

CHAPTER IV

RESULTS

Impacts of children with attention deficit hyperactivity disorder (ADHD) on their guardians, families and teachers; and coping strategies to help children with ADHD in five primary schools were studied. Location of the present study was five primary schools in Samutprakarn province that were Anubanwatpichaisongkarm School, Pranylwaschara School, Watdansumrong School, Bangnangkreng School and Watsukakorn School.

There were 32 teachers and 19 guardians in this study. An open-ended questionnaire was used to interview both teacher group and guardian group.

4.1 Demographic characteristic

This study had 32 teachers that were 30 women and 2 men. Average age of teachers was 54.30 (S.D. \pm 8.17) years old. Most teachers were teaching at fifth grade and second grade. Approximately 6 % of teachers separated children with ADHD from normal children and taught them only. Approximately 70 % of teachers worked at Anubanwatpichaisongkarm School and Pranylwaschara School. The average year of working as a teacher was 27.88 (S.D. \pm 9.09) years. The details of teachers' demographic characteristic were showed in Appendix A (table 2). Another group of participants was guardians group, which comprised of 12 women and 7 men. The average age of guardians was 42.95 (S.D. \pm 9.97) years old. Most guardians were married. Approximately 52 % of guardians were officials and housewives. Most guardians graduated in under Bachelor degree (89.78%). Approximately 63 % of guardian had income under 10,000 baht per month. Most of them lived at their own house (84.21%). Approximately 73 % of guardians were parents. The detail of guardians' demographic characteristic showed in the appendix A (table 3).

Children with ADHD of guardian were 15 boys and 4 girls. The average age of children was 9.17 (S.D. \pm 1.34) years old. Approximately 62 % of children studied in second and third grade. All of them studied at Anubanwatpichaisongkarm School,

Pranylwaschara School and Watsukakorn School. Children had GPA between 2.00 to 3.50. Children with ADHD's demographic characteristic were showed in table 4 of appendix A .

4.2 Knowledge about ADHD

The result of test showed that the average point of teacher in the test was 7.094 and the average point of guardian was 6.895 form total points of 12. Table 5 of appendix A showed result of teacher test about the knowledge of ADHD. Most teachers didn't answer the questions that asked about the side effects of the medication and the question asked about the efficacy of the medication in making good personality and learning. Those two questions were "Side effect of ADHD medication is headache stomached, nausea and vomiting" and "ADHD medicine can make children have good personality and good at learning." However, all teachers were able to answer the question that asked about the combination treatment, which was "The most effective ADHD treatment is the combination treatment between stimulant medication and behavior modification."

Guardians were tested about the knowledge of ADHD and the treatment. The results showed that most guardians answered four questions that asked about cause, opportunity and treatment wrong. These four questions were "ADHD medicine can make children have better personality and better at learning." "An infant who has weight below 1,500 gram will have higher chance of developing ADHD than those who has weight above 1,500 grams", "There are the same opportunity to get ADHD between boys and girls." and "If pregnant women drink alcohol, children will have high risk of ADHD." All guardians were being able to answer the question that asked about the treatment right. This question was "The most effective ADHD treatment is the combination treatment between stimulant medication and behavior modification." Table 6 in the appendix A was the details.

The result of interviewing teachers showed that most teachers had knowledge about ADHD and ADHD treatment before teaching children with ADHD. Teachers who have to teach children with ADHD must find information and learn about ADHD. All interviewed teachers had knowledge about it. Table 7 of appendix A showed source of knowledge about ADHD and ADHD treatment that teacher used. Half of

teachers used consulting with other guardians who had children with ADHD and consulting with teacher who taught children with ADHD. Approximately 40 % of teachers used training program outside schools by physicians and reading from ADHD books and ADHD leaflets. Some teachers used consulting with healthcare personals (e.g. physicians, nurse and psychologist). A few teachers used the observation of children with ADHD and watched television programs about ADHD.

Teachers suggested that an ADHD expert should conduct the training about ADHD in the school because when the training was outside the schools, only some teachers would be able to attain the training program. The training are very useful, they can use the knowledge to taking care their students who had ADHD.

The result of interviewing guardians showed that a few guardians had knowledge about ADHD and ADHD treatment before accepting ADHD treatment (15.79%). They tried to learn more about ADHD and ADHD treatment after knowing that their children had ADHD. Table 8 of appendix A showed the detail of the source of knowledge about ADHD and ADHD treatment that guardians get. Half of teachers had ADHD knowledge by consulting with physicians. Approximately 40 % of guardians had ADHD knowledge by consulting with other guardians and teachers who taking care children with ADHD. Some guardians knew it by reading books or brochures (31.58%).

Knowledge about ADHD and treatment is very important for teachers and guardians. If they didn't have enough knowledge, they will not be able to distinguish children with ADHD from normal children. They could not give care to children with ADHD and they would have many problems later.

4.3 Interviewing Teachers

We interviewed 31 teachers that worked at five schools, which were Anubanwatpichaisongkram School, Pranylwaschara School, Watdansumrong School, Bangnangkreng School and Watsukakorn School. The result of interviewing teacher was presented in two parts. First group was 30 teachers who taught children with ADHD and normal children in their classroom. The second group was 2 teachers who only taught children with ADHD.

4.3.1 Group of teachers who taught children with ADHD and normal children in their classroom

4.3.1.1 Number of children with ADHD

Number of children in 5 schools was 1125. There were 60 children with ADHD that were 51 boys and 9 girls. Each classroom had 2-3 children with ADHD. According to the interview, Majority of teachers (67.74%) informed that trend of children with ADHD was increasing every year. Some teachers (29.03%), however, thought that the number of children with ADHD didn't change because children with ADHD in their responsibility were constantly 1-2 persons in each year. One out of 19 teachers thought that number of children with ADHD was reducing because she did not have children with ADHD in her classroom every year. Most of the teachers expected that possibility of having ADHD in children was increasing because they evaluated from the increased ADHD children who accepting the treatment. Trend of children who may have ADHD would increase however; there was still having some classrooms (72.41 %) that had children who may have ADHD but didn't accept ADHD treatment. If these children were identified, the number of ADHD children would increase. There were 24.36% of teachers expected that the trend of children who may have ADHD didn't change. Some teachers didn't encounter new children who had ADHD in their classroom. A few teachers expected that trends of children who had ADHD would decrease (3.23%).

4.3.1.2 Symptoms or behaviors that made teachers identify ADHD children

It was difficult to distinguish ADHD children from normal children. In order to understand how teachers knew that their children had ADHD, we asked teachers how they did. Most of the teachers observed the children in their classroom. They observed the children's behavior both inside and outside the classroom. Objective of the observation was to examine miss behavior in education, working, social activities and symptoms of ADHD.

Each teacher had different observations about children behavior and ADHD symptoms. All teachers replied that children with ADHD often had difficulty in sustaining attention in tasks or playing. Most of teachers (93%) told that ADHD children often fidget with hands or feet or squirms in seat. Approximately 83 % of

teachers told that "ADHD children often seem to listen when spoken to them directly" and "they often runs about or climbs excessively in situations in which such behavior is inappropriate".

Approximately 65% and 75% told that children with ADHD had problem as left their seat and acted as "driven by a motor", respectively. Some teachers (62.07%) told that children with ADHD had difficulty playing or engaging in leisure activities quietly. Half of the teachers said that children with ADHD often were easily distracted by extraneous stimuli approximately. Approximately one-third of teachers informed that children often annoyed their friends aggressive such as hurling table or throwing the pencil box, however, if children with ADHD were girls, they would be annoyed. Some children worked slowly or finished works but it was not good. When children with ADHD had intention to work, they did better than normal children did. Teachers (35%) also reported that some children didn't follow through on instructions and fail to finish schoolwork, chores, or assignment. Teacher had to endure them. Approximately 41% and 51% of teachers told that children had reading and writing problems, respectively. Their reading and writing skills were under the grade that they were studying. They can remember the alphabet and read word by word but they could not spell words. Not all children with ADHD had reading problem. Few children can read, thus, teacher should support them with many techniques, for instance, provide them with their interest books and create the competitive environment.

One fourth of teachers said that a few children stared vacantly at teacher's orders but they had their own imagination. For example, teacher told them to draw a picture of ant. They drew not only an ant but they also drew a hand with a little ant on the hand. When teachers asked them why they drew a picture of a hand, they answered that an ant stood on the hand. Interestingly, if they were frightened by the imaginary people in a tale, they would rip the tale book suddenly.

Fourteen percent of teachers said that a few ADHD children often lost things that were necessary for tasks and activities (e.g., toys, school assignments, pencils, books, and tools). Ten percent of them reported that children with ADHD could not control their daily life activities such as urination, go to stool, and cleaning a dirty spot on their cloth. Some children with ADHD said they were afraid of going to the toilet

alone. A few children with ADHD liked to imitate their teacher postura. Sometimes, they deprecate their teacher when teachers admonish them. Few teachers (6.9%) said that ADHD children disputed their teacher, disturbed other students and teachers, and stole things. The detail was presented in Table 9 in the appendix A

4.3.1.3 Causes of ADHD from the interviewing

Teachers mentioned that there was no apparent single "cause" of ADHD. From the interviewing, teacher understood that the separation of family and guardian abandonment were the major causes of ADHD because one of the guardians used to said "I don't have enough free time and I have to work for my income." Teachers mentioned that the second cause of ADHD was the genetic factor. Teachers believed that if guardians had ADHD, children would have a high risk of ADHD. Injuries by guardians and children's serious accidents were other causes of ADHD. Some babysitters often gave children a sleeping pill in order to not bother them. This misconduct was also cause ADHD. A teacher noticed that one ADHD child had a drug addicted mother. The teacher investigated that ADHD child's mother had glue inhalation since she was pregnant. Teachers also mentioned that too much watching the television and playing game alone without the guardians paying attention to them could cause ADHD.

4.3.1.4 Classroom environment

When children with ADHD studied together with normal children, there were many problems in classroom. The difference was depending on the number of children with ADHD and intensity of symptoms or behaviors in the classroom. If there were only ADHD child who had severe symptoms and aggressive behavior in the classroom, he could conspire some normal children to play aggressively and cause chaos in classroom. However, if there were many ADHD children with mild symptoms, they would cause little problems in classroom.

Approximately 35% of teachers found that the environment of mixed classroom among ADHD children and normal children was not different form normal children classroom. The remains found that environment of this mixed classroom was different form normal children classroom because normal children were conspired by ADHD children to loudly play in class and made the classroom very noisy and bothersome. If the teachers were in the class, this situation can be controlled.

Teachers solved this problem by changing seats of children with ADHD every month or ordering them to sit with a good child or their beloved friends so that when the teacher was absent, good children or their beloved friends can take care them. However, some children with ADHD did not like good children to take care them because they felt annoyed by them. Some children like to split saliva to others. If their friends and their teachers admonished them, they would be angry and had bad behaviors. In addition, normal children would imitate these worst behaviors. It was the bad example for another child. Approximately 37 % of teachers told that their teaching were not smooth and slowed down because they often called children to return their seat every 10 minutes. Twenty one percent of teachers said some children with ADHD often annoyed their friends. There were 10.34% and 3.45% reported that children with ADHD were not interested in studying but they were interested in playing with toys or friends and when they arranged in row, they often fidget with hands or feet, respectively. Table 10 of appendix A showed the information of classroom environment from the interviews of teachers

4.3.1.5 Interaction between normal children and ADHD children

Most of schools had the policy that did not allow rearranging children in classrooms. The children should study in the same classroom until finishing primary school because they could be acquainted with their beloved classmate. Sometimes, normal children understood their ADHD friends more than teachers did and they provided information to teachers for helping ADHD children.

Teachers (86%) informed that normal children understood children with ADHD because they were classmate more than 2 years. Normal children always took care, loved, and advice ADHD children. For example, normal children suggested children with ADHD in painting and helped them in study. Normal children knew that ADHD children were different from them, knew about ADHD children behavior and knew problem solving with ADHD children for many situations. Since some normal children felt envy when teachers paid more attention to children with ADHD, teacher had to talk and clarify normal children with reasons. Ninety percent of teachers said that friends' comments made children with ADHD have strong feelings of insecurity, and in the state of being lower in rank or position. Their friends who understood them would not comment them and not imitate their behaviors.

About one-third of teachers replied that normal children felt annoyed when they had to work in-group with ADHD children. Normal children did not want to work with children with ADHD in-group, therefore, teacher had to separate them and form the ADHD children group. The alternative method was to pair up them with good students who they accepted with for working in-group so that good student can help taking care them. Approximately 62 % of teachers told that normal children felt not annoying by children with ADHD. However, some normal children felt annoyed and told their teacher 2-3 times per day. Teachers, thus, protected normal children from the annoyance by telling them walking away from or ignoring them. In addition teachers admonished and talked to ADHD children with reasons. Table 11 of appendix A showed the quantitative results of interaction between normal children with ADHD children.

4.3.1.6 Classroom problems and management strategies

Inevitably, teacher must teach ADHD children. Therefore, they tried to find special management strategies for solving the problem with ADHD children in their class. The following sections discussed about each problem in classroom.

a) Task Avoidance

It is common to find that normal children sometimes avoided task that require sustained mental effort such as schoolwork and homework. When normal children avoided schoolwork and homework, and then was punished by their teachers, they would do better. Oppositely, this punishment was useless with children with ADHD.

One of the ADHD behaviors was that children often avoid, dislike, or are reluctant to engage in tasks that require sustained mental effort (such as schoolwork and homework). In some children, the avoidance of task is not because of the symptom of the disease but it was because they were lazy.

Approximately 62% of teacher closely took care children with ADHD, reinforced them to study, and let them sat near the teachers; 48% told them to copy normal children's homework or schoolwork; and 41% used buddy method. Copying their friend made them have to read before writing and buddy method was good technique for assisting teacher. For example, teachers managed children with ADHD to sit near normal children who children with ADHD loved. Normal children can help children with ADHD about the lesson and took care them in doing school activities.

When they had to work in-group, teachers tell other members of group to take care them doing the group work assignments. Teachers (37%) consulted and cooperated with guardians of ADHD children in controlling children's schoolwork and homework.

In the case of not doing the schoolwork and homework, approximately 20-25% of teachers told that they talked to children with reasons and called children name when they left their seat. To solve the problems of unfinished work on time in ADHD children, teachers may reduce the assignments into the appropriate amount of time for the due dates in order that they can manageably finish it on time same as other normal students. Children with ADHD always did not do the assignments. Twenty one percent of teachers provided more love and attention to children with ADHD than normal students so those children with ADHD will do the assignment. Some teacher gave negative reinforcement. For example, If they did not complete their schoolwork or homework, they will be degraded the level of learning class. Teacher advised that we should not force them to finish schoolwork and homework as normal children because it will make them stress and causes further behavioral problems. Ten percent of teacher used mild punishment, if they often avoided tasks. Only 3 % of teachers gave positive reward if ADHD children completed their schoolwork and homework. On the other hand 3 % of teachers used negative reward by not allowing them to study subjects that they are interested in. Table 12 of appendix A showed the management strategies when ADHD children avoid task that require sustained mental effort such as schoolwork and homework.

In the case of doing the teachers' assignments, the teachers found that some children with ADHD can do schoolwork and homework but they do it slowly. Some ADHD children did the assignment but it was not good. To solve this problem, teachers closely worked with them, for instance, sitting beside them and helping them do the assignment such as underlining or erasing the words.

b) Excessive talking in classroom

Although most children liked talking, but excessive talking with loud and noisy voices was one of the ADHD symptoms. It was a big problem in classroom.

Approximately 50-60% of teachers used the strategy of often calling children's name 5 – 6 times per day to make children had concentration again and stop excessive

and noisy talk. This wasted time of teaching and made the teaching slow. If they didn't stop talk, half of teachers would admonish them. Only 13% talked to children with reasons. For example, they explained that talking in classroom would be annoying other students and they were allowed to talk outside the classroom if they still needed to talk. They were allowed to go into the class only when they stopped talking. Some teachers (10%) gave mild punishment such as slightly hitting children mouths. Few teachers (6.9%) used buddy method. If they were still talking, teachers would tell their buddy to use the hand to muzzle ADHD children's mouths and told them to shut up. Only 3% distracted them from excessive and noisy talk such as asking them to do other things instead. Table 13 of appendix A showed the management strategies when ADHD children had excessive and noisy talk.

c) Annoying normal children.

One of ADHD symptoms was "on the go" or often acted as if "driven by a motor" without carefully. These behaviors made their friend feel annoyed. They were happy to annoy others. They didn't know that sometimes, it made their friends hurt and injure. When ADHD children played with their friends, they may have effects to both bodies because this "on the go" and if "driven by a motor" behaviors.

Half of teacher used management strategies when ADHD children annoyed normal children by admonishing them and talking to them with reasons. Some teachers used the strategies suggested by specialist physicians to act the same way as they did to their friends. For example, if ADHD children hit or pinch their friends, the teacher will hit or pinch them in the same manner as they did to their friends. This strategy made ADHD children understand how other's feeling if they was hit by them. Then, it can reduce these bad behaviors.

Twenty one percent of teachers assigned a student header to record annoying children name and then teacher will punish them later. Fourteen percent of teachers ordered ADHD children to sit close to teachers or normal children who have body bigger than them. Psychologically, ADHD children are afraid of the one who has more power than they are either physiological power or sociological power. To sit close to teachers or normal children who have body bigger than them can reduce the annoying problems to their friends both inside and outside classroom. A few teachers (3.45%) distracted them from annoying behaviors such as asking them to pick up

things to teacher or distribute notebooks to their friends. The last strategy was that teacher reported their annoying behavior to their guardians and suggested them to closely look after their children. Table 14 of appendix A showed the management strategies when ADHD children annoyed normal children.

d) Attacking themselves

Three out of 29 teachers found that some ADHD children attacked themselves. If people around them dissatisfied or offended them, they will attack themselves such as hit or confined themselves. When this phenomenon occurred, teacher must suddenly separate them from another children. After the ADHD children calmed down, teacher talked to them and asked why they did themselves. ADHD children informed that they attacked themselves and not attacked other people when they were angry their friend because they were afraid that their friend will not love them.

e) Leaving seat during the class

Children with ADHD had "on the go" or acts as if "driven by a motor" behaviors. These behaviors made them often leave their seat in classroom or in other situations in which remaining seated are expected. They have always walked to their friends and walked to the back of classroom or outside to play, read cartoons, or sleep. Most teachers confronted with this behavior.

When ADHD children left their seat, approximately 50-60% of teachers admonished them and called their name for stopping the behavior. Few teachers (3.45%) distracted them from inattention in the study by asking them doing other activities; took care them; and commanded them to sit near their teachers. Table 15 of appendix A showed the management strategies when ADHD children leave their seat during class.

f) Lying and stealing

In general, children sometimes may lie or steal things. Most children with ADHD, however, have always lied about their schoolwork and homework. The teachers believed that it was because they did not want to do works and some were lazy. They can lie for avoiding the assignments. To manage the liar, teachers talked to them that lying was not a good thing to do and explained them the consequences of lying such as that people around them will not believe in them. It may affect their future work. From the interviews, a teacher reported that there was a student with

ADHD went to the toilet for smoking but they told a lie that they went to have an instant noodle. The student will tell the truth, if there was evidence to confirm such as cigarette odor.

Few children with ADHD have the history of stealing. Teachers provided the information about thief issue that families had the great influences on children behavior. The less is the care from family, the more likely to be a thief. In addition, if the family has never inculcated their children, they will steal things without knowing that it was not a good thing to do.

It was found that some ADHD children stole things from friends, teachers, and motorcycle drivers. Teachers presented a case of stealing and the management of this case. When teacher found that ADHD children stole things, she psychologically told all students in the class that she knew who the thief was. She taught students that stealing thing was bad behavior, so who stole thing should return things. They would not be punished, if they return things. The stolen thing was found in the bin 2-3 hours later.

4.3.1.7 Punishment

When children were do something wrong, teacher punished them. The method of punishment depended on intensity bad behavior. Approximately 10% of teachers did not punish ADHD children because from their experience it did not work. The remain teachers had punished them with reasons. When children do something wrong at first time, teacher (51.72%) admonished them. In second time, teacher punished them. The strength punishment depended on the level of wrong behavior. It was important to follow the condition provided to ADHD children because it made the punishment have power. For example, the teacher promised to give reward if ADHD children could finish their work, and alternatively they would be punished if they could not finish their work. Thus, they needed to punish them if they could not finish the work. Before punishing, teachers told them why they were punished but did not condemn them because it made them shameful. Most teachers (75.86%) punished ADHD children by hitting their hands, legs, or bottoms. However, they said that now they needed to ask for the permission from their guardians before the punishment. If the guardians did not allow them to do, they would use other methods, for example, giving more extra work such as arranging of the desk and cleaning the blackboard.

Twenty eight percent of teachers believed that the extra work method made children feel better than body punishment. Some teachers (10.34%) used negative reinforcement such as not allowing them to have candies or snacks during the class break.

Most teachers would not punish ADHD children if they didn't finish their schoolwork and homework. They punished them only when they did not follow the promises or did a very bad behavior such as injured their friends or were annoying friends. Some teachers believed that the punishment could not permanently stop bad behaviors. It sometimes oppositely made children get worst. The strong punishment should be used only when they needed to stop those bad behaviors immediately.

4.3.1.8 Teaching method

Children with ADHD learning skill were slower than normal children especially complicated mathematics. It was because of lacking an ability to concentrate to the teachers and lessons. When the teachers taught many subjects in a day, children with ADHD were unable to remember all details. Most teachers (62%), however, used same teaching method for ADHD children as for normal children. Some of them used the same method but adding the supplements to help ADHD children such as buddy method, repeating the lesson, or making the teaching more entertaining. Approximately 30 –45 % of teachers closely took care them, commanded them to sit near their teachers and always called their names in class. If they didn't pay attention to the teacher, teacher may call them very frequently. They taught them slowly and repeatedly. They repeated a lesson until they were understood and kept them concentrate to listen to the teachers. To make children with ADHD easy to understand, in the supplement method, teachers skipped the difficult lesson and taught it later. Teacher reduced the amount of assignments depending on their manageability manner to finish it on the due date. Some teacher (24.14%) used buddy method because their buddies who were normal children can help ADHD children in learning. Table 16 of appendix A showed the information of teaching method from the interviews of teachers

From experiences in teaching children with ADHD, it was found that most teachers had difficulty in teaching Mathematics, Thai language, and Sciences. It was a little bit difficult in teaching English language. The subjects that ADHD children

liked to study and were able to learn them quite well were Art and Craft. Thus, teachers had little problem in teaching Art and Craft. Some ADHD children liked playing games and searching the Internet and they can do them very well. Teachers have always supported and encouraged them in studying their interests.

The problem of learning Thai Language was reading. ADHD children could not remember vowels and spell the words; thus they tried to remember the whole word instead. Problems with reading also affected the writing skill. Some of them had poor handwriting. They cannot control their hands because of the slow development of their muscles. Most teachers hold ADHD children's hands to help them write. Only one teacher also helps them by training their hand muscles.

At the beginning of Mathematics learning, there were no problems in learning adding and deduction method. When it was getting more complicated such as the multiplication and dividing, ADHD children felt that it was too difficult. Teacher used different books for them by lowering the grade. For example, they used the lessons for grade 3 students for ADHD Children who were in grade 5.

Analytical skill to understand the principle and facts was critical in study Sciences. ADHD children were not ready to analyze complicated lessons. In addition, there were not enough appropriate tools to help them imagine the principle and facts.

Half of teachers said that they had problems in teaching English. Fifty percent of ADHD children did not like to learn computer because they were obligated to stay on their seats all study period. However, half of them liked the computer class because they were allowed to play computer games after finished their work in the class.

ADHD children did not like to play musical instruments because they had to sit still while they were playing it. Children with ADHD had "on the go" or acted as if "driven by a motor" behaviors, thus, they liked singing and dancing. They also liked to study Art because they can use their own imagination, and relax from their major subjects. But some of them did not like studying Art because they could not use their hand muscles to draw the lines as they wished. Their pictures were not so beautiful as other children's pictures. They felt inferior when they compared their work with another child. The drawing and color of their pictures reflected their emotion. When they were unsatisfied or in the bad mood, they used dark colors and painted the color

out of drawing line. In the other way, when they neatly painted the pictures with light color, it meant that they were in a good mood. ADHD children sometimes painted pictures better than normal children did.

Physical education is an ADHD children favorite subject. Normally, ADHD children did not like to stay in the classroom. This subject was conducted outside the classroom so they could play and had fun.

4.3.1.9 Evaluating ADHD Children

Approximately 90 % of teachers used the same examination paper for testing ADHD children and normal children. Even though the speed of learning in ADHD children was slower than normal children, they caught up with normal students if teachers repeated the teaching and gave the extra exercise. Therefore, the same examination paper could be utilized for testing ADHD children. If some lessons were complicated for ADHD children, teachers will use lower criteria to grade them or will give them more time to do the test. Some teachers helped them read when they had reading problems.

Sometime if lesson was too complicate for ADHD children, even we repeated or gave them extra lesson. Then teacher will use lower criterion for them. If normal children had passed score that was 80%, ADHD children was 50%. Teacher may give them more time to finish the examination, or teacher may read and mark the answer for them if they have problem in reading. Then teacher will check examination like normal.

4.3.1.10 Teachers' quality of life

Being with ADHD children everyday may affect teacher's quality of life. From an interview, it was found that teachers' quality of life depended on numbers of ADHD children or their behaviors. Only few teachers felt that teaching ADHD didn't affect their quality of life. Most of them had high stress and their quality of life decreased to 70 – 80%. If number of ADHD children in class increase, it will increase teacher's stress. ADHD children had various negative behaviors such as aggressive, stealing, and naughty. These negative behaviors will increase teacher's stress because of children problem solving. Teachers were worry about ADHD children's behavior that may cause trouble to the classroom and friends. Normal classroom was easier to control, less burden and worry. Therefore teachers, who taught ADHD children, must

have different means of teaching from teachers who taught normal children. ADHD children learned slower than normal students, thus, the lesson level was lower than normal class. Teachers were worry and get stress about ADHD children study, understanding of the lesson and their examinations. Teacher sometimes might get angry with ADHD children when they didn't do their work but they felt compassion them later. They didn't do their work because of lacking concentration in ADHD children. Teachers must restraint theirs mind in teaching, because it was their responsibility. Teachers accepted that ADHD children are different from normal children, and should not compare them. They had to teach them step by step. Half of teachers found that they gained more patience and experience. It was better to feel that ADHD children were their children and not set high expectation on their ability.

4.3.1.11 Guardians' perception about ADHD children

Teachers, normally, informed guardians about children's learning speed and development, personality and behaviors. such as, being unstable, talkative, and aggressive, or not doing homework. If they found that ADHD children had learning problems, the cooperation with guardians would be very important to help their children. School teacher advised their guardian to pay more attention in their children. In order to catch up the lesson with normal children, the additional exercises should be provided under the control of their guardian or babysitter. Guardian understanding of ADHD child's capability is critical. Seventy percent of teachers reported that when children showed some abnormal behaviors, guardians had consulted with doctors for getting the proper treatment. Most of them seek treatment from Yawaprasart Waitharyopatum Child Psychiatric Hospital.

Some guardians had 2 reasons not to cooperate with the professional treatment.

First, guardians denied what teachers had told them. They can not accept that their children were different. Sometimes they got angry on teachers and moved children to study in another school, which they believed that school could take good care of their children. One of guardian said to teacher "My child can learn like other children until second grade. He had a good GPA. Why he needs diagnostic? If it's necessary, the whole family might be need to get diagnostic too." This conversation showed that guardians could not accept teacher's information. Second, guardians accepted what teachers told them but they didn't take children to see doctors for the

diagnosis or treatment as they said. There were many factors that affected the guardians to not taking their children to see doctors.

Factors 1: Time factor

Guardians used to take their children to see the doctor. When they postponed the appointment, they had to get a new queue, which sometimes took 2 months. It was also took almost a day to see the doctors since there were many patients during a day. The inconvenience made guardians give up to bring their children to see doctors.

Factor 2: Economic factor

Expense of the treatment was a major concern. Most guardians had money problem. Even though some schools had a special project for ADHD children, Some guardians could not afford it because the cost was very expensive for them. The approximate price was about 5,000 Baths/Month. Teachers advised the one who could not afford it to get the referrals from the hospitals which joined the universal coverage health insurance (30 Baths policy) to Yuwaprasatwaithayopathum hospital Child psychiatric Hospital for the treatment. To use the referral system, there was no out-of-pocket expense for the treatment. Although, the cost was not an issue, most guardians still ignored the treatment because it spent too much time to go to the hospital.

Factor 3: Burden

ADHD is the disease that needs continuously long-term treatment. Guardians had always said that they were very busy. They had to take a day off when they took their children to see the doctor. They lost one-day income. Most guardians ceased taking their children to see the doctors if their symptoms were better. The discontinuity may cause more harms to their children.

Factor 4: Social stigma

Some guardians were worried that if their children were diagnosed as an ADHA patient, their children will be stigmatized. This may cause the problem in heritage; therefore, these guardians will not sign the name in any treatment plans that their children joined.

Guardian was the best person to take their children to see the doctor because doctor would ask about family's history. Therefore, if there is no cooperation from guardians, ADHD treatment was not possible. After children were diagnosed as

ADHD, doctors had always prescribed medication, Ritalin® with the different doses. One-fourth of guardians informed that they also got behavioral therapy.

Guardians (82.76%) told that most of children had no side effect from the medication. Some of them had some side effect such as sleepy, dull, and drowsily while they were studying. Some teachers let them sleep during daytime and inform their guardians. Most guardians told their doctors about the side effects. Doctors would adjust the dosage to a proper dose.

Thirty percent of teachers reported that children had better symptom after taking the medication, for example, they had better school-record, was not aggressive, teasing and bully. Approximately 86 % children would be stable and less noisy, 20 % had better school-record, approximately 27.59 % were unassertive and teasing and approximately 10.34 % bullied.

4.3.1.12 Strategies for caring children with ADHD

Behavioral modification was one of the significant treatments. Teachers were important to help develop good behaviors in ADHD children. Approximately 93% of teachers devoted their time to help children with ADHD. Teachers (79.31%) closely took care them with love. Half of teacher used buddy method. Teachers (41%) gave praise when they completed their work or did something good. Teachers (34.48%) taught them slowly and used special supplement teaching method. Besides, Teachers (30%) had always informed them the reason of punishment when they needed to penalize them. They sometimes distracted them from misconduct behavior. Teachers had studied their demographic information such as their socioeconomic, family background. Approximately 17% of teachers should discipline them. It was very importance. Some teachers (17%) suggested to separate children with ADHD from normal children and should arrange ADHD children to sit near their teachers. One out of 29 teachers was not agree to separate children with ADHD from normal children. Some teachers (10.34%) made children proud of themselves by assigning an important task to them. Table 17 of appendix A showed the general strategies for taking care children with ADHD.

4.3.2 Interviewing teachers who taught children with ADHD only

A few schools had a special class for teaching only children with ADHD. This class was set up for children with ADHD, autism, and Down syndrome. They believed that the separation from normal children made ADHD children have better development than the mixed class. Each child didn't have equal development. Thus, when they studied in mixed classrooms, they caused many problems. For example, they talked very loud and annoyed their friends. The result of teachers' interview showed that separated classroom was better than mixed classroom because teacher took care all of children without exception. Separated classroom had two levels. One was younger classroom and another was older classroom. Younger classroom had children under 2nd grade and older classroom had children over 3rd grade. Children in each classroom were arranged by their working capability and development. Younger classroom contained two groups. Children in first group had children who can read and write. Children in second group needed closely took care and they cannot write. Guardians must sign hospital's inform consent to accept the treatment for their ADHD children.

4.3.2.1 Prevalence of children with ADHD

There were 2 teachers in "Younger" classrooms, which had twenty children. The "older" classroom had only one teacher. All teachers who taught children with ADHD in the separated classroom had knowledge about ADHD very well. While there were 5 or 6 new ADHD children attending the school each year, there were 3-5 children out of forty-three children graduated from primary schools every year. So, teacher felt that the prevalence of ADHD children was increasing.

4.3.2.2 Symptoms or behaviors that made teachers identify ADHD children

We were interesting to know how teacher distinguished ADHD children from normal children. We conducted the in-depth interview teachers. The result of teachers' interview showed that children with ADHD were difficulty-sustaining attention in tasks or play activities. When talking with ADHD children in the classroom, they seem to not listen the conversation and had always left their seat. They had difficulty in playing or engaging in leisure activities without being noisy. They were not able to follow through the instructions and finish schoolwork, chores,

or duties in their workplace. It was not because they could not understand the instruction but they could not concentrate.

ADHD children had no social and communication problems with their friends when they were arranged into the separated classroom.

Teachers mixed them with normal students if they got better before disciplining them. However, there were many problems when ADHD children were mixed with normal students in class.

4.3.2.3 Classroom problems and management strategies

a) Self-development.

Most teachers who used to teach ADHD children had the experiences those ADHD children had slow self-development. They had problem in reading and writing. They had to titrate the speed of teaching based on ADHD student working capability and development.

b) Annoying to normal children.

Children with ADHD had fun when their friends were annoyed. It seemed that they were happy while they annoyed other students without knowing that they may hurt and injure their friends.

c) Task avoidance

Most ADHD children had always avoided the task that required sustained mental efforts. Teachers must cooperate with guardians in controlling children's schoolwork and homework.

d) Leaving seat during the class

Teachers informed that the ADHD children had always left their seat while they were studying. Every time they left their seat, teachers would call them and admonished them. Instead of punishing them, teachers draw student attention back by asking them to do other activities.

4.3.2.4 Punishment

Teachers sometimes hit ADHD students in order to stop inappropriate behaviors. However, they rarely use this punishment method because it frightened children and made them not go to school.

4.3.2.5 *Teaching method*

Teachers who were responsible for the separated classroom used different teaching technique from teachers of normal classroom and mixed classroom. As addressed above, they adjusted the teaching method depending on ADHD student capability.

a) *"Younger" classroom*

There were two groups of students in the "younger" classroom. First group was children who can read and write. They taught basic reading and simple mathematics and assigned easy homework to them. Teachers had always informed the guardians about student homework and asked them to closely control their children doing their homework.

b) *"Older" classroom*

Teachers taught children with ADHD in the "older" class by following the regular curriculum. They gave reinforcement to children who can learn. Teachers would repeat the teaching again for children who had slow development. If children were able to catch up the lesson with normal children, they will be moved to study with normal student in the mixed classroom.

From teachers' experience of teaching children with ADHD in the interview, children had problems in learning Thai Language. Their skill of reading and writing was very poor. Their handwriting was not good because they could not focus and control their hands. Interestingly, children with ADHD could do well in English.

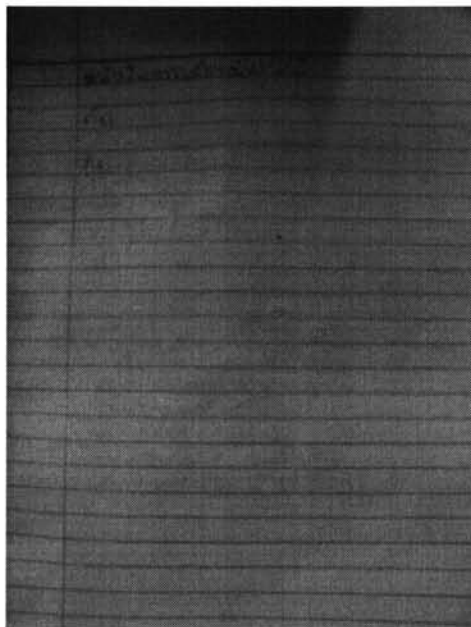


Figure 3: Works of children with ADHD before separating classroom



Figure 4: Outcome of children with ADHD works in Thai language.

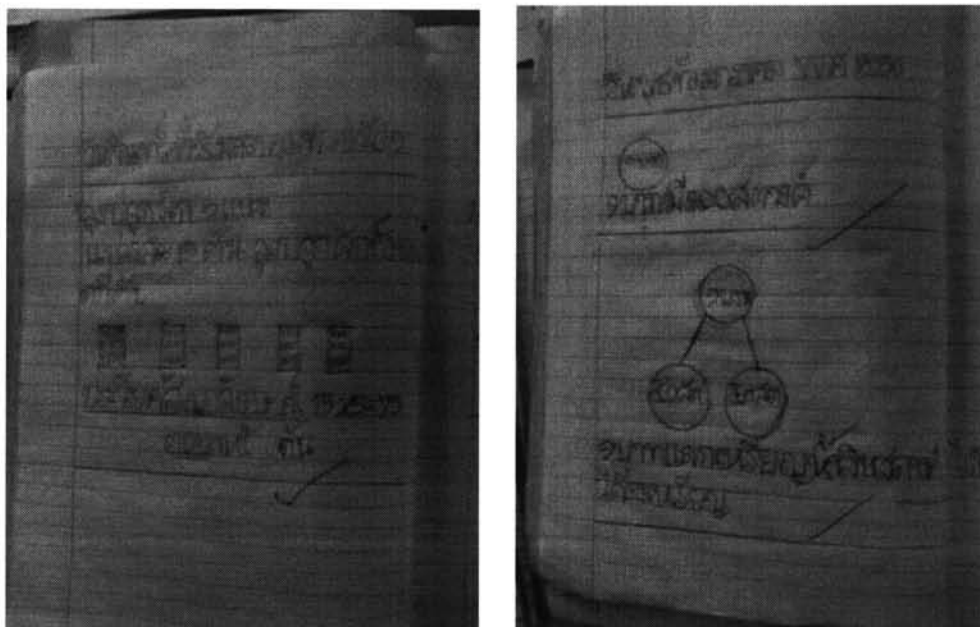


Figure 5: Outcome of children with ADHD works in Mathematics.

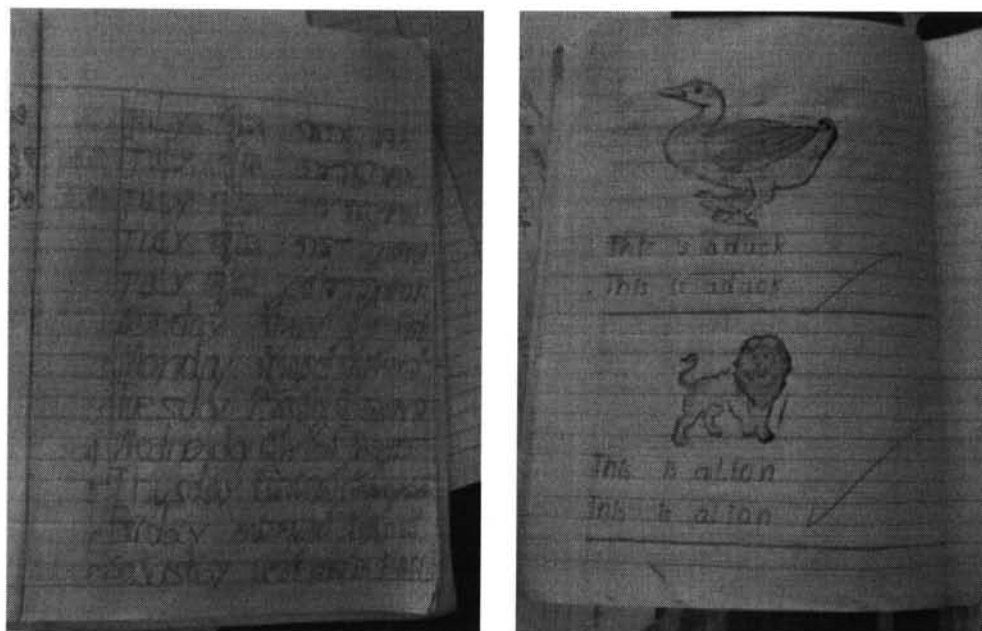


Figure 6: Outcome of children with ADHD works in English.

4.3.2.6 Evaluating ADHD Children

Children with ADHD were up to next grade every year. Teachers used the different examination from normal children because they learn slower than normal children do. They cannot focus in writing and reading because their development was not ready. An examination was easy question and reduced question into manageable sections with specific due dates. Teachers may read the question and ADHD children answered them. Then teachers helped them mark their answer in the answer sheet.

4.3.2.7 Quality of life of teachers

Teachers felt that teaching ADHD didn't affect their quality of life because they were trained to teach ADHD children and graduated in the education department with the specialty in teaching abnormal children. They put more effort to teach ADHD children than teacher who taught normal students.

4.3.2.8 ADHD treatment

ADHD children got better after they accepted treatment and had good compliance with their medicine. When children took medicine continually, they got better. If they forgot to take medicine, they would have less concentration and more aggressive. Teacher, thus, had to ask them to take their medicine. Ritalin 10 mg is the only one medication used during this day. Some children had side effects from this medicine. When teachers noticed that children develop some side effects, they inform their guardians to consult with the doctor to adjust doses. To get better outcome from the treatment, doctors suggested that teachers should help manage children behavior together with the medication treatment.

4.3.2.9 Perception of guardian

When teachers informed guardians that their children had the likelihood of getting ADHD and need the consultation with the doctors, some guardians accepted the advices and took their children to see the doctors but some did not accept the advices. Some guardian knew that their children had ADHD but they did not tell teachers because they wanted their children studying in normal classroom or mixed classroom more than separated classroom. To decrease the burden of teachers to handle ADHD children, schools should set up the meeting with guardians for explaining about the significance of the treatment. The faster of getting the treatment, the better for their children.

4.3.2.10 *Strategies of caring children with ADHD*

All teachers who taught ADHD children must control their mood and often changed technique of teaching. They had special tools such as abacus for attracting children to be interested in lessons and were easy to understand. They should give praise when they were good children. Besides they should devote their time to help them and should closely take care of them with love. Teacher would not use special words to call them because it made their guardian have a negative opinion and hated the teacher.

4.4 **Interviewing guardians**

4.4.1 Symptoms or behaviors that made guardians identify ADHD children

Guardians and children with ADHD live together. They, normally, got used to children's behaviors. Some guardians cannot distinguish abnormal behaviors from normal behavior in other children. Some guardians can observe abnormal behavior of children with ADHD same as teachers and people around them see.

Most guardians (73.68%) received information from teachers or people around them about their children's abnormal behavior. Some (10.53%) learnt information from books in comparing children with ADHD and normal children.

Guardians had different information from the observations. Most guardians (95%) found that their children often fidget with hands or feet or squirm in seat and often run about and climb excessively in situations in which such behavior is inappropriate. They often left seat in situations in which remaining seated is expected and often is "on the go" or often acts as if "driven by a motor". Approximately 57 – 63% of guardians told that children with ADHD often had difficulty playing or engaging in leisure activities quietly, annoy their friend and lose things necessary for tasks and activities (e.g., toys, school assignments, pencils, books, tools).

Some ADHD children were aggressive and had strange bearing (36.84%). They had difficulty in sustaining attention in tasks or playing (31.58%). One of four parts of guardians told that ADHD children did not seem to listen when spoken to them directly and had self-willed getting everything (26.32%). Approximately 21% of guardians told that ADHD children were easily distracted by extraneous stimuli and used a lot of time to answer the question. They had difficulty reading and writing and

had sluggish work. Approximately 15% of guardians found that ADHD children often failed to give close attention to details and did not follow through on instructions. They had difficulty in organizing task and activities. Beside they had abnormal behavior such as excessively talking, liar and putting something in their mouth. A few children (10.53%) avoided in tasks that require sustained mental effort, got worst scores in study than before and had slow self-development. They used much time for playing games, Internet and watching television. Few children (5.26%) often blurted out answers before questions had been completed and had difficulty waiting turn. In addition, they often had problem in communications so that no one understood them.

Most children with ADHD had different behavior from normal children. Sometimes they made many problems at school or at home. When they made many problems at school, teachers often told this problem to guardians for solving this problem together. From an interview found that approximately 57% of guardians had received information of problem from teachers. The most problem was annoying their friends intentionally and unintentionally. They often had difficulty playing or engaging in leisure activities quietly and left seat in classroom. They made their friends felt bothered and classroom was out of control. The detail was presented in Table 18 in the appendix A.

4.4.2 Cause of ADHD

There was no apparent single "cause" of ADHD. Data from interviewed guardians showed most guardians didn't know the causes of ADHD (73.68 %). Some guardians knew causes of ADHD because physician told them (26.32 %). Cause of ADHD was neurobiological factors. Some guardians believed that children with ADHD had structural brain damage that contributed to the difficulties in attention and behavior control. Other cause was delivered before program or children were attacked from guardians or nursery. Beside that playing games or watching television may be cause of ADHD.

4.4.3 Quality of life of guardians

Before guardians decide go to doctor with their children for the ADHD treatment. They have tension and very worried about responsibility because children with ADHD often avoid, dislike, or are reluctant to engage in tasks those require sustained mental effort such as schoolwork and homework approximately 63.16 %.

They were worried about jointing education between children with ADHD and normal children. They were worry whether their children can further the study in middle school when they finished primary school. When the lesson was difficult and teachers cannot care single children. Are they disappearing from school? Are they drugging addict? That was their question that they asked themselves. Guardians were worried everything that can attack their children. When children had schoolwork or homework, few guardians checked and controlled them to finish everything. Guardians pity their children because they had difference from another child. If children accepted ADHD treatment, guardians didn't know how long their children take medicine? Sometimes guardians had tension and unable to sleep. So they go to see the doctor to treat this symptom. They said their quality of life is only 50 %. Another group of guardians doesn't have tension. Because they can accept their children that have ADHD and when they adhere the treatment, they got better. Guardians felt relief more than before accepting the ADHD treatment. Besides that family relation and perfect family were very important. Love can clear the problem. School meeting can help solving problems about education in middle school. Since Samutprakarn province had special middle school for children with ADHD, guardians felt more relief.

Taking care of children with ADHD is different from normal children. Guardians must stay with their children all day all night. Private times of guardians, thus, were reduced. Approximately 26 % of teachers thought about it. Guardians (5 %) rarely went outside with their friends or with their family. Because when they went outside with their children, they had more tension and more worried. They were worried about their children may be make new problem or made them ashamed.

After guardians went to doctor with their children, they can reduce tensions. Some guardians had more problems such as money problem. Component of cost was treatment cost, fare cost and loss income. The average of cost is 200 – 300 baths. They perceived that the cost is high because income of guardians was little. So guardians should be going to government hospital that had 30-bath privilege for receive transmission from. It can save cost of treatment and spend only the fare cost. Then guardians and children with ADHD went to Yuwaprasatwaithayopathum hospital with transmission from for accepted ADHD treatment.

Yuwaprasatwaithayopathum hospital was a special hospital for children with ADHD. When guardians and children went to the hospital, guardians must take a day off from work and lost income. So they didn't want to go to hospital that make new problem. New problem was children couldn't comply the treatment. Some guardians had high income. They can afford the cost of treatment and readily to comply with it.

4.4.4 Perception of guardians when they know children have ADHD

Approximately 95% of guardians can accept that their children had ADHD. Because they are one's own flesh and blood. Another reason was children didn't have severe symptom. They can join learning with normal children. If they accepted appropriate ADHD treatment, they got better. In other word, guardians had been seeing evidence case that children got better when they accepted appropriate ADHD treatment. After the treatment, children looked like children without ADHD and had life like children without ADHD. One of guardians (father) cannot accept the fact that their children had ADHD. They thought their children were normal but they were naughty more than other children were. In this case, mothers can accept them because she closely took care children more than father did. She agreed with teachers' information about abnormal behavior of her child. She tried to discuss with her husband about going to see doctor for accepting diagnosis and treatment but he was very angry because he thought his children was normal children. Propitious day, television program had feature about ADHD. When he watched this feature, he had knowledge about ADHD more. He cans accept it. And then he went to hospital with his wife and his children.

4.4.5 Point of going to the hospital

Approximately 70 % of guardians decided to go to see doctor with their children because receiving information and suggestion from teachers. Early recognition, assessment, and management of this condition can redirect the educational and psychosocial development of most children with ADHD. Beside that approximately 45 % of guardians decided to go to see doctor with their children by themselves because they saw abnormal behavior and wanted to know what children do. They worried that people around children will not like them or hate them. They wanted to see children had more attention and more concentration in everything they

did. The last reason was that those guardians (5.26 %) decided to see doctors with their children because other people who had children with ADHD suggested them.

4.4.6 First impression of going to hospital

First time that guardians went to see doctor with their children, approximately 35% of guardians had anxiety about symptom of ADHD of their children and are afraid of diagnosis. Remained of guardians' felt opposite than first group because they can precept and saw serious case that had severe symptom more than their children such as autistic and LD do. The last reason, approximately 10 % of guardians had more knowledge about ADHD and ADHD treatment. They believed their children would get better soon after they accepted ADHD treatment from specialist.

4.4.7 Treatment of ADHD

The result of interview showed most guardians (84 %) didn't know method of ADHD treatment. Some guardians (10%) had little knowledge about method of ADHD treatment. Remained of guardians had knowledge before children accepted ADHD treatment. Most physicians suggested the combination method (84.21 %) or only behavioral treatment (15.79 %). Combination method was the combining between medical management and behavioral treatment.

4.4.7.1 Medication of ADHD treatment

The prescription of psychotropic medicine was the most common treatment for ADHD. Psychotropic medicine was Ritalin[®]. Dose and time interval depended on symptoms of children with ADHD. If children had mild symptoms, physicians suggest them take medicine a half to one tablet only. The opposite way, if children had severe symptoms, physicians often increase dose and frequency. The action of medication was to increase concentration and attention. So when they took medicine in the evening, they may had insomnia. So physicians don't suggest children take medicine in the evening.

Physicians often explain everything about medication for guardians. Half of guardians reported that doctors told them to give medicine for children continually and told them how to do when their children have side effects; and 15.79 % of guardians inform that doctors told them to give medicine for children punctually. Side effect of Ritalin[®] was that it delayed onset of sleep rather than disturbance of sleep. Other side effects are increased irritability, headaches, stomachaches, and, motor and / or vocal

tics (in rare case). When children had mild side effect, guardians didn't stop medication. For example, when they took medicine and they were headaches. Guardians gave medicine for reducing headache instead of stop the medication. When they didn't want to eat, guardians gave medicine for children after the meals. If children had some side effect, guardians should tell physicians to adjust appropriate dose and times. Besides that physicians (15.79 %) explained pharmacology of medicine and mechanism of medicine including disadvantage and advantage of medication to guardians. This explanation made guardians relieved

Another medicine used for ADHD treatment is Melleril®. Physicians suggested children took this medicine before they went to bed. Because this medicine made them sleepy and make them have an appetite.

When children took medicine continually, approximately 63.16% of guardians had stress and worry approximately. They were worried that medicine may remain in their children's body. Guardians told that medicine made disadvantage more than advantage. They also worried that when children stopped the medication, whether it impacts on their life. Physicians should suggest and explain everything about medication for helping guardians relieved. Beside that children with ADHD who didn't accepted ADHD treatment might make social problem. On newspaper, children with ADHD can make traffic accident. Children with ADHD may hold on it that is their model. When they had inappropriate behavior, they told their guardians "I'm sorry. I'm sick." So guardians must train good things for children.

4.4.7.2 Behavior management

The result of interview showed physicians suggested behavior management for helping children with ADHD to get better.

Table 19 in the appendix A showed guardians (84%) took cares children with ADHD and stayed with them. Most guardians gave praise to them when they completed their works or did something good. In the opposite way, if they did something bad, guardians punished them. Guardians (73.68%) informed them the reason of punishment. Approximately 42% of guardians told that they didn't castigated children because it made them more aggressive. They (31.58%) disciplined their children and didn't reprove them (26.32%). Few guardians used talking to children with reasons (15.79%) and distracted by extraneous stimuli (10.53%).

Approximately 5% of guardians told that physician suggested guardians played with their children. Guardians should train their children to do the activities, which used combination between brain and hand such as drawing to get more concentration.

When guardians promised something with children, guardians must keep the promises. If guardians could not do it, they should not promise with them. For example guardians gave promise to children, if they completed schoolwork or homework, they can watch television. If they could not finish it, guardians did not allow them watching television. Most guardians took pity on them. Although they did not complete work or homework, guardians allowed them watching television. This action was inappropriate. It made promising did not have power and children would not trust in the promise.

After children got ADHD treatment more than six months, they got better. They had more concentration to complete their work and learning. So education was better than before getting ADHD treatment. Besides that they had more attention and had more responsibility. They reduced aggressive behavior and loudness. They can communicate with other people step by step and easy to understand more than before children accepted ADHD treatment.

When children forgot to take medicine, they didn't have concentration. They cannot complete work and don't remember teaching. They cannot join learning with normal children.

4.4.8 Problems and management strategies

4.4.8.1 Task Avoidance

When children went to school, they often have schoolwork and homework. ADHD children had low or no responsibility. They had always avoided tasks all time. Thus when they did it by themselves, guardians must check it before sending to teachers. If guardians know children didn't finish their schoolwork and homework, guardians should activate the children to do that. Actually, children with ADHD can do schoolwork and homework like normal children but they were lazy. They will do schoolwork and homework when they had concentration. Sometimes, children with ADHD do it slow because they had little intention and concentration. Guardians should call them or activate them. Approximately 15% of guardians used another management strategy for solving problem by giving the reinforcement. Children

should be reinforced by school teachers or home teachers. The result of interview showed that the reinforcement from teachers who taught them at home made children had better score than study in classroom because home environment made children had more concentration and didn't have or have a little disturbance. Table 20 of appendix A showed the guardians' management strategies when ADHD children avoid task that require sustained mental effort such as schoolwork and homework.

4.4.8.2 Excessive talking

Most children loved talking. Children with ADHD had excessive talking. They loved to talk more than listen. Some children were noisy. This problem made guardians have tension and headache.

When children were noisy, guardians walked away and were negligent of children behavior. Children may stop talking. If guardians had guests at home, they did not admonish children because it made children feel shameful and did more annoying behavior. Some guardians admonished children with ADHD for stopping their behavior and punished them for stopping their behavior suddenly. Table 21 of appendix A showed the management strategies when ADHD children had excessive and noisy talk.

4.4.8.3 Annoying to normal children

When children play with their friend, they may have affection. Children with ADHD were different from normal children. Children with ADHD often run about or climb excessively in situations in which such behavior is inappropriate. They weren't careful and sometimes they made their friend feel annoyed and hurt. Not all children with ADHD were annoying their friends. A few of children with ADHD liked to annoy their friend because they are happy and have fun when they do that. They didn't know that it would make their friends annoyed and hurt. They had no human skills. When guardians investigated the event, they believed that those children with ADHD were a victim of black magic. When children with ADHD had interaction with normal children, they cannot control themselves. When normal children got hurt and informed the teachers, children with ADHD often were punished or sometimes both of them got punishment.

4.4.8.4 Against going to school

ADHD children don't want to go to school. They will say everything that make they don't go to school such as getting sick or having headache or stomachache. Guardians often confronted this problem every morning. They were against going to school because they did not do their homework and were afraid of the punishment from teachers. Table 22 of appendix A showed the management strategies when ADHD children don't want to go to school.

4.4.8.5 Lying and stealing

A few children with ADHD were liar because they want to avoid or were reluctant to engage in tasks that required sustained mental effort such as learning in classroom. When children tell a lie, they often fidget with hands or feet and didn't talk smoothly. In addition, they felt suspiciousness. These behaviors made guardians know whether their children are lying. Guardians had strategies for management this problem. The result of interview showed that a few guardians would hit the children when they told a lie. These strategies can reduce lying. Guardians had an inkling of what children talked about everything and didn't punish them. If children still lie, guardians will punish them.

A few of children with ADHD was thief. Guardians should have an inkling of what children do. If children still steal, guardians may punish them.

4.4.8.6 Losing things (e.g., toys, school assignments, pencils, books, tools)

Children often lost things necessary for tasks and activities (e.g., toys, school assignments, pencils, books, and tools). It was one of behaviors of children with ADHD. The guardians often confront this problem. The most guardians repeated the order to bring those things back. Another guardian cannot use this strategy and cannot find the solution for this problem. They must care things necessary of children for tasks and activities. If it lost, they must buy the new one.

4.4.9 Punishment of children with ADHD

When children with ADHD were wrong, guardians had to punish them for the correction and not doing it again. Method of punishment depended on level of wrong behavior. When guardians didn't know that children have ADHD, they punished them

like normal children. But when they know, they had special strategies for children with ADHD.

The result of the interview showed that number of guardians who have never punish children with ADHD is 4 out of 19 persons. Most guardians punished them when they were wrong. First method of punishment was hitting. Approximately 78 % of guardians hit children when they didn't listen to them or did inappropriate behavior or annoy the younger and friends because they wanted to stop those behavior suddenly. Approximately 26 % of guardian used second method of punishment, which is admonition and caution. Another method of punishment is reducing their stipend for snake. Few guardians used this method. Physicians think this method isn't appropriate to use. Besides that some guardians did not allow children to watch television or play game and Internet. Few guardians used leaving children alone and didn't response for wrong behavior.

Guardians thought punishment could stop wrong behavior suddenly and make children had more concentration only five to ten minutes. After that they did it again, so the punishment wasn't correct solution of this problem. When the children have wrong behavior, guardians should discuss with them and suggest appropriate behavior instead of punishment.

4.4.10 Strategies of caring children with ADHD

The result of interview showed guardians had special strategies for children with ADHD. When needed to penalize them, guardians informed them the reason of punishment. Guardians (47%) disciplined them. Guardians were friends and parent at the same time. Some guardians have an interesting conditioning method. For example, guardians made a starboard. When children did well, they got one star on the board. When they did badly, they will lose one star. When they had ten stars, they can go to department stores, which they like. Guardians always consult with their teachers to solve the problem together. Table 23 of appendix A showed the general strategies for taking care children with ADHD.