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The Experience of Mothers and Teachers of Attention Deficit / Hyperactivity Disorder Children, and Their Management Practices for the Behaviors of the Child A Descriptive Phenomenological Study

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Abstract
Introduction: ADHD (attention deficit hyperactivity disorder) is a childhood disorder affecting children worldwide and has a major burden on the child, family and other caregivers. **Aim**: The aim of this study is to investigate and describe the experience of the adults that interact on a daily basis with school-aged children with Attention Deficit Hyperactivity Disorder, which are mothers and teachers. This study aims also to understand management practices that are used by mothers and teachers to deal with the most prominent signs of ADHD, which are hyperactivity, impulsivity, and inattention in order to formulate a care plan. **Design**: The study used a qualitative descriptive phenomenological method to explore the experiences of primary caregivers of ADHD children to capture as much as possible the way in which the phenomenon is experienced. **Data collection**: Face to face, in-depth, semi-structured interviews were conducted with participants – the mothers and teachers of ADHD children. The interview guide allowed mothers and teachers to express their experiences with the ADHD child. **Sample:** Purposive sampling was used; four children diagnosed with ADHD were chosen. The sample was 4 mothers and 12 teachers (3 teachers for each child). **Setting:** Interviews were conducted in schools and homes of children with ADHD. **Data Analysis:** The data was analyzed by using Giorgi's phenomenological psychology method (1985). **Results**: Three major themes emerged from the mothers' interviews and ten sub-themes; (1) *the burden of caring* (academic track burden, activities of daily living burden, psychological and emotional burden); (2) *inadequate support* (lack of support from spouses and relatives, lack of support from schools, lack of support from community); (3)*disturbances of the child's behavior* (hyper activity, inattention, impulsivity, hostility). Five major themes also emerged from the teachers interviews and thirteen sub-themes; (1) *lack of information* (the nature of the disease, student health and follow-up, the ideal method for dealing with child); (2) *child's behaviors disruptive* (inability to follow class rules, inattention and impulsivity, using verbal and physical abuse); (3) *the lack of resources* (lack of time, lack of materials and experts); (4) *lack of support* (lack of Ministry of Education support and school team, lack of parental support); (5) *the burden of having the child in the class* (burden of managing the safety of the child, burden to calm the child and the other students, emotional burden). **Conclusion:** The findings of the study demonstrate the importance of understanding the experience of the mothers and teachers of ADHD children. It reflected the difficulties and issues of dealing and caring with ADHD children. There were clear defects in the knowledge, understanding, services provided for the children, and available support for the care givers. Improving services in terms of family and school care should be a major concern. The recommendations made on the basis of the results of this study can be used as a guide to improve the delivery of care services for people who have children with ADHD.
Keywords: ADHD, experience, descriptive phenomenology.

1. Introduction

Attention Deficit Hyperactivity Disorder (ADHD) is a childhood disorder that affects the children and places a heavy burden on the child, the family, and the other care givers around the child. The disorder can appear as early as at 2-3 years or later at about 7 years of age, but the confirmation of diagnosis will not happen before 6-9 years of age (Buitelaar & Montgomery, 2003).

The disorder has a major behavioral disturbance that affects the child's daily activity function (hyperactivity, impulsivity, and inattention) and those symptoms mostly begin at early ages (LaForett & Murray, 2008). As these symptoms develop with age, it becomes more prominent and this makes the family uncertain how to deal with the child, especially when entering school. ADHD has a significant impact on a child's development, including social, emotional and cognitive functioning, and it is responsible for considerable morbidity and dysfunction for the child, their peer group and their family. Affected children are often exposed to

years of negative feedback about their behavior and suffer educational and social disadvantage. It is estimated that up to two thirds of children affected by hyperactivity disorders continue to have problems in to adulthood (Barkley, 1998). In addition, there can be a dramatic effect on family life (Goldman 1998, Lahey 1998). Cumulative effects of these difficulties can be overwhelming and cause significant burdens of illness associated with ADHD, which is clarified in the reduce quality of life for patients and their families. This burden warrants consideration and action by the managed care stakeholders to promote good practice and optimal care (Minkoff, 2009).

Families of children with ADHD may be dealing with challenges that go beyond the symptoms of ADHD alone. The struggles that parents are experiencing are important to consider with respect to intervention, as parents typically play a major role in working to change children's behavioral symptoms (e.g. through parent training and behavior therapy programs). Therefore, understanding different family contexts and their impact on developmental trajectories for children with ADHD is crucial to the success of these interventions (American Academy of Pediatrics 2011). In addition, children with ADHD need guidance and understanding from their parents and teachers to reach their full potential and to succeed in school.

The aim of this study is to investigate and describe the experience of the adults that have the most interaction on a daily basis with school-aged children with Attention Deficit Hyperactivity Disorder, which are mothers and teachers. This study aims also to understand management practices that are used by mothers and teachers to deal with the most prominent signs of ADHD, which are hyperactivity, impulsivity, and inattention in order to formulate a care plan.

2. Problem Statements: Extensive literature exists about ADHD being the most commonly diagnosed childhood disorder (Firmin & Philip, 2009). Great inconsistencies exist in the knowledge of families of ADHD children (Johnston & Mash, 2001). Research has focused on children with ADHD and little attention has been given to the experience of parents in raising a child with ADHD (Cosser, 2005).

A problem statement for a phenomenological study might note the need to know more about people's experiences, which are mothers and teachers, who have the most interaction on a daily basis with school-aged children with ADHD and the meanings they attribute to those experiences. The research findings will help to address the problem of caring for ADHD children in schools and at home, and this will also reflect the awareness of the mothers and teachers about the management that should be used to manage the behavior disturbances of the ADHD child and to obtain information relating to the child's presentation in order to formulate a care plan.

3. Significance of the study: Understanding how mothers and teachers deal with a child's ADHD would provide additional information from which to create effective interventions. Understanding how mothers and teachers deal with a child's ADHD can elicit important information about family and teacher functioning and may assist understanding of the child-family, and child-teacher interaction that in turn facilitates the development of a care plan and helps children diagnosed with ADHD on the educational level, and to create an understanding of ADHD problems in society. At school, there are several areas of significant deficiencies and poor resources to meet the needs of children with different diagnoses.

4. Method and procedure: The epistemological position taken by the researcher for this study is phenomenological because it is the belief of the researcher that the specific data regarding the experience of raising a child with ADHD are contained within the care givers (mothers & teachers) that raise children with ADHD. Such caregivers know best how to describe such an experience. The researcher has therefore chosen phenomenology as a theoretical basis for this study.

4.1 Research design

The design used was qualitative phenomenological descriptive design. This design used to study the lived experience of the people by describing the aspect of this experience by focusing on what exists. This design does not focus on interpretation for the experience but it will be an indicator for the people's thoughts and feelings. Semi-structured interviews were conducted with teachers and mothers of each child.

Our chosen design is primarily based on a descriptive approach where our primary goal was to provide some explanation of how the mothers experience their daughter/son with ADHD and how the teachers experience ADHD children in the classroom. Since our underlying purpose is to alert a group at risk of being neglected and contribute the knowledge and information of people who, through work or otherwise, come into contact with children with ADHD and their families (Egidius, 2006).

4.1.1 Giorgi – Phenomenological Psychology

The method used is descriptive phenomenological human science, which was found by Giorgi (1985). The aim of phenomenological psychology following Giorgi (1971) is to produce accurate descriptions of human experience. For this reason, phenomenologist's operating within this tradition mainly utilize descriptions

provided by others (obtained through interview) (Giorgi, 1985).

The purpose of Giorgi's phenomenological research is to capture as closely as possible the way in which the phenomenon is experienced (Robinson & Englander, 2007). In Giorgi's work, phenomenology is used to look for the psychological meanings that constitute the phenomenon in the participants' life world. The idea is to study how individuals live, that is, how they behave and experience situations (Giorgi, 1985). Their descriptions are based on their experiences within the context in which the experience is taking place.

Central to this research is the lived context of the individual. The meaning of the phenomenon such as the experience of the adults that interact on a daily basis with ADHD child can only be revealed in its totality and its relationships with its particulars and therefore essences can only be seen in every constituent of the meaning. The role of the phenomenological analysis is to discern the psychological essence of the phenomenon (Giorgi, 1985; 1989).

The process of research in phenomenology starts with the description of a situation as experienced in daily life (Giorgi, 1985). In trying to obtain these descriptions, a researcher sets aside any prior thoughts or judgment about the phenomenon under study. In so doing, the researcher brackets the phenomenon. The bracketing or the epoch is primarily undertaken in order to reveal the personal reality of the individual for whom the phenomenon under study appears (Ashworth, 1999). What need to be bracketed are those presuppositions that have to do with claims made from objective science or other authoritative sources (Giorgi, 1986; Ashworth, 1999). Phenomenology attempts to offer insightful descriptions of the way the world is experienced perfectively rather than the way it is conceptualized, categorized or reflected on (Van Manen, 1990). In this context, the ADHD is at the centre of the inquiry.

4.2 Study participants

Phenomenology captures the phenomenon as it appears in daily life (Cosser, 2005). The participants sample was the primary custodian of the four children with ADHD, including mothers and teachers from the children's schools. Four schools were chosen with children with ADHD. One student was chosen from each school, the mother of each child and three teachers for each were chosen. In total, there are four mothers and twelve teachers (16 persons). Teachers who were selected are those who interact the most with the child in school.

4.3 Sample Size

The sample for this study is a purposive sampling. The researcher chose participants because they have particular features that will enable understanding of the phenomenon under study (Ritchie et al, 2003). We have, through contacts and acquaintances, found the 16 informants (mothers &teachers) who can give their consent to participate in the study. According to the Giorgi method, three interviews are sufficient to achieve the purpose of the study (Giorgi, 1985). Semi structured interviews were conducted with the mothers, and with three teachers for each student.

4.4 Inclusion Criteria

The mothers and teachers of :

- The children are between 7 -10 years of age, because the actual diagnosis cannot be done before that age.
- The diagnosis of ADHD has been done at least 6 months prior to interview.

4.5 Setting

The setting of data collection was both the school of the students and their homes.

4.6 Selection of the Study Instruments

The interview process followed a semi structured interview guide with different themes and underlying issues designed from the research purpose and question. The interview guide acted as a support for those important issues. It also served as a designator of the order in which different themes were to be addressed. We used the interview guide as a checklist to ensure that all the themes were brought up instead of letting the interviewer guide the conversation. This contributed to the relaxed and natural aspect of the interviews, as opposed to a form of hearing.

4.7 Data Collection

Interview subjects included both mothers and teachers to male and female children. The interviews were done in an isolated room in the school and at the home of every child.

The informants we interviewed obtained a consent form, which we retained, and an information form, which they had to keep. Collection was done through recorded interviews with 16 persons. Each interview was between 45-60 min, but even shorter descriptions exist, which in this study is that the interview began with a question about which the informant was allowed to speak freely. We used as few questions as possible in order

not to project the interviewer's own assumptions. Follow-up questions were asked only to get a more detailed and deep description (Robinson & Englander, 2007).

Sound quality was good on all recorded interviews which allowed that the interviews were easily transcribed. The interviews were transcribed verbatim and all identifying features were removed to ensure anonymity. All interviews were first listened through, printed and then similarities were recorded in a meaningful merger operation. Some quotes were saved in their original form.

Trustworthiness of the data was ensured by appropriate sample selection to ensure credibility, showing the logic flow of the data collection and analysis, and by verifying the findings with the informants to demonstrate fittingness, or transferability of the findings (Holloway & Wheeler, 2002).

The semi-structured interviews with teachers reflected the experience of the teacher with the child. The interview focused on information about: performance in the school setting, including details of academic achievement as well as social functioning in relation to other children and staff; the ways and behavior the teacher used to address the inattention, impulsivity and aggression; the resources available in class to help the teacher to meet the needs of the child; pedagogical methods, resources, and support; social relationships and routines in relation to the students in question. The interview also focused on if the teacher made use of special methods or approaches, special materials or other resources to work with these students, what methods or approaches were used by the teacher to include students with ADHD in a regular class, and what aids in the form of materials, methods and resources were needed for students to develop their learning.

In the interviews with the mothers, the experiences of the mother's condition, its impact, handling (coping of parenthood / life), perceptions of social support in everyday life and family patterns were present. Issues surrounding the student's day-to-day life were explored, focusing on their styles to manage the child's behavior, we asked for details of the history of the child's current problems, the nature of the symptoms (frequency, duration, situational variation) and sleep disorders may be reported in up to 50% of children with ADHD and any associated behaviors. Information about the importance of students' daily routines, and interaction between school and home was also solicited. As a result, research focused on the holistic approach that provides for the child in school and at home. We avoided asking leading questions, but rather sought concrete descriptions of events and feelings, The initial question to the mother was: What is your experience of being a parent of a child with ADHD? The initial question to the teacher was: What is your experience of having a child with ADHD in your classroom?

4.8 Data Analysis

Phenomenological psychologists analyze the data utilizing a systematic and rigorous process. Data analysis consists of four consecutive steps where each step is a prerequisite for the next (Robinson & Englander, 2007; Giorgi, 1985b, 1997). Prior to the analysis each interview is transcribed verbatim. All steps in the analysis must be performed within the phenomenological reduction (Robinson & Englander 2007; Giorgi, 1997). Phenomenological reduction is used in descriptive phenomenological analysis and requires bracketing as a first step (Kleiman, 2004). According to Giorgi, bracketing/epoch implies not taking a stand for or against but allowing the phenomenon to emerge (Groenewald, 2004). Phenomenological reduction also requires withholding any existential claims and presenting data as it presents itself rather than making one's own conclusions about what is presented (Kleiman, 2004).

For essay writing, we continuously address theory, method and purpose of the essay and the question as coherent and not as separate parts. The analysis of the material was already in progress from the time we started the collection of material. The thought of how we will analyze the collected material had been with us from the beginning of the choice of qualitative method. Designing the interview guide is a breakdown of the various themes in addition to background information.

4.9 Ethical consideration

The study was approved by the Ministry of Education and An-Najah National University's Institution Review Board (IRB). Consent was obtained from informants to take part in the study.

The informants who wished to attend were informed both verbally and in writing for the purpose of the interview and study. At the same time, the agreement was made at the time of the interview. The informants were informed that the interview would be conducted in a private room with just the informant and the interviewer present and that the interview would be recorded by tape recorder and that no individuals would be identified after text processing. Information on all bands and prints of the text would be stored under the current rules in locked cabinets. The informants were also informed of the voluntary nature to participate in the study and that at any time they could stop the interview and that this would not affect them in any way.

These considerations are based on the Helsinki Agreement (World Medical Association. Helsinki Declaration, 2008) on ethical guidelines for nursing research, based on volunteerism to withdraw from the project, potential risks or discomfort, anonymity, confidentiality and contacts for any information needed.

Phenomenological studies are always retrospective (Hedelin and Jonsson, 2003). The mothers and teachers will tell their stories of adventures. To construct the stories seem to be a natural human process that assist individuals in understanding the experiences and themselves (Pennebaker, 1999). How can it be a health effect for informants to participate in the survey? There is a significant, positive, consistent and identifiable relationship between talking about emotional difficult experiences and health. To construct their own history is a type of knowledge that helps to organize the emotional effects of experience as well as experience in itself. Audio recording, for example, might be perceived as unpleasant for some people and therefore we are always asked for permission. Being able to tell their history can be experienced as healing in itself. At the same time it might give some benefits for other parents and teachers in the same situation as a whole. By telephone calls the mother of each child was informed to obtain consent to conduct the interview. We were very clear to explain to informants that their participation in the study be kept confidential and that the information that we have served will not be disclosed to anyone else and that the material will only be used in this study and that when the investigation is completed, the interview material will be destroyed and sound recordings erased. We also announced that the informants will be made anonymous in the presentation of the results.

The informants' identities were protected fully. No names or other information that may reveal informants' identities were reported. Our intention has been to maintain a moral researcher behavior, which means not just ethical knowledge but also includes our personality, sensitivity and commitment to moral issues and actions.

5. Results

5.1. Mothers interviews results

From the mothers´ interviews, three themes and nine sub-themes emerged: (1) burdens of caring (academic track burden, activities of daily life burdensome, psychological and emotional burden); (II) inadequate support (lack of support from the father, relatives, schools, and community); and (III) disturbances in the child's behavior (hyper activity, impulsivity, inattention, and hostility). Themes and sub themes that emerged are presented in Table 1.

Table 1.Themes and subthemes that emerged from mothers' interviews

Subthemes	Themes
1. Academic track burden 2. Activities of daily living burden 3. Psychological and emotional burden	I. Burdens of caring
1. Lack of support from father and relatives 2. Lack of support from schools 3. Lack of support from community	II. Inadequate support
1. Hyperactivity 2. Impulsivity 3. Inattention 4. Hostility (physical &verbal)	III. Features of ADHD

I. Burdens of caring (The first theme)

Three types of burdens were experienced by mothers who are caring for ADHD children: academic track burden, activities of daily living burden, and psychological and emotional burden.

I.1 Academic track burden

Mothers face many difficulties in the child's academic track. In this study it was very clear that it is the difficulty for the child to concentrate, especially during the conduct of school homework, that has been very stressful for mothers and it consumes a lot of mother´s time. One of the mothers expressed this as follows:

"The time for studying is a hard time for me, it takes one to two hours to make her sit down and start homework without completing it" M2

The problem of inattention of the child makes the quality of studying time ineffective. So the problem of inattention affects the child's academic achievement, and increases the difficulty of taking care of the child. One of the mothers expressed this as follows:

"When I ask him to sit to do homework, he sits for a short period of time, whether he looks at something in the room, or plays with his hands, and I find that he did not understand what was said" M3

The mothers believe that despite the effort they make, and the time they spend with the child to study, the child's academic level is still very poor.

"The curriculum is getting harder and harder, and I faced many difficulties in finding appropriate ways to let him study. His academic level remains very poor "M4.

In summary, mothers face difficulties in making the child sit and study; it was clear in this study that the mother is the only one responsible to ensure the child studies, so for this reason, the child's study is a heavy

burden for the mother.

It is difficult for mothers to make their children stay and complete school work, and difficult for them to cope with school work at home. They face learning disabilities in their children, and they have no faith in the learning abilities of their children.

I.2 Activities of daily living burden

Daily activities are another problem faced by mothers. The child can not complete anything without help from the mother, who experiences a load on her.

"He cannot complete anything without my help, and this is an extra burden for me"M3.

"When she puts on her clothes, she doesn't arrange them, so I should help her"M4.

Sleeping problems like sleeping too late, playing at sleeping time and waking up too late create stress at home. It seems to be an annoyance for the family. One of the mothers expressed this as follows:

"She sleeps very late, at the time of the other´s sleeping. She makes noise. She wants to play and moves from one place to another. Her father becomes angry and sometimes hits her. The most stressful time for me is in the morning when she wakes up very late" M4.

One of the mothers experienced that the child has poor eating habits (refuses to sit at the table to eat, refuses to eat most types of food, eats unhealthy snacks like chips and chocolate), which puts an extra burden on her.

"Her diet is very poor, she eats chocolate and crisps or sandwiches so I force her to eat and drink good things like milk." M1

"She's hard to make eat; we use to give her some of food supplements" M3

In summary, mothers' burden refers to the difficulties in setting up a normal daily routine, and the fact that their children are very demanding.

I.3 Emotional and psychological burden

This burden includes the mother's experience of the child's behavior, including feelings of frustration and being shocked at the time of the child's diagnosis. Frustration and anger is felt because of the difficulty in organizing tasks and activities, as is powerless, desperation and worrying about the future of the child and that the child's condition will get worse with time. One of the mothers expressed this as follows:

"When the doctor told me that the child has indictor for behavioral disorder, it was very upsetting for me, because I thought it is normal for a child to be hyperactive"M1

The stress that mothers experience every day because of the child's behavior and inability to control this stress makes one mother angry and nervous, causing her to behave negatively to the child as she beats her and after that she feels guilty. Anger towards the child with ADHD is a common feeling among mothers.

"***Sometimes I feel much stressed and angry when I see that she cannot do anything properly, I hit her and after that I feel guilty."***

The poor improvement in the child's condition over time and to be the only person who can handle child's behavior makes the mothers worry about how the child's future will continue to be. One of the mothers expressed this as follows:

"I cannot imagine what his life would be without me, he still cannot defend himself, he has nobody to support him "M3.

Another thing that makes mothers worry is the nature of the problem being chronic, so the child will never be a normal person in the future.

"The biggest thing that makes me worry is that her situation is the same as before, and this problem is chronic." M4

These realities of the child create a sense of powerlessness, and losing hope that surly affect the care that the mother gives to the child as reflected in the following:

"I feel less power to do something, and munch desperation and I do not expect that she will improve"M4

In summary, the emotional burden was the main topic discussed by mothers. It was clear that they are in need of much support and encouragement to assure a good future for their children. Emotional and psychological burdens refer to the range of mothers' emotions experienced while caring for their ADHD children.

II. Inadequate support (The second theme)

II.1.Lack of support from the father and other relatives

The lack of support provided for the mothers in the child care from the fathers and relatives make the care of the child more difficult. This forces the mothers to be the only person responsible for child care. The fathers played a negative role in the management of child care, and do not pay enough attention to his child, which makes the mothers avoid asking for help from the fathers, as expressed by one mother in the following:

"Her father does not help **with** ***anything, and I do not like him to deal with her because he cannot tolerate her,***

he yells at her"M2

The lack of support from the fathers leads to conflict between spouses. The fathers do not seem to understand the child's needs and he expects the child to behave normally.

"My husband expects her to behave like her siblings, and it is impossible. He gets angry because he cannot be patient with her like me and he has no time to share with her care." M4

The mothers experience a lack of relatives' support as well. They think that the child is a bad boy and cannot tolerate the child's behavior. This makes the mothers feel outcast. The mothers experience that there is a misunderstanding of the nature of the disease by the relatives. Two mothers expressed this as follows:

"Most people do not think he has a disorder, they think he is a bad boy and aggressive so that they do not understand his behavior" M2.

***"I avoid going to her grandparents, they do not tolerate her behavior, especially that she becomes more hyperactive outside the home*" M4**

In summary, most of the mothers experienced that their husbands took less responsibility than they did in taking care of the ADHD child.

II.2 Lack of school support

It was clear that there is a lack of coordination between mothers and children's schools, and the mothers' experience that their children are neglected and ignored by teachers and the teachers are unsympathetic in their attitudes. One mother expressed this as follows:

"I feel so bad, I know that there is no care at school, I know that teachers get her out of the class most of the times, but I cannot transfer her to another location. They do not try to give her special materials; I think she just needs extra care that the school does not give to my child"M4.

The mothers feel very bad because the school does not provide their children with a good education and their children are even punished and beaten sometimes by teachers. One mother expressed this as follows:

"Most of the times, when I visit him at school, I find him out of the class, he told that they hit him*, so *I have no feeling that he is safe at school, they do not care about him"M2.

The mothers feel that there is no cooperation between the schools and mothers. Mothers stated that they do not trust the school because they feel that the teachers at school do not give any regard to the child's special needs. The teachers are ignorant, unprofessional and unsympathetic. One mother expressed this as follows:

"At some point when he makes a part of the homework, I expect the teachers to understand, but they beat him, and every time I go there they just start complaining. So from the beginning of this year I did not go to school".

II.3 Lack of community support

The mothers mentioned that there are no specialized centers to care for the children and there is a deficiency of experts in the field of ADHD. Added to this is misunderstanding of the child´s status by the society, which makes the mothers avoid even going out with their children. One mother expressed this as follows:

"People think she is mentally retarded, especially that she has abnormal movements, so I avoid taking her with me."M3

"Until now I have not found a specialized person to guide me as to how I should handle him." M1

Lack of community support refers to a lack of supportive resources for helping the mothers to accept and bring up a child with ADHD. The mothers complain that they don´t receive adequate support by health care providers. It was hard for them to understand the problem that their children have, what they should do, or where they should get assistance. One mother expressed this as follows:

"The ministry of health doesn't care for our children and doesn't provide any services for them" M1

III. Features of ADHD (The third theme)

The three symptoms of Attention Deficit Hyper Activity Disorder (hyperactivity, inattention and impulsivity) have been clearly demonstrated in this study in addition to other behaviors like disruptive behaviors. Behaviors of children with ADHD have a great effect on the mothers' lives and the relationship between mother and child. The behavioral problems of the child were a very important part of mothers' experience as they live the situation every day.

III.1 Hyperactivity of the child

The hyperactivity that increases the child's abnormal and disruptive movement as if he/she is driven by a motor could be dangerous for the child and his/her or her siblings. This problem was mentioned as prevalent for the mothers at home, which creates a hardship and tension in the domestic atmosphere. Mothers expressed this as follows:

"She makes the home noisy, I cannot control her, she sometimes hurts herself by falling down during her

movements all the time. She has broken many things in the home. It is a very stressful every day situation" M4

"*When he started playing and jumping*, *I did not control him or deal with him and his activities increased when other children were around*".M1

"He cannot sit still and just wants to play all the time, I know it is involuntary, but he makes home noisy" M4

III.2. Inattention

Mothers feel that their children have difficulties maintaining and focusing their attention, which lead to poor academic performance and problems with staying on task and staying in their seats. As expressed by one of the mothers:

***"The first thing that appears clear is that she does not sit, if I force her to sit, she sits for a short period of time, she does not listen to me, I forced her to sit to study, and she did not complete anything"* M3**

III.3. Impulsivity:

Impulsivity refers to an inability to control emotions and movements, like not being able to monitor needs and getting angry very quickly. The physical and emotional impulsiveness that has been demonstrated in this study expose the child to accidents and trauma. Mothers worry all the time for the children's safety.

***"She is unable to control her urges. When she wants something, she should have it*" M1**

During her motion she hits things in front of her, she also controls her anger by shouting, and breaking things when she gets upset "M2

III.4 hostility (verbal & physical)

Mothers complain of the hostile behavior of children with siblings and peers, an issue that creates conflict between the child and his/her siblings. This aggressive behavior creates also a poor relationship between the child and his/her peers, resulting in the likelihood of the child being excluded. It also appears that the child's inability to express his/her emotions in the correct way leads him/her to violence, and the child's inability to control jealous feelings make him/her beat siblings.

"He feels jealous when I talk with his brother, and when they start playing they make problems after a short time. He hits his brother and I feel like no one likes him" M3

In many cases the violent behavior of the child allows the mother to isolate the child and prevent him/her from playing with other children, as expressed by one participant in the following:

"I prefer not to let him play with others because he creates problems. To avoid that I let him play alone "M3

We note from the results that the child sometimes use violence, especially verbal violence when he finds difficulty defending him/herself; one mother expressed it as follows:

"When he cannot defend himself, he says bad words. As a consequence of the child's bad behavior, the teachers hit him" M1

In addition, we have discussed in the interviews the management practices that are used by the mothers to handle the child's behavioral disturbances, which include: negative practices (punishment & beating), positive reinforcement (presents & speaking nicely) and neglect (Table 2).

Table 2:Management practices used by the mothers

Management practices used by the mothers	I. positive reinforcement (presents & speaking nicely) II. negative practices (punishment & beating) III. Neglect

Mothers declared that the child's behaviors listed above cause anxiety and stress for both parents, especially the mothers, as shown in the results. Management practices have varied, one by negative reactions such as beating the child by parents and the other has provided a good result that was positive reinforcement, including giving the child a favorable object or giving a present when he/she behaves well.

"I bring a favorite object for her if she obeys me"M2

Another method used - to reward the child with kind words and pleasant speaking - appears to have relatively good effects.

"*I cannot manage his behavior any more. I try to give him things that he likes, and to speak nicely with him, it works sometimes, but for a short time.*" M4

The parents have used negative practices that prevent the child from the favorite object and beating the child, but these strategies appear to increase the intensity of the child's bad behavior, and often his/her response is negative.

"*When I get nervous and prevent her from watching TV, she starts screaming and sometimes breaks things"*

Awareness of the mother that the behavior of the child is involuntary and the child cannot control it makes the mother feel guilty when punishing the child.

"Sometimes I feel very stressed and angry when I see that she cannot do anything properly, I hit her and I

feel guilty" M2

Some of the mothers reported that they neglect certain behaviors and try not to react every time to the child's behavior.

"I cannot follow each movement so I let him some times to do what he wants to do" M3

5.2. Teachers interviews results

The teachers' interviews were conducted in four governmental schools in Nablus city; the selected sample was12 teachers. We choose three teachers for each student so that we could have extensive experience of teachers of ADHD children and their methods of management for the child's behavior. The author selects teachers of different courses. Five major themes and their subthemes emerged from the teachers' interviews (Table 3).

Table. 3: Themes and subthemes that emerged from the teachers interviews:

Themes	Sub themes
I. Lack of information	1.1.Lackofinformation about the nature of the disease I.2.Lack of information on student health and follow-up I.3.Lack of information about the ideal method for dealing with the child
II. Child's behavioris disruptive	II.1 Inability to follow class rules II.2 Inattention & Impulsivity III.3 Obscene using verbal abuse & using physical abuse
III. Lack of resources	III.1 Lack of time III.2 Lack of materials and experts
VI. Lack of support	IV.1 Lack of Ministry of Education system support and school team. IV. 2 Lack of parental support
V. Burden of having the child in the class	V.1 Burden of managing the safety of the child V.2 Burden to calm the child & the other students V.3 Emotional burden

I. Lack information (The first theme)

I. I Lack of information about the nature of the disease

The lack of information was not only about the child's health but also about ADHD as a disorder. Most of the teachers do not know what ADHD is; some of them had not heard about this problem before, and the others have disguised the fact that most of the children have hyperactivity. One of the teachers expressed this as follows:

"I do not know anything about this problem, actually I did not hear about it before"

Some of the teachers have misconceptions about the issues that show that it is mental retardation or children with ADHD are less than others his/her age (problems in mental development). One of the teachers expressed this as follows:

"What I know about hyperactivity disorder is that this problem is mental retardation"

"The children with ADHD are less than their actual age on their mental maturity and need special care"

I.2 Lack of information on student health and follow up

Teachers have a lack of information about the child's condition. Their information is mainly built on their own observations when they notice that the child has abnormal behaviors

"I begin to notice when I start to teach him that his behavior is not like his fellow students, but no one told me before about his situation"

The teachers have a lack of information on the treatment of the child. Most of the teachers have no idea if the child is using medication or not and what medication or what its effects could be. One teacher expressed this as follows:

"I have no idea if the child is taking any medication or if he is followed up by medical doctors"

I.3 Lack of information about the method for dealing with child

Lack of information on diagnosis and on the children's health situation affects how teachers react to the child's behavior because most of the teachers reported that they have a lack of information on how to answer the child's needs. They understand that their practices to children are mostly unsuitable, but they do not have or know other options. One teacher expressed this as follows.

"None of us and not even a social worker is trained to deal with such cases"

"I feel that my response to her behavior is wrong, but I really do not have other options"

These two examples show that there is a lack of information for teachers and also for social workers in schools to deal with ADHD children.

II. Child's behavior is disruptive (The second theme)

II.1 Inability to follow class rules

Teachers complained that the children do not follow the rules and instructions of the school, and do what is forbidden to be done in the classroom. This creates problems in the class. The teachers said that the children eat during class session, and leave their seats and the classroom without permission. These behaviors cause stress for teachers.

"She makes me very stressed when she leaves her place and even leaves class without permission"

Inability of the ADHD student to concentrate on what is said in the class was one of the most obvious problems. The child either plays with paper and pencil, or sings while the teacher explains the session to all students.

"***Most of the time whether she is playing with her pen and paper or singing in a low voice, she does not look at me when I speak"***

In other situations the child looks at the teachers when they teach but in reality his mind is completely absent, and he/she does not take in what the teachers say.

"He seems to see me, but in fact his mind is away"

"When I ask him about what I explained, he cannot answer"

The child cannot complete any work in class; teachers say that when they give the child some work to do in class, he/she needs a long time to start, and usually he/she does not complete it.

"I give him work to do it in class, when I return to him he has only written one or two words and then stopped"

II.2 Impulsivity & inattention

Impulsivity is one of the three main characteristics of ADHD. Teachers describe that the child falls down and hits the desk or table during movement. This problem is related to the inability of the child to coordinate his/her movements.

"Her movements are not organized, she hits the desk while running and falls down, and she pays no attention to what is in front of her"

The teachers said that the child becomes angry and nervous about simple things and he/she cannot control his/her emotions. The child gets upset if the teacher does not give him/her a full score. This anger makes most of the teachers obey what the student wants just to calm him down.

"He becomes angry and nervous very quickly, so I try to avoid the wrath of him"

II.3 Obscene use of verbal abuse & use of physical abuse

One of the most disturbing problems for the teachers is when the child hits the other students for no reason, and when he/she also says bad words. This creates problems between students. The child is not able to control his/her anger and he/she sometimes throws objects at other students. Some of teachers expressed this as follows:

"He is a troublemaker in the class; he hits the students and could seriously harm them"

"She throws objects at students"

III. Lack of resources (The third theme)

The lack of resources including either time, trained staff that can help or even material to facilitate childcare is another issue for teachers.

III.1 Lack of time

The teachers experienced that there is no time given for students with ADHD and the time of the class is not enough so it's impossible to give ADHD children extra time to do what they have to do.

"The time for the class is very limited, and he needs more than 5-10 minutes each time I enter the class".

III.2 Lack of materials and experts

There are no adequate facilities in schools to help teachers improve the academic achievement of the child. The lack of necessary materials in schools causes teachers to face many difficulties in childcare. One of the teachers expressed this as follows:

"There are no special materials or even special curriculum assigned to the student, we deal with him just like the rest of the other students and it's not fair for him"

The teachers expressed their needs for trained people to help them to cope with the child in the class. One of the teachers expressed this as follows:

"We really need a person who must be in the class all the time to address the child's behavior, so that we can follow up our session in the class as usual"

IV. Lack of support (the fourth theme)

IV.I. Lack of support from the Ministry of Education and school team.

Lack of support from school principal, counselor, Ministry of Education, and parents were the major accusations of teachers. The teachers said that the head of the school doesn't help much in the child's follow-up, when they send the child to him/her, he/she usually sends the child back and asks the teachers to deal with the problem. This really upsets the teachers. One of teachers expressed this as follows:

"When I sent him to the school director, he sends him back to the class and says he cannot do anything"

The teachers experienced that even the counselor who would be the specialist person in the school do not help much. The teachers said that when they ask for help, he/she replies that he/she can´t do anything.

"counselor are not trained to handle these children, all he does is he takes the child to his office and lets him play, but he does not do any type of management"

It seems that the counselor can't handle the child's behavior, and just finds ways for the child to pass time. This inability to help is based on the lack of training for social workers and teachers as well.

The Ministry of Education (M.O.E) does not provide any type of training for teachers to support them to address the ADHD children in school. The teachers expressed during interviews that the M.O.E does not follow up with the students with ADHD or monitor them:

"*The ministry of Education has never sent people to check the situation of these children, to see if they benefit from school*"

IV.2. Lack of parental support

The teachers experienced that the parents of the children do not make visits to the school to assess the conditions of their children, not even when the director asks them to come. Most of the time they complain that the teachers do not provide care for the child as it should be. Some of the teachers expressed this as follows:

"In the beginning, the mother came every day to school, but gradually her visits decreased and even when we call her she makes excuses"

"Her mother came to school to fight or blame us about her daughter's marks or as she said - our negligence"

V. Burden of having the child in the class (The fifth theme)

V.1 Burden of managing the safety of the child

It is very stressful for the teacher to take on the responsibilities of the child in school. Teachers felt that children with ADHD perform very dangerous acts and he/she may be harmful to him/herself and the other students, so teachers must keep an eye on the child all the time.

"His movements are very dangerous, so I should be alert all times, even in the garden"

V.2 Burden of calming the child and the other students in the class

Calming down the child was perceived by the teachers to be very difficult. The teachers felt that they had to calm the child in the class and to deal with the other students who react sometimes to the child's behavior. On the other hand, teachers have to complete the tutorial which they must give to students. The child with ADHD causes distraction to other students, but the teacher must guide everyone in the class. Teachers are worried about the other students. Teachers experience that other students are distracted because of the child's behavior and feel guilty because they cannot teach the curriculum that should be completed. This is expressed by some of the teachers in the following way:

'We suffer from his negative impact on other students. He distracts them by being loud, so I have a problem with their attention to me"

"Most of the students mimic her behavior. So we have also problems controlling them. It is very stressful".

V.3 Emotional burden

The emotional burden of teachers consists of nervousness, tension, and worry about the other students. The teachers are stressed because of the subordinate behavior of the child in the class. Some of the teachers expressed this as follows.

"I am always stressed because of her behavior and distraction"

"***While I am in the class, I feel anxious because I'm always thinking about how to keep him calm"***

"I feel worried about the other good students in the class, they can´t concentrate and hold their attention to me"

"I really feel guilty about the other students, their academic level gets worse, and I cannot explain the curriculum which should be finished"

We discussed also during the interview the management practices that are conducted by the teachers when they react to the behavioral disturbances of the child (Table 4).

Table.4: Management practices used by the teachers

Themes	Sub-themes
Management practices used by teachers to deal with the child behavioral disorders	I. Perform negative reinforcement II. Perform positive reinforcement

1. Perform negative reinforcement

The teachers felt that they must use physical punishment in order to calm the child. So they hit the child, and some of them use the style of threats to calm the child.

"I feel that when I hit him he calms down, I know it's wrong but I cannot control his behavior"

"I threaten her that I will send her to the director; she feels scared and calms down for a while"

Other teachers said they try to keep the child occupied during the lesson because he does not take advantage of the class. They give him something to play with and they can continue the class with the least distraction.

"I give her a few stamps or paper to paint just to make her busy so I can get the attention of other students"

Some teachers prefer to ignore the behavior of the child and try to neglect him/her; they said there is no advantage to monitoring his/her behavior all the time.

"I let her to do what she wants if she does not disturb the other students, although she does not listen to anything I say, I do not care anymore"

II. Perform positive reinforcement

The positive reinforcement is another way used by teachers to encourage good behavior by the child. The teachers say good things to the child or promote the other students to clap for her; this makes her feel so happy and enhance the good behavior.

"***When she does something good in the class, I ask students to clap for her, she feels happy and I can see changes in her behavior throughout the day"***

6. Discussion

6.1 Discussion of the experience of the mothers of Attention Deficit / Hyperactivity Disorder child, and their management practices for the behaviors of the child

The themes that emerged from the mothers´ interviews were three major themes and ten sub themes:

6.1.1Burdens of caring:

One of the themes emerging from this study is the burden of caring. We found that mothers of children with ADHD experienced three basic types of burden: the academic track burden, activities of daily living, and psychological and emotional burden.

Our study finding was in line with the other scientists around the world that discuss the experience of mothers of ADHD children and found that mothers complain about the burden of care that includes the emotional burden of children's conditions. This agreement stems from the study which was conducted by Lin and Hung et al (2008) who described the burden of caring for ADHD children.

Mothers of children in our study experience burdens such as frustration, worry, anger, powerless, despair, and stress. According to Fick (1996), parents of children with ADHD often try the usual commands and discipline without success, thus causing frustration, anger and more strict demands and commands being placed on the child. Whatever resources parents use to help their children, they still worry that they are not doing a good enough job (Smith, 2000).

Mothers of children with ADHD are worried about their children’s behavior at school (Kottman et al. 1995). Several studies have also reported that caregivers of children diagnosed with ADHD experience burdens such as worrying about the child’s future, low levels of family support and high levels of children’s demands (Gerdes et al. 2003).

Negative effects such as feelings of frustration (Kirby, 2005), exhaustion (Simmons & York, 2006), depression (Leslie et al, 2007), feelings of guilt or self-blame (Smith 2000) can be experienced by the caregivers. Our study is in agreement with the above mentioned studies.

The mothers need more information about the nature of disease and strategies for dealing with the child. They also need psychological support and a center to help the child in behavior and academic aspects, since the majority of mothers complain that they have problems with the child’s academic follow-up. The realization of the mothers that the children’s disorder is chronic increases their emotional despair and loss of hope for the future of the children.

In a study that included 100 parents (87 mothers and 13 fathers) who took care of and raised children with ADHD in Taiwan, it was found that the two most influential factors causing parental stress were children’s behavioral problems, lack of self-confidence and different emotional problems, which is in accordance with our study. The idea of offering more help to the major caregivers to manage children with ADHD effectively is an

important outcome of the study. Approximately 88% of mothers of children with clinically diagnosed ADHD worry about their children's behavior at school, their self-esteem, social skills and ability to adapt to life in the future (Kottman et al, 1995). It was also found that 41% of care providers of children with ADHD suffered from depression (Leslie et al, 2007).

Emotional burdens were often experienced by the mothers who took part in this study. Our research found several common emotions experienced by caregivers: frustration, helplessness, anger and worry. Previous studies have reported similar findings (Leslie et al, 2007). It has been pointed out that children with ADHD often create an unhappy family and life environment and this makes caregivers feel frustrated with their lack of self-perceived parenting skills (Kirby, 2005). Our study is also in agreement with the study of Lin & Haung (2009) who described the burden of child care for the mother including the parenting, emotional and family conflict. Many other researchers described this burden to be a heavy emotional burden which the parent has difficulty handling, like feeling frustration, anger, guilt, fear, and helplessness (Tom and Venter, 2010). We conclude that it is important to decrease the level of emotional burdens experienced by primary caregivers.

Regarding the activities of daily living, the mothers in our study experience morning, afternoons and bedtime as the most difficult times when raising a child with ADHD, which is in accordance with the study of Firmin& Philip (2009), which declared that the morning routine seems to exert pressure for school-going children in terms of managing the time before leaving home and making it in time for school.

After school homework time has also been listed as challenging to mothers in our study which is in line with Firmin & Philip (2009), who stated that the children are likely to be tired and more distracted, whilst bedtime was another difficult time where mothers´ fatigue contributed to less patience in dealing with a child especially when trying to calm them down. Firmin & Philip (2009) show that most parents of ADHD children agree that routine and structure are the most helpful in dealing with their children with ADHD. These routines have to be reinforced over and over again as there is no such thing as habits when dealing with ADHD, but constant routines.

6.1.2 Inadequate support

Lack of sufficient support is another theme that emerged from this study. The lack of support from spouses, relatives, schools and the community affected the experience of raising children with ADHD. Our research found that the mothers expressed the view that if they could receive family support and if their husbands could be better enabled to recognize and accept the fact that their children had ADHD, then the degree of family conflict would be diminished. Thus, family support is of the utmost significance in developing support networks (Liu, 2004).

Common complaints expressed by mothers of children with ADHD include the lack of adequate family support, and the necessity of coping with excessive child-related demands and worries that their child will not meet social standards (Lin and chung, 2002). Gau (2007) states that most mothers of ADHD children perceive themselves to be receiving low family support. Children function within a family system and therefore their behavior has an effect on how parents view themselves as parents, especially mothers who are often blamed for their child´s inappropriate behavior (Neophytou & Webber, 2005). Many of these mothers also have little confidence in their abilities to raise their children with ADHD successfully (Cronin 2004).

Our study shows that the mothers did ask support from their spouses, schools and communities to overcome the burdens associated with raising school-aged children with ADHD. This strategy was also reported in a previous study (Huang et al, 2008). Sayal et al. (2006) examined 232 parents of children with ADHD in the UK to investigate whether they understood the importance of the help-seeking process. The results showed that most parents (80%) admitted that their child had a problem, although some (35%) understood it in terms of hyperactivity. Most parents had been in contact with well-educated professionals, but few had consulted primary care physicians or sought help from relevant specialist health services. When parents recognize the problem, they usually realize that getting help from professionals can be very useful which is not the case in our study.

Bull and Whelan (2006) have defined eight common parental schemata in children with ADHD upbringing. They are: a sense that the child is different, expectations of overcoming the abnormality, the importance of medication, the limitations of management techniques, and the rejection of parental authority, the subordinate position of fathers, the high self-expectations of participants and the limitations of community support.

The importance of giving parents complete information about the exact diagnosis, possible ways of treatment and available resources have been mentioned by many researchers (Simmons & York, 2006).

To handle a child with ADHD was a heavy responsibility for the mothers and the lack of support from the surrounding people, including the community was the second theme that emerged from the study and was found in most of the past researches discussing ADHD. The lack of adequate support makes child care more difficult. The findings in the current study were similar to the study conducted by Tom(2010) that found that in the mother's experience with the ADHD child, the support provided by professionals for the mothers was not satisfactory for them.

The difficulty to find support from mental health professionals, especially during crisis, was also found in the qualitative research that was done by Orch et al (2011). The mothers of ADHD children in the study often felt that health care professionals did not support them in their request for knowledge and how to provide the required care for their children with mental health needs.

The lack of support by the schools, an issue that appears in our study, was also a conclusion of this study, as the mothers said that their children were often kicked out of the class.

We also found from the analysis that the mothers feel stigmatized and ashamed because of their children's condition and behavior, so they are socially isolated and try not to take children out of the home because even the close relatives do not accept children's behaviors. Our result is in accordance with Dean (2005), who declared that socialization is also an extremely difficult time for parents since a family day out seems to cause children with ADHD excitement resulting in hyperactivity, which is often embarrassing to parents and leaves them worn out physically. Furthermore, relatives tend to blame mothers for not doing enough, not being disciplined enough and can be intolerant of a child who is hyperactive and has low frustration tolerance or explodes at each hurdle (Smith, 2002).

6.1.3 Disturbances of the child's behavior (hyperactivity, impulsivity, inattention)

The three main symptoms of ADHD (hyperactivity, impulsivity, and inattention) that mothers experienced were very disturbing and difficulties were handled by mothers. These three symptoms affected family life and interfered with all aspects of the life of the child, and made mothers anxious when it comes to the child. ADHD is a neurological disorder with three core symptoms - inattention, hyperactivity and impulsivity. It affects both cognitive and behavioral functioning in academic, social and family contexts (American Psychiatric Association 2000). Our study shows that these symptoms are the major source of stress for mothers. In a review of family factors associated with ADHD, Johnston and Mash (2001) emphasized increased parenting stress as a common co-occurring factor.

According to Burke et al (2008), child disruptive symptoms often influence parental behaviors. Parents of ability to effectively manage their children behavior are usually strained. Yousef et al (2011) show that the type of ADHD symptoms children have leads to more parenting challenges for mothers hyperactive children tend to give in to their children´s misbehavior (Keown & Woodward, 2002). The parent´s of these children than mothers of normal children, and the severity of ADHD symptoms increase parenting stress. It means that the more hyperactive traits in a child, the more parenting stress mothers will have. Johnston and Mash (2001) argue that raising an ADHD child is considered one of the most important factors for the development and conduct endurance in children. Much of the research on the relationship between stress and child behavior problems is based on maternal report. Fischer (1990) pointed out that mothers who are more stressed experience their child's behavior as more negative, and the mothers of more difficult children experience more stress.

Added to the nature of the main symptoms of ADHD is much distress. Mothers of ADHD children have a really difficult experience with the child's behavior and they need support and understanding that was absent in their care for the child.

6.1.4 Management practices of mothers for the behaviors of the child

In our interviews with mothers, we asked about the management methods used by mothers to control child behavior disorders. The results showed that the mothers tend to use both positive and negative reinforcement.

Research shows that ADHD symptoms cause stress in mothers of children with ADHD and also force the mothers to use methods of punishment to control children's behavioral disorders. The review of stress resulting from child domain shows that testable scores of the mothers of the ADHD children are in a higher level than the mothers of normal children. This was clear in the results of a Yousef & Soltania (2011) study which investigated parenting stress and parenting styles of ADHD mothers. This study is in agreement with our study, as the mothers expressed the negative emotions they have due to the child's situation and how they react negatively to the child's behavior, which increases the intensity of the behaviors. Our results are consistent also with Deault's (2009) study which showed that the parents of ADHD children perform less positive parenting, including a lack of warmth and positive parental involvement, as well as reports of more negative discipline strategies and parental intrusiveness.

Families of children with ADHD may be dealing with challenges that go beyond the symptoms of ADHD alone. The struggles that parents are experiencing are important to consider with respect to intervention, as parents typically play a major role in working to change children's behavioral symptoms (e.g. through parent training and behavior therapy programs), therefore understanding different family contexts and their impact on developmental trajectories for children with ADHD is crucial to the success of these interventions (American Psychiatric Association 2000).

It is worth asking how the mother copes with the children alone, and what are the facilities and resources for her to help in child care? Is the information provided to mothers enough to make them able to provide the best care for the children?

The results of this study showed that mothers are not supported even by the spouses in the management

of children and that there is also a lack of the community and schools resources. All these problems create heavy emotional upset and stress, which makes the mother use the negative way of dealing with the child. This result is in accordance with the study of Yousef & Soltani (2011) who showed that mothers of ADHD children have higher stress levels and use different methods to punish the child. This stress and depression of mothers may worsen the child's condition and increase the tendency of bad behavior. Children with disruptive behaviors affect the parents' mental health with most parents suffering from stress, depression and fatigue (Kashadan et al, 2004).

In our research some of mothers mentioned that they use the positive management practices like giving verbal reinforcement or providing a favorable object for the child which appears to have more child compliance with the mothers as it was reported in another study conducted by Firmin & Philips (2009) who showed similar results to ours. They state that the mothers of ADHD children who choose to adjust their lives to the child's symptoms and use positive practices with the child are more able to deal with the child and make the child feel safer and make the home more relaxed. Our result is also in accordance with Smith (2002), who decaled that nurturing a child´s gifts and interest and constant approval of positive behavior helps the children feel safe.

Podolski &Nigg (2001) examined parent role distress and coping in relation to childhood Attention Deficit Hyperactivity Disorder (ADHD) in mothers and fathers of 66 children ages 7 to 11 (42 boys, 24 girls). Parents of children with ADHD expressed more role dissatisfaction than parents of control children. For fathers, parenting role distress was associated with child oppositional or aggressive behaviors but not with ADHD symptom severity. Parent coping by more use of positive reframing (thinking about problems as challenges that might be overcome) was associated with higher role satisfaction for both mothers and fathers. Community supports were associated with higher distress for mothers only.

Children who suffer from hyperactivity disorder are often misunderstood (Barkley, 2000a; Smith, 2002). In such cases, children with ADHD are often criticized or punished when they exhibit worsening symptoms, or even are isolated and baited by their classmates (Simmons & York, 2006). Several researchers have found that parenting training can improve parents' understanding of children with ADHD behavior, motivate parents' use of behavioral management techniques and, more importantly, help parents accept the fact that their children have ADHD (Barkley et al, 2000). In an experiment, 10 mothers went through a five week training course. At the end of the course, all 10 participants showed improved parental satisfaction and parental sense of competence (Odom, 1996).

Parent training in behavior therapy has successfully changed the behavior of children with ADHD. Parent training typically begins with 8 to 12 weekly group sessions with a trained therapist. The focus is on the child's behavior problems and difficulties in family relationships. A typical program aims to improve the parents' or caregivers' understanding of the child's behavior and teaching them skills to deal with the behavioral difficulties posed by ADHD. Programs offer specific techniques for giving commands, reinforcing adaptive and positive social behavior, and decreasing or eliminating inappropriate behavior (Pelham, 1992).
Systematic rewards and consequences, including point systems or use of token economy, are included to increase appropriate behavior and eliminate inappropriate behavior. A periodic (often daily) report card can record the child's progress or performance with regard to goals and communicate the child's progress to the parents, who then provide re-enforcers or consequences based on that day's performance (American Academy of Pediatrics , 2011).

6.2 Discussion of the experience of the teachers of Attention Deficit / Hyperactivity Disorder child, and their management practices for the behaviors of the child

In order to explore teachers' experience of the ADHD student, semi-structured interviews conducted with teachers of four children with ADHD following an interview guide that contains questions about the child's situation in schools and how teachers perceive the behavior disorder of children and their reaction to these behaviors. The interviews were tape recorded in the school of each child and analyzed using the Giorgi method. There were five themes and thirteen subthemes that emerged from the analysis.

6.2.1 Lack of information

The deficit of knowledge about the disease and about the students' conditions was one of the most recurring experiences of the teachers. This lack of knowledge was the result of a gap in communication and interaction between the school and the family of the child, and it led to negative effects on how the teacher responded to students´ behavior so that training of teachers by the terms of the child's condition could raise the quality of care. However, this does not resemble what Sayal et al (2009) found in their study that aimed to investigate the effects of early school intervention to provide training on child ADHD status to teachers on the degree of hyperactivity, and impairment of learning. They concluded that none of the interventions were associated with improved outcomes.

Another study, conducted by Miranda et al (2002), focused on the teachers who do not have information about ADHD. They conducted educational sessions for the teachers on symptoms of ADHD and

class behaviors for four months, the study concluded that increasing teachers' information of the problem showed positive results on teacher knowledge and improvement in the child's academic performance.

6.2.2 Child's behavior is disruptive

In this study, the results of teachers' experience in dealing with the child did not differ from other studies. The teachers mentioned the difficulties they face daily with the child in connection with his/her behavioral problems, which include hyperactivity, impulsivity, inattention, and breaking of the class rules. Lahy et al (1998) in their study on the validity of the DSM-IV diagnosis attention deficit hyperactivity disorder showed that the three presentation features of ADHD which are hyperactivity, impulsivity and inattention increase with school-aged children that increase the demand to make the child focus in the class. Other studies focused on the outcome of the ADHD condition in the school such as poor academic achievement and social problems (Weiss & Hechtman, 1993). This study is consistent with our study that showed the problem of poor academic level and relationship with peers also shared between ADHD children.

6.2.3 Lack of resources and support

The lack of time and other resources necessary to improve the services provided to ADHD children in the class is one of the main barriers to providing a good quality of care. The teachers mentioned that it is difficult to know whether the focus should be on the class as a whole or on children with ADHD who are in need of special support. The fact that there is not enough time in the current situation is a familiar phenomenon in the educational activity. Our study agrees with Gillberg (1996) who stated that students with ADHD need time in small groups and need more alone time with teachers.

Juul (2005) reported that students with ADHD need space for breaks and shorter sessions in class. But the question we set to ourselves is: Is it possible that students with ADHD have their own breaks during the school day? We ask ourselves if this would create a kind of segregation. A break does not necessarily mean that the candidate who has ADHD go out alone on the playground, but it may mean that the child will do anything else for a few minutes before returning to the original entry.

Kadesjö & Gillberg (2001) declared that it is important to stay ahead of the rule to restructure education and instruction based on students' needs. In our study teachers declared that they want more resources to respond to students in the best possible way. The research shows that students with ADHD have great difficulty with academic subjects, but we could ask whether teachers really see the problems from their own perspective and not from the student perspective. What we wonder is whether individualized instruction is best suited for students with ADHD. Duvner (1998) stated that students with ADHD need clear instructions and those organizational deficiencies and teachers in their pedagogy in the teaching environment are the problems.

From the analysis of the results there were many aspects that are considered important for improving the care of children with ADHD. One of them is that regular class with many students and limited time of the teachers is not suitable for children with ADHD.

According to the teachers' daily experiences, it was very difficult for them to focus their attention on the children or to give them extra time to perform their work. In addition, they do not have the knowledge or enough information about the disease and the child, so they were not sure how they could help the child. All these facts make the teachers wonder how much the children with ADHD will benefit either academically or behaviorally in a class with 35 other students who have other needs from the teacher. If there is any other solution, how can we integrate them into mainstream schools without hurting the other students, or creating problems for teachers in classrooms? The results of the research showed that school performance of children with ADHD were very poor even though all the teachers said that the mental abilities of these children are very good and some of them are clever and unique, so it is worth it to create the solution for those students.

6.2.4 Burden of having the child in the class

The difficulties that teachers face in childcare make the existence of ADHD children in the class a burden on teachers. The nature of ADHD symptoms requires that the child received more attention to avoid harm to him. Posner et al (2007) stated that children with ADHD engage in dangerous behaviors such as falling off the furniture after climbing, unbuckling restraints and standing up in cars and strollers, drinking poison, and falling or jumping out of windows. Such security risks require a high level of supervision from parents and likely contribute to increase parental and teacher stress. The burden of ADHD children in the class and the inability of teachers to make the child concentrate affect the teachers will to have the child in the class and attempt to exclude the child.

6.2.5 Management practices for the behaviors of the child with ADHD

The teachers in this study explain how they react to the affected child's behavior. Most of the teachers react with distraction by treating the child with negative methods, for example, to kick the child out of class or hit him. Other teachers tried to reinforce positive behaviors in the child by encouraging him by patting him or saying good words about him, which has a powerful effect on the affected child. Positive reinforcement has been supported by research. Behavioral therapy has been used for children, which covers a wide range of specific actions that have a common goal of modifying the physical and social environment to alter or change behavior.

The behavioral therapy in the classroom were discussed in the guideline published by the American Academy of Pediatrics, (2011), which shows the effect of behavior management in the classroom as a reward and other positive reinforcement by giving rewards or privileges contingent on the child's accomplishments.

Behavior therapy represents a broad set of specific interventions that have a common goal of modifying the physical and social environment to alter or change behavior. Along with behavior therapy, most clinicians, parents, and schools address a variety of changes in the child's home and school environment, including more structure, closer attention, and limitations of distractions. Behavior therapy usually is implemented by training parents and teachers in specific techniques of improving behavior. Behavior therapy then involves providing rewards for demonstrating the desired behavior (e.g., positive reinforcement) or consequences for failure to meet the goals (e.g., punishment). Repetitive application of the rewards and consequences gradually shapes behavior. Although behavior therapy shares a set of principles, it includes different techniques with many of the strategies often combined into a comprehensive program. Behavior therapy should be directed to the child and designed to change the child's emotional status (e.g., play therapy) or thought patterns (e.g., cognitive therapy or cognitive-behavior therapy) (Barkley 2000).

Classroom management also focuses on the child's behavior and may be integrated into classroom routines for all students or targeted for a selected child in the classroom. Classroom management often begins with increasing the structure of activities. Classroom behavior management also may improve a child's functioning but may not bring the child's behavior into the normal range on teacher behavior rating scales (Pelham 1992).

Schools may provide behavior therapy with teachers in the context of a Rehabilitation Act plan or an individual education plan. Where ADHD has a significant impact on a child's educational abilities, schools may be required to make classroom adaptations to help children with ADHD function in that setting. Adaptations may include preferential seating, decreased assignment and homework load, and behavior therapy implemented by the teacher (American Academy of Pediatrics, 2011).

7. Conclusion

The study concludes that the primary care givers of ADHD children experience burden and a lack of sufficient support and resources in the child's care. This negatively affects the quality of care provided for the child.

The findings show that caring for a child with ADHD is stressful emotionally for the care givers (the mothers and the teachers), so there is a need for support and education/training programs.

Based on the research findings, we make several recommendations and identify directions for conducting future research. The most important recommendations are: that improving professional services in family care should become a major concern of all healthcare professionals; that sufficient services should be provided by professionals, teachers and service users; and that more psychologists, social workers, occupational therapists and nurses who can help children diagnosed with ADHD are needed. Environmental and behavioral interventions will require ongoing efforts by parents, teachers, and the child.

8. Recommendations

The results of this study highlight many points that should be used for clinical nursing implications.

8.1 Recommendation for teaching and training

It was clear from the results of the study that there is lack of knowledge and understanding about ADHD either from the family of the ADHD child, the community the child lives in, or the school team (the directors of the schools, the teachers, the social workers) as well as the other students in the class of the child. This lack of knowledge is reflected by the way they deal with the child.

There is a need for comprehensive psycho education programs, which should include the parents and the school team to increase the awareness about the disorder and the use of the best management practices.

According to the National Collaborative Centre for Mental Health, (2008), parent training/education programs should be founded to provide simple ways helping them to manage the child's behavior and enhance a good parent–child relationship.

8.2 Recommendations for policies

The Ministry of Education should integrate the children with ADHD in its policies; there should be special resources and facilities for these children such as:

-special classes with trained persons to deal with the ADHD student on both the academic and behavioral level, with a smaller number of students and more time facilitated for the child to perform the tasks. This should be collaborative work between the Ministry of Health and the Ministry of Education.

- Considering the impulsivity and hyperactivity of the child, the Ministry of Education should provide special precaution in the gardens and classes, like designing the class to contain fewer hazards, providing more spaces

for the child to play safely.
- The school should be responsible for safe transportation for the child, bringing and returning him to the home.
- Enhancing the process of screening and diagnosis of ADHD cases in health centers and ensuring regular contacts with the specialists to monitor the child's situation, response to medication, and parents' education.
- Medical Health records should be performed in the MOH to monitor patients and for the purpose of research.
-Primary care clinicians cannot work alone in the treatment of school-aged children with ADHD. Ongoing communication with parents, teachers, and other school-based professionals is necessary to monitor the progress and effectiveness of specific interventions. Parents are key partners in the management plan as sources of information and as the child's primary caregiver. Integration of services with psychologists, child psychiatrists, neurologists, educational specialists, developmental-behavioral pediatricians, and other mental health professionals may be appropriate for children with ADHD who have coexisting conditions and may continue to have problems in functioning despite treatment. Attention to the child's social development in community settings other than school requires clinical knowledge of a variety of activities and services in the community.

8.3 Recommendations for family support
- Psychotherapy sessions should be performed for the mothers to share their experience.
- Centers for counseling and support to help the parents deal with the child's behavior and daily problems they meet. These centers should be concerned with the impact of the disorder on the child's life and the family concerns, and assess the personal, mental, and social needs.

8.*4 Recommendations for future researchers*
Improving the research in the childhood behavioral disorders generally and Attention Deficit Hyperactivity Disorder particularly is needed. Future research should focus on the child perception about their attention deficit hyperactivity disorder (their experience with the disorder),Future studies on large samples include interviews with fathers of children with ADHD

It will be worth it to focus future research on the alternative ways for treating ADHD (herbal medication, behavioral, art, music, play) and other types of therapies such as alternatives for medication.

8.5Recommendations for Parents
*8.5.1 Positive parent/child relationship***.** This involves having realistic age-appropriate expectations, conveying these expectations in a direct clear manner, spelling out positive and negative consequences for compliance and non-compliance, and having these consequences be relevant, immediate and proportional. Specific parent training programs may be indicated that teach and monitor specific parenting skills. Parents may need support to build a positive relationship with the child after years of challenging behavior.
*8.5.2 Consistent daily routine***.** This may take weeks to establish, but encourage parents to persevere. Routine should include morning and bedtime regimes. It might be necessary to write these down for the child.
*8.5.3 Timing of medication***.** For some children the early morning period is extremely difficult. In such cases it may be helpful to administer the stimulant to the child while he/she is still in bed, and then get him/her up for school after the stimulant has taken effect.
*8.5.4 Homework monitoring***.** Establishing a regular time and place for the child to do his/her homework may improve results. Homework is best done in the early part of the evening, leaving time for relaxation before bedtime. Homework should not be done in front of the TV or on the bed. Siblings and telephone are other major distracters that should be removed from the homework setting. A homework tutor or facilitator can be very helpful. Ask the school to help keep parents informed about requirements of assignments or special projects so the parent can plan with the child when and how these will be done. Write these plans on the calendar. It can be useful to suggest that homework be done for a reasonable period of time every day, independent of whether or not there is work to do to avoid children either saying they have no homework, or to avoid children becoming avoidant because homework takes hours. TV and electronic games should be removed until after homework is complete.
*8.5.5 Keep regular appointments***.** ADHD is a chronic disorder where an ongoing supportive relationship with the child and family is valuable. It is necessary to have regular appointments, optimally once a month, and minimally every three months (Pressly and McCormick 2007).

8.6 Recommendation for the Community. Families of children and young people affected by ADHD are subject to considerable pressures associated with the disorder on a day to day basis. Clinical experience suggests that families have differing capacity to cope with this and that this fluctuates over time. The provision of support other than what may be available from extended family and friends may be an important part of a multimodal intervention package. The need for social support must be considered for individual families (Scottish Intercollegiate Guidelines, 2001).

8.7 Recommendation for a greater awareness of early detection of cases. Establish companion 'to increase parents' awareness of the early risk of ADHD symptoms and contact health centers for screening and early lead. This should also include schools. In this area there must be co-operation between the Ministry of Health and Ministry of Education and to utilize the facilities and assistance as the government health centers. Raising awareness is also about the importance of regular contact and follow up with the medical team to evaluate and monitor the child situation, progress should be one of the major issues to focus on. Families may not accept their child's mental health problems and their need for treatment for fear of labeling and stigmatization. It is important to fight stigma and increase awareness of children's mental health and ADHD in particular. Parents' support groups are recommended for children with ADHD. The parent group's support is to strengthen parents and allow them to help themselves and their children.

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