinforcement acts as motivation given to children to control and enhance desired behaviors (Aulia et al., 2022).

Lestari, in (Yasin et al., 2024), notes that the basic concept of shaping aligns with behavioral therapy; it is a process that transforms desired behaviors and reduces undesirable ones through reinforcement. Miltenberger explains that behavior modification is a method of forming, changing, or eliminating specific behaviors (Chairunnisa & Kemala, 2020). Komalasari et al. explain that the shaping technique is the process of developing a behavior that has not yet emerged by providing direct reinforcement when that behavior appears (Mulvariani et al., 2021). Martin & Pear describe shaping as a successive approximation method, which is carried out gradually toward a desired behavior using reinforcement to reach the final goal (Salma & Prasetyawati, 2023).

Implementation and Evaluation of Shaping According to B.F. Skinner, the steps of the shaping technique include: (1) conducting an ABC analysis (Antecedent, Behavior, Consequence), (2) establishing the specific target behavior. (3) determining the reinforcement to be used, (4) creating stages for behavior achievement, (5) modifying the target behavior during the treatment process, (6) setting the timing for the delivery of reinforcement.

The advantages of the shaping technique are that it provides immediate visible results, the therapy goals are agreed upon from the start between the therapist and the child—serving as a benchmark for success—and the counseling duration is efficient. However, the weaknesses include the fact that the behavior must not be allowed to emerge during the extinction phase, and parents must fully understand the principles involved and manage their expectations regarding their child's progress.

The application of shaping techniques is an approach that can be given to children with ADHD, considering the specific concentration difficulties they experience. Unlike previous studies that applied this technique to children aged 7–9 years, this study applies it to children aged 4–5 years. By applying this technique, children are expected to increase their motivation and enthusiasm for learning and achieve optimal learning outcomes.

2. METHOD

The selection of a research method is a crucial initial step to ensure that the results obtained meet scientific standards and are accountable. This study utilizes quantitative experimental research with a Single Subject Research (SSR) method. Single subject research aims to determine whether a specific intervention has a significant effect when conducted repeatedly over time.

This study employs an A-B-A design, which demonstrates a cause-and-effect relationship between the dependent and independent variables. Researchers chose this design because it is practical, ethical, and appropriate to the fluctuating characteristics of children with ADHD, and allows for the collection of data on concentration duration in a short and repeated period. The A-B-A design consists of three phases: A1 (Baseline 1), B (Intervention), and A2 (Baseline 2) (Astawavia, 2022). The stages to be conducted are as follows: Baseline 1 (A1): In this stage, data collection is conducted over 4 sessions (meetings). This phase takes place during regular learning activities. The researcher measures the duration of the child's concentration before any intervention is applied. Intervention (B): This stage involves the delivery of the treatment. The intervention applied is the shaping technique, which is conducted over 8 sessions. Baseline 2 (A2): This stage serves as a follow-up measurement, similar to the initial baseline phase. The Baseline 2 phase is conducted for 4 sessions during learning activities to observe the effects after the intervention has been withdrawn.

JP2KG AUD (Jurnal Pendidikan, Pengasuhan, Kesehatan dan Gizi Anak Usia Dini)
PG PAUD Universitas Negeri Surabaya
E-ISSN: 2599-2910
Vol.07 No.1, 2026, halaman 167-180

This research was conducted at TKIT Buah Hati Kita, located on Jalan Mastrip, Sumbersari District, Jember Regency. The study took place during the even semester of the 2024/2025 academic year, spanning 16 days from April 21 to May 8, 2025. Population is the entire set of individuals whose identification aligns with the subjects to be studied or observed.

The population for this study consists of all children with ADHD at TKIT Buah Hati Kita Jember, totaling three children. A sample is a collection of specific parts of a population that provide necessary data and information for a research study. The sample used in this study consists of one child in class B1 categorized with ADHD. The researcher chose this specific sample because the child, referred to as "A," exhibited concentration behavior that could affect learning activities in the classroom.

The data collection method used in this research is observation. Observational data is obtained through the use of the five senses—sight, smell, and hearing—with the aim of gathering information and finding answers to research problems. This observation is conducted to monitor indicators of the concentration abilities of children with ADHD using a stopwatch (measured in seconds). Additionally, the application of the intervention is documented using field notes.

In single-subject research, the data analysis technique focuses on individual data to determine if there is a significant influence of the independent variable on the dependent variable. According to Astawavia (2022), the components analyzed in this research include: (1) In-Condition Analysis: (a) length of condition, (b) direction of trend, (c) stability trend, (d) data path, (e) range, and (f) level change. (2) Between-Condition Analysis: (a) number of variables changed, (b) changes in direction trend and its effects, (c) changes in stability trend and its effects, (d) changes in data level, and (e) percentage of overlapping data (overlap).

3. RESULT AND DISCUSSION

The application of shaping techniques to concentration was carried out on student A with the following steps: making an ABC analysis, in this step when the student was working on an assignment given by the teacher, the student was disturbed by his friends so that the student became unfocused on the assignment, as a result the student was unable to complete the assignment and created a disturbance in class. Next, determine the specific behavior to be achieved. In this step, the behavior is determined, namely persisting in doing the task within the given time.

This is done to train your child's focus through the techniques that will be given. Determine the reward to be given in the form of stickers, because your child really likes picture stickers so the researcher chose to give them. Create stages of behavioral achievement, by separating your child from the trigger of the behavior, your child can focus on doing the task within the given time. Modify the behavior to be achieved. In this step, when your child succeeds in increasing the duration of his concentration, he will be given a reward and the reward will be stopped when he is distracted again. Next, determine the time for giving reinforcement, where in this step, rewards are given during the application of the shaping technique in the intervention stage (B).

The data studied were data on the application of shaping techniques to the concentration levels of children with ADHD in Group B1 of Buah Hati Kita Kindergarten, during baseline 1 (A1), during intervention (B), and during baseline 2 (A2). The target behaviors in this study represent the application of shaping techniques to one child in Group B1 of Buah Hati Kita Kindergarten. These results were observed while the child participated in the learning described in baseline 1 (A1), intervention (B), and baseline (A2) and then combined into a summary format:

Table 1: Summary of Data Results for Baseline 1 (A1), Intervention (B), and Baseline 2 (A2)

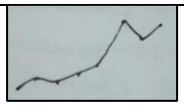
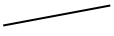
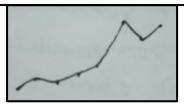
Session	**Time (seconds)**
Baseline 1 (A1)	
1	185
2	192
3	190
4	210
Intervensi (B)	
5	230
6	232
7	232
8	235
9	240
10	295
11	280
12	290
Baseline 2 (A2)	
13	291

JP2KG AUD (Jurnal Pendidikan, Pengasuhan, Kesehatan dan Gizi Anak Usia Dini)
PG PAUD Universitas Negeri Surabaya
E-ISSN: 2599-2910
Vol.07 No.1, 2026, halaman 167-180

14	291
15	292
16	295

Table 1 presents data for three conditions: baseline 1 (A1), intervention (B), and baseline 2 (A2). Sessions 1-4 in A1 showed a constant score of 2, with durations (in seconds) of 185, 192, 190, and 210 seconds. The intervention condition (B) showed an increase in score from sessions 5 to 6, with a score of 2. Sessions 6-12 showed a constant score of 3, with durations of 230, 232, 232, 235, 240, 295, 280, and 290. Baseline condition 2 (A2) showed a constant score of 3, with durations of 291, 291, 292, and 295.

Table 2: Visual Analysis Results for Baseline 1 (A1), Intervention (B), and Baseline 2 (B2) Conditions

Condition	**A1**	**B**	**A2**
Condition Length	4	8	4
Directional Tendency	 (+)	 (-+)	 (+)
Stability Tendency	$\frac{stable}{100\%}$	$\frac{stable}{87{,}5\%}$	$\frac{stable}{100\%}$
Data Trace	 (+)	 (-+)	 (+)
Range	$\frac{stable}{185-210}$	$\frac{stable}{230-290}$	$\frac{stable}{291-295}$
Level Change	$\frac{210-185}{(0)}$	$\frac{290-230}{(+1)}$	$\frac{295-291}{(0)}$

The following table summarizes the analysis results for each condition.

a. Analysis Results for Baseline 1 (A1), Intervention (B), and Baseline 2 (A2).

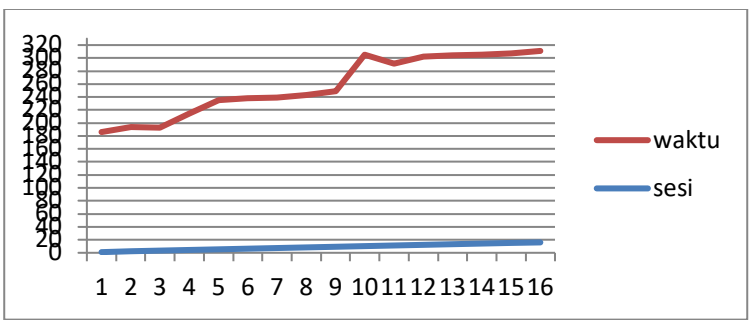


Figure 1, Condition Graph (A1), (B), and (A2)

1) Condition Length

Graph 1 illustrates the condition duration and number of data sessions for conditions A1, B, and A2. Condition A1 lasted 4 sessions, condition B 8 sessions, and condition A2 4 sessions.

2) Directional Trend

Table 2 shows that baseline 1 (A1) scores increased from sessions 1-4. In intervention (B), scores increased from sessions 5-10, decreased from sessions 10 to 11, and increased again from sessions 11 to 12. Baseline 2 (A2) scores increased from sessions 13-16.

3) Tendency to Stability

Baseline 1 (A1)

a) Calculating the mean level

Mean = sum of scores / number of sessions = 185 + 192 + 190 + 2104 = 7774 = 194.25

b) Stability criteria

Highest value x stability criteria = stability range

210 x 0.15 = 31.5

c) Ba (upper limit)

Mean level + 12 stability ranges = ba

194.25 + 15.75 = 210

d) BB (lower limit)

Mean level – 12 stability ranges = BB

194.25 – 15.75 = 178.5

The above data is displayed in a graph linked to the appendix to determine whether the trend data is stable. Stability trend = 44 x 100 = 100%. The stability trend at baseline 1 is at 100%, which is considered stable. Therefore, the researcher can continue the treatment or intervention because the trend has stabilized.

Intervention (B)

a) Calculating the mean level

Mean = sum of scores / number of sessions = 230 + 232 + 232 + 235 + 240 + 295 + 280 + 290 = 20348 = 254.25

b) Stability criteria

Highest value x stability criteria = stability range

295 x 0.15 = 44.25

c) Ba (upper limit)

Mean level + 12 stability ranges = ba

254.25 + 22.13 = 276.38

d) Bb (lower limit)

Mean level – 12 stability range = bb

JP2KG AUD (Jurnal Pendidikan, Pengasuhan, Kesehatan dan Gizi Anak Usia Dini)
PG PAUD Universitas Negeri Surabaya
E-ISSN: 2599-2910
Vol.07 No.1, 2026, halaman 167-180

254.25– 22.13 = 232.12

The above data is displayed in the graph linked to the attachment to determine whether the trend data is stable or not. Stability trend = 78 x 100 = 87.5%. The stability trend for intervention (B) is at 87.5% and falls into the stable category.

Baseline 2 (A2)

a) Calculating the mean level

Mean = sum of scores / number of sessions = 291 + 291 + 292 + 2954 = 11694 = 292.25

b) Stability criteria

Highest score x stability criteria = stability range

295 x 0.15 = 44.25

c) Ba (upper limit)

Mean level + 12 stability ranges = ba

292.25 + 22.13 = 314.38

d) Bb (lower limit)

Mean level – 12 stability ranges = bb

295.25– 22.13 = 270.12

The data above is displayed in the graph linked to the attachment to determine whether the data trend is stable or not. Stability trend = 44 x 100 = 100%. Baseline 2 shows a stability trend with a percentage reaching 100%, which means the category is stable.

4. Data Traces

Table 2 illustrates that baseline 1 (A1) data traces are stable. In intervention (B), the data traces are stable and increasing, but there is still one session that fluctuates. In baseline 2, the data traces are stable and flat.

5. Range

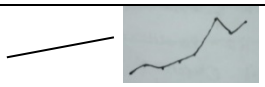
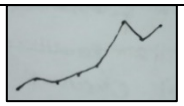
Based on Table 2, the resulting values for A1 sessions 1-4 indicate 100% data stability. Intervention (B) sessions 5-12 indicate 87.5% data stability. A2 sessions 13-16 indicate 100% data stability.

6. Level Change

The resulting level changes in Table 2 indicate that conditions A1 to intervention (B) experienced a significant upward jump, while from B to A2, the change was stable.

b. Inter-Condition Analysis

Table 3. Results of Analysis Between Conditions

Condition Comparison	**A1/B**	**B/A2**
Number of Variables	1	1
Changes in Directional Tendency & Their Effects	 (+) (-+) Positive	 (-+) (+) Positive
Changes in Stability Tendency & Its Effects	Stable to stable	Stable to stable
Data Level Change	230 - 210 = 20	290 - 230 = 60
Overlap Percentage	0 %	0%

1. Number of Variables

Table 3 shows that the variable modified for this study was 1, namely the shaping technique on the concentration of children with ADHD at the Buah Hati Kita Kindergarten.

2. Change in Directional Trend

Table 3 shows that the change in direction, the change in condition between baseline 1 and the intervention, increased. Meanwhile, the condition between baseline 2 (A2) and the intervention (B) increased, then decreased, and then increased again, indicating that the condition improved or became better as a result of the application of the shaping technique.

3. Change in Stability Trend

Table 3 shows the results of the stability trend between baseline 1 and the intervention condition (B), which showed stable results. The stability trend between baseline 2 (A2) and the intervention condition (B) showed stable results.

4. Change in Level

Table 3 presents the change in analysis levels between conditions. Changes in conditions A1 and B can be seen in Table 3. The difference in data between the last session in the intervention condition (B) and the first session in baseline 2 (A2) was used to calculate the change in level from the intervention condition (B) to baseline 2 (A2). The

JP2KG AUD (Jurnal Pendidikan, Pengasuhan, Kesehatan dan Gizi Anak Usia Dini)
PG PAUD Universitas Negeri Surabaya
E-ISSN: 2599-2910
Vol.07 No.1, 2026, halaman 167-180

increase in level from baseline condition 1 (A1) to intervention increased by 20%, while the change in level from intervention (B) to baseline 2 (A2) also showed an increase of 60%.

5. Overlap Percentage

   a. B/A1

a. Note that baseline 1 bb = 178.5 and baseline ba = 210
b. The number of data points (230, 232, 232, 235, 240, 295, 280, 290) in the intervention that fall within the baseline 1 range is 0.
c. Divide the obtained data by the number of data points in the intervention and multiply by 100, so (0:8) x 100 = 0%.

   b. A2/B

a. Note that the intervention bb = 232.12 and the intervention ba = 314.38.
b. The number of data points (291, 291, 292, 295) in baseline 2 (A2) within the intervention range (B) = 0.
c. The obtained data is divided by the number of data points in baseline 2 (A2) and multiplied by 100, so (0:8) x 100 = 0%.

The results presented above show that the overlap between A1 and B, and B and A2 is 0%, confirming a clear and significant difference between the conditions. This indicates that the data obtained in all conditions is stable and reliable. Therefore, the data demonstrates the influence of shaping techniques on the concentration levels of children with ADHD in group B1 at the Buah Hati Kita Kindergarten in Jember.

Many children in Indonesia have special needs, one of which is Attention Deficit Hyperactivity Disorder (ADHD). Children with ADHD have difficulty maintaining attention, making them less able to concentrate on learning. Therefore, treatment is needed to improve children's concentration. Children with special needs require different treatment than other normal children (Diharja et al., 2025). Appropriate and comprehensive treatment is essential to help overcome the problems that exist in children with ADHD . One method for improving the concentration of children with ADHD is the Shaping technique. The Shaping technique involves forming new behaviors by providing reinforcement each time the behavior occurs (Magdalena et al., 2024). Reinforcement itself can provide motivation and encouragement for children to do or complete their work (Riaunia Firda et al., n.d.). In this study, the reinforcement given to children was in the form of illustrated stickers, which became one of the children's encouragement in improving concentration.

Observations were made of children's concentration behavior during learning activities, and the results were summarized in tables and graphs. In baseline 1, observations were conducted over four sessions. Children's concentration scores remained constant at 2 in each session, with concentration durations ranging from 185 to 210 seconds. This data

indicates that children's concentration levels were still low and had not shown significant improvement.

Intervention (B), using the shaping technique, was implemented over eight sessions (sessions 5 to 12). During this phase, there was an increase in concentration scores from 2 to 3. Children's concentration time also gradually increased from 230 seconds to 295 seconds. This indicates that the intervention had a positive impact on improving children's concentration. Furthermore, in baseline 2, over four sessions (sessions 13-16), concentration scores remained at 3, and concentration durations stabilized at around 291 to 295 seconds. This data indicates that the improvements achieved during the intervention were maintained even after the intervention was discontinued.

Analysis of the directional trends in the graphs shows that in condition A1 there was an increase, although not significant. In condition B, there was a consistent increase but with a slight decline. This indicates that the shaping technique gradually strengthens children's ability to concentrate for longer periods.

In terms of data stability, conditions A1 and A2 showed 100% stability, while the intervention condition (B) showed 87.5% stability. This indicates that the data obtained in all conditions is stable and reliable.

In terms of level changes, there was a significant increase of 20 seconds between A1 and B, and a further increase of 60 seconds from B to A2. The overlap between conditions A1 and B, and B and A2, was 0%, confirming a clear and significant difference between the conditions.

Overall, the study results indicate that the shaping technique is effective in improving the concentration of children with ADHD in early childhood education settings. This technique is effective for children with ADHD because it breaks down tasks into small steps and provides immediate reinforcement, thus addressing executive function deficits and weak responses to delayed rewards. Consistent with research by Sandrawati et al. (2019), programs that can be implemented to improve children's learning concentration include learning activities, behavior modification (use of rewards), and the use of APE. Improvements that occur during the intervention are maintained even after the intervention is discontinued, strengthening evidence of the effectiveness of this approach. Its success depends heavily on the consistency of reinforcement, as children with ADHD easily lose cause-and-effect associations if rewards are inconsistent. Therefore, individualized interventions are more optimal because they allow for tailoring the steps and types of rewards to suit the child's profile, which is difficult in large classes. Limitations arise when applied in a classroom setting, namely the difficulty in addressing complex issues such as impulsivity, limited time for repetition, and the risk of non-generalization of concentration improvements without the support of environmental modifications and parental collaboration.

Shaping techniques can also help teachers and parents understand the needs of children

with ADHD and develop effective strategies for them. By understanding their children's needs, parents and teachers can provide better motivation and support, helping them reach their potential. The strengths of this study include improvements in children's behavior, where the techniques used were effective in increasing children's concentration and maintaining focus. Motivation increased through rewards and an individualized, gradual approach. However, weaknesses of this study include sudden external interference and inconsistent emotions or responses from children.

4. CONCLUSION

Based on the results of the study entitled "The Effect of the Application of Shaping Techniques on the Concentration Level of ADHD Children in Group B1 of Buah Hati Kita Kindergarten", it was concluded that there was an effect of the application of shaping techniques on the concentration level of ADHD children in Group B1 of Buah Hati Kita Kindergarten Jember. The shaping technique can increase the concentration duration of ADHD children, especially seen in the increase in the duration of children in completing coloring tasks. The implication for educators is the importance of designing gradual tasks with immediate and consistent rewards to maintain the focus of ADHD children during learning activities. For future intervention studies, it is recommended that research involve more subjects, extend the duration of the intervention, and test the effectiveness of shaping techniques on various types of tasks and larger classroom environments to see the level of generalizability of the results.

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