

# Being parent/teacher to a child who is growing up with ADHD

A single case study of a bilingual child in a Swedish milieu

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## Abstract

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Summary:	<p>The main idea with this thesis is to discuss the situation of the parent and the teacher of a child with attention deficit hyperactivity disorder (ADHD).</p> <p>Previous research on the parents' and the teachers' perspective of the children has helped me to understand the complexity of the disorder. I have analyzed a single case of a child from Poland who came with his parents to Sweden and started education here. The boy has had an ADHD diagnose since birth.</p> <p>The study concerns three perspectives on the boy's situation: the parent's, the teacher's, and the help-teacher's. The analysis shows that each had a different perspective on issues related to the child.</p> <p>The conclusion is that insufficient education about ADHD and a weak correlation between parents and teachers of diagnosed children will contribute significantly to occurring problems in the children's upbringing</p>
Key Words:	ADHD, case study, parents/teachers relation, school/home settings, multilingual/bilingual child, foreign country

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# Preface

I came to Sweden about five years ago. When I was still in Poland, I read a lot about Sweden and the way of raising and educating children here. The model of incentives and stress less suited me and then I dreamt of seeing by myself the reality of such upbringing.

I was an only child for more than 12 years. When my brother was born my world changed. This, however, turned out to be just the beginning of changes. When my brother was about six years old, the symptoms of hyperactivity disorder were established. For the whole family it sounded like a judgment. Very limited access to information about this problem, and poor support from the teachers resulted in my mother's helplessness. To this day, she is trying to define the rules for her son in order to help him in the normal functioning of daily life.

When I completed a bachelor's degree I decided to move to Sweden. I wanted to see if in a country like Sweden it was as hard as in Poland to get help from teachers for children with ADHD. I got in touch with a Polish teacher who took me with him and his group of Polish students for a trip. There I met Max. His mother was kind enough to share all information relating to Max's disorder.

Studying Max's case allowed me to understand how the process of spreading information about ADHD looks like in Sweden. I learnt about cooperation between parents and teachers of children diagnosed with ADHD who live in a country which is foreign to them.

I believe that every mother wants the best for her child. When the relationship between mothers and caretakers will be friendlier, the caring will be even easier.

I would like to write words of appreciation for my supervisor who always brings my divergent ideas to one path. I am grateful for all information shared with me about "Max" and especially to his mother who spent a lot of time for me. Special thanks are given to my mother, the mother who left her career to take care of her greatest treasures: her children.

# Introductory

The child – dreamt son, beloved daughter – this is a natural desire for all parents. However, after the first three years from the birth of the baby, in some families, the joy starts to fade. There are problems, which go unnoticed by the parents. Their baby is in every nook and cranny of the house. When some parents sit on a bench, others chase their children, their child runs so fast that it is difficult to catch up with him. First questions and doubts appear: why is their baby different?

Despite the ongoing research by Barn och Ungdomspsykiatriska kliniken (BUP), the social awareness in the topic of Attention Deficit Hyperactivity Disorder (ADHD) is still very low (Sydsvenska, 2011/2012). Many people ignore the opinions of experts in this field and some parents may be wrongly accused of the impolite behaviours of their children. On the other hand, if a child is already diagnosed parents cannot forget about that is not an excuse. They have to even work harder on the good habits which the child has to get. Parents often have to awkwardly cope on their own with the first signs of the problem. After the diagnosis the family and other people in the immediate surroundings of the child have difficulties in accepting the new situation. That is why educational students should to undertake attempts to spread information about this problem in the society.

People with ADHD more often have difficulties with social skills, such as social interaction and forming and maintaining friendships. About half of the children and the adolescents with ADHD experience rejection by their peers compared to 10–15 percent of non-ADHD children and adolescents (Coleman, 2008).

People with ADHD have attention deficits which cause difficulties in processing verbal and nonverbal language which can negatively affect social interaction. They also may drift off during conversations, and miss social cues.

Adults who decide to live in a foreign country may feel optimistic about new experiences and opportunities (Coelho, 2012). However, those who have not had the privilege of making the decision, for example children or refugees, may have mixed feelings about leaving the homeland. Most children and adolescents are not even asked

whether they want to emigrate or not. No matter how serious their parents' reasons for emigrating are, not many children feel enthusiastic about leaving the friends, the family and the neighborhood in order to live in a foreign country where they do not know anyone, where they do not understand the language and where the environment is alien.

Adolescents in transition period may encounter problems with acquiring the language of instructions (Coleman, 2008). It seems extremely difficult for them to present knowledge, skills, emotions or to express their feelings and their personalities. Many of them feel unwelcome and become isolated or lost.

The one of assumption in this work is that immigrant children, who tend to have problems with verbal skills, may suffer even greater from disorders if they are diagnosed with ADHD. Children with ADHD experience learning difficulties and they are more likely to become retained, suspended or disallowed to graduate (Piffner, Barkley, DuPaul, 2006). Moreover, ADHD increases the risk of physical injury, peer rejection and substance abuse.

The tasks of parents and teachers, who remain in contact with the child with ADHD, include continuous care and the control of the behaviour of the pupil.

I will look into the relationship between teachers and the boy's parents in regard to the child's welfare.

Thus the purpose of this thesis is to research how the parent-teacher relationship influences the education in the school environment and the upbringing at home of an immigrant child diagnosed with Attention Deficit Hyperactivity Disorder.

The thesis outline is presented by the following parts:

The first chapter presented the knowledge on ADHD by referring to the materials of the American Psychiatric Association and encyclopedias. I showed there information about the diagnostic criteria for ADHD in accordance with DSM IV and ICD.

Then, I investigated how other parents and teachers deal with children diagnosed with ADHD. Previous research on the parents' and the teachers' perspective of the children has helped me understand the complexity of the disorder.

Apart from this the purpose of this study and as well all research questions are presented there.

In chapter two I introduced the methodology of my studies. I created my own theoretical model which show logical way to understanding of research problem I have also discussed the participants and the materials, which could be used during the research.

The third chapter is devoted to the results of my research. It is divided into four sub-chapters, i.e. the parents' perspective, two teachers' perspectives and the comparison of their opinions which I get from interviews and as well from documentation.

The last part of the thesis deals with information on the usefulness of the studies. It includes conclusions and theoretical implications, which I have drawn from the research. The answers and analyses that have been considered are below.

# **1.The ADHD – as a concept and as my own study**

This chapter will introduce the ADHD concept as described by DSM IV and ICD-10. That will explain which symptoms could parents treat as the disorder and when it is only a feature there is no indication.

I will further present previous research on parents' and teachers' experiences with diagnosed children. There will be used many different articles which will brighten problems of parent's -child's -teacher's relation.

The last part of this chapter will present the purpose and the research questions of my thesis.

## **1.1 The ADHD-concept**

The term ADHD, i.e. "*attention deficit hyperactivity disorder*," was introduced by Americans Psychiatrics in 1960s. In Sweden, the concept of MBD (Minimal Brain Dysfunction) was introduced in 1970s, but it was replaced in 1980s with the term DAMP (*deficits in attention, motor control and perception*), which was coined by Christopher Gillberg. The scientist has described the progress from MBD to DAMP in the book about clinical child neuropsychiatry that was published in 1995. Nowadays, in Sweden, the term ADHD is used more often. People have become interested in the causes of educational failures and have started to take the problem of ADHD into account. Daily newspapers, such as Sydsvenskan (2011/2012), have begun to spread information on ADHD, so that everyone could gain knowledge on how to react and what difficulties the people with the problem of attention deficit face.

Attention disorders are divided into two groups, ADHD which means Attention Deficit Hyperactivity Disorder and ADD which stands for Attention Deficit Disorder. The classification was made by the American Psychiatric Association. In 1994, the final fourth version of the Diagnostic and Statistical Manual of Mental Disorders (DSM) was published. The study considers deficit hyperactivity disorder.

### **1.1.1 The diagnostic criteria for ADHD according to DSM IV**

ADHD is characterized by the patterns of behaviour, which occur in multiple settings, for instance, at school or at home. They can cause problems in social, educational or job situations. As in the case of DSM-IV, the criteria have been divided into two categories that refer to inattention and hyperactivity –impulsivity. These include such symptoms as failure to pay attention to details, difficulty in organizing tasks and activities, excessive talking, fidgeting or inability to sit in appropriate situations.

The American Psychiatric Association has decided that children must demonstrate at least six symptoms from either the inattention group of criteria or the hyperactivity and impulsivity group of criteria, while adolescents and adults (patients over 17-year-old) must be diagnosed with at least five of them.

Depending on the dominant symptom, ADHD can be divided into three subtypes—predominantly inattentive, predominantly hyperactive-impulsive or combined if the criteria of both types meet.

An individual with predominantly inattentive may have some or all of the following symptoms:

- Be easily distracted, miss details, forget things, and frequently switch from one activity to another
- Have difficulty maintaining focus on one task
- Become bored with a task after few minutes, unless doing something enjoyable
- Have difficulty focusing attention on organizing and completing a task
- Have difficulty in learning something new
- Have trouble completing or turning in homework assignments, often losing things needed to complete tasks or activities
- Not seem to listen when spoken to
- Daydream, become easily confused, and move slowly

- Have difficulty processing information, not so quickly and accurately as others
- Struggle to follow instructions

An individual with hyperactivity and impulsivity may have some or all of the following symptoms:

- Fidget and squirm in their seats
- Talk nonstop
- Dash around, touching or playing with anything and everything in sight
- Have trouble with sitting still during dinner, school, doing homework, and story time
- Be constantly in motion
- Have difficulty doing quiet tasks or activities
- Be very impatient
- Blurt out inappropriate comments, show their emotions without restraint, and act without regard for consequences
- Have difficulty waiting for things they want or waiting their turns in games
- Often interrupts conversations or others' activities.

An individual with combined type has significant difficulties in

- adjustment,
- social functioning
- internalizing and externalizing behaviour.

### **1.1.2 The diagnostic criteria for ADHD according to ICD**

In “Clinician’s handbook of child and adolescent psychiatry” professor Eric Taylor (2008) discussed another kind of classification, namely International Classification of Diseases (ICD). Similarly to DSM-IV, it is the standard diagnostic tool for health management, epidemiology and clinical purposes.

The ICD-10 definition of hyperkinetic disorder is based upon the occurrence of all three main symptoms, i.e. attention deficit, over-activity and impulsiveness. They must be observed in different situations, for example, at home and at school or at the clinic.

The symptoms need to impede the child's development, including mental development. In addition, the problems have to occur from an early childhood, i.e. before the child is seven years old. In practice, they can be observed even earlier.

There are also several exclusion criteria, such as the presence of other disorders that may cause hyperactive behaviour. The concept includes autism spectrum disorders and affective disorders, especially anxiety.

The ICD-10 criteria are based upon the same list of the patterns of behaviour as DSM IV. There are a few differences in the names of the items, but they refer to the same general pattern. However, the rules for making the diagnosis are quite different. "Unlike ICD-10, DSM-IV does not require that all three key behavioural difficulties should be present. Rather, impulsiveness/hyperactivity or inattentiveness can be grounds for the diagnosis even in the absence of the other. Indeed, the sub-divisions within ADHD are '*inattentive*' '*impulsive/overactive*' and '*combined*.' The ICD-10 criteria are, therefore, only met for cases falling within the combined category of DSM-IV" (Taylor, 2008).

In the case of DSM-IV, the requirements for pervasiveness across situations are less stringent. There is only the requirement that some items should be present in more than one situation and that they should be based on the subset of symptoms. The exclusion criteria which refer to the coexistent presence of other disorders are less stringent as well. Instead of the requirement that autism and affective disorders should be absent, DSM-IV stipulates that ADHD should not be explained by means of other illnesses.

## **1.2 Previous educational research on children with Attention Deficit Hyperactivity Disorder**

This subchapter will present research on children with ADHD from two perspectives: the parents' and the teachers'. The education and the upbringing of a child with ADHD will be discussed with the background offered by researchers such as J. L. Ohan, J. Kos and George J. DuPaul, Gary Stoner and as well M.A Rogers.

The numerous of articles which I read shows a complexity of the problem of ADHD. Mothers who require too much and teachers who cannot give that what children really need. Negative attendance to each other and lack of cooperative makes children with ADHD even more inattentive and creates a feeling of unsafety.

### **1.2.1 Being Parents to Children with Attention Deficit Hyperactivity Disorder**

The present dominant version of myth about mothers characterizes them as a person who is selfless, emotional, self-sacrificing, and always ready for helping her children and even assuming complete responsibility for them.

The sentence "The measure of a mother is her child" in ADHD perspective is very unfair. It is not true that a child with attention deficit hyperactivity disorder is a result of a negligent mother (Carpenter & Austin, 2007). However, many of the teachers are likely to think about them in this way. Their article "*Motherhood in the Margins*" shows how such false beliefs grounded mothers of children with ADHD. These mothers have children who disrupt the typical understanding of "good child".

It seems that this disability diminishes personhood through discrimination and segregation. In order to avoid being judged sometimes mothers choose not to talk to the teachers about their doubts and fears. If they would ask for help they could be labelled as one of those mothers who cannot cope with their children and cannot manage their children's behaviour properly.

Mothers who discuss children's problems with anyone who does not understand the Attention Deficit Disorder can many times be misunderstood. It is better to be silent

rather than confront yet another judgement of their failure as mothers (Carpenter, Austin, 2007). Mothers of children with ADHD should not look upon their child in any routine way and start to see themselves as typical good mothers.

For both, mother and child, feelings of loneliness and ostracism is a common phenomenon. Sentences like “He is never invited anywhere” or hearing “Don’t play with this child, he is rude” is like daily bread. Because of that, the mother and child often have an intense relationship that afforded the mother a particular attention to her child and often an appreciation that others did not have.

On the other hand, children with ADHD tend to have stressful and conflictual interactions with their parents, which cause a very weak parent-child attachment. They may contribute to self-regulation deficit which may result in difficulty developing strong relationships with adults and peers in school. Children with self-regulation difficulties could display lower levels of academic engagement and motivation than these without ADHD (Volpe, 2006).

Parents of children with ADHD reported lower self- efficacy in their ability to help their children, felt less welcome and supported by their children’s school and teachers, and perceived less time and energy for involvement in their children’s academic lives (Rogers, Wiener, Marton, Tannock, 2009). However, families with labelled children have at home the same level of involvement in the children’s life much like in families without an ADHD problem.

Of course, if the parents’ ability to help their children is strong and convenient, they are more likely to be involved in their children’s education. But when parents have less self-efficacy the relationship between them and children meet numerous difficulties. Stressful and conflicted family environments create wrong aggressive disciplinary practices or dysfunctional interactions (Rogers et al., 2009). Sometimes parents of these children are less responsive and more over- reactive, with interaction difficulties being more pronounced during structured task conditions and are more likely to use harsh discipline.

Hyperactivity has been identified as a precursor to negative interactions in coercive families (Rogers et al., 2009). Disruptive behaviour in children can be predicted by negative fathering as well. Some fathers couldn’t handle that stressful situation at

home and left their families. Many parents may feel incapable of dealing with the unique challenges associated with parenting their children with ADHD.

Because many children with ADHD struggle with academic work (DuPaul & Stoner, 2003), it is not something strange that their parents feel low efficacy with regard to dealing with academic issues at home. According to Hoover-Dempsey and Sandler (2005) parents' decisions to be involved in a child's education are different. It could be motivation, perceptions of requests from others to be involved (i.e., teacher, child, school). Some parents choose to become involved because they have strong role beliefs and their involvement make them feeling more self- efficacy.

Parents' active involvement in their children's learning (like monitoring or helping in doing homework) influences children's academic success through modelling, reinforcement and instruction, which results in the end in their sense of confidence and self-regulation. If parents will support, nurture and encourage their children in education they could enhance academic success.

### **1.2.2. Being Teachers of Children with Attention Deficit Hyperactivity Disorder**

When it comes to pupils with ADHD, it should be noted that not many studies have discussed the impact of ADHD on the life at schools. Like Jeneva L. Ohan one of the authors of *"Teachers' and Education Students' Perceptions of and Reactions to Children with and without the Diagnostic Label ADHD"* declared that only three of the studies concerned the real feelings of the pupils. And two of them look upon only boys with ADHD (Ohan et al., 2011). It was proved that six boys for every one girl are treated for ADHD. It seems interesting that the boys who were diagnosed with ADHD at clinics and the boys who met the criteria without being diagnosed professionally had similar serious symptoms and reactions. The situation was different in the case of girls. Therefore, it seems that the effects of the disorders are likely to have a greater impact on girls. Girls that show ADHD symptoms and get diagnose tend to be seen as much more impaired and requiring immediate treatment.

Jeneva L. Ohan, has made an investigation which sheds light on the previous research about the perceptions of and the reactions to children. The scholar has included questions about participants' expectations of treatment effectiveness, their emotional and their behavioural reactions towards children with and without ADHD label. Teachers and education students had to answer questions designed to reflect four areas, i.e. children's social problems, children's behavioural problems, teachers' willingness to aid in medication treatment as well as learning assistance and classroom behavioural strategies combined with teachers' emotional reactions.

Researchers have come up with the results that the ADHD label increased participants' willingness to spend more time and effort to help other professionals in implementing treatments. However, they were not interested in spending extra time on their own.

It is often the case that pupils with ADHD usually find it difficult to concentrate long enough to complete tasks and have a tendency to be disorganized, like to misplace books or lose materials needed to complete school work.

Furthermore, being overactive and impulsive in the classroom may mean that the child with ADHD is not paying attention to the task at hand, and it results in misunderstanding of the instructions required for the task and at the end failing to complete it.

Luckily, behavioural difficulties normally observed in children with ADHD can often be not visible when something interesting is presented to them or when the task is easy (Kos, Richdale & Hay, 2006).

Teachers mostly perceived children with ADHD as taking too much time and effort. In order to handle a child with ADHD in classroom teachers should make some rules and structures of motivation.

Teachers often felt pessimistic about teaching children with ADHD symptoms (Kos, Richdale & Hay, 2006). No one wants to admit their failure. Most of the teachers believe that they are capable of both teaching students critical skills (such as listening) and also managing unacceptable behaviours in the classroom (like tantrums). It appears that there are very few studies that have assessed teachers' knowledge of ADHD.

Roberts Reid's research showed that the most problematic issue to teachers' management of ADHD within the classroom were; severity of student behaviour problems, class size and lack of training time. Like general research by Albert A. Rizzo and Walter P. Vispoel (1991) showed the teachers who had even only one time a possibility to teach a child with attention deficit disorder felt a certainty and capability in this area of education.

Thus as we can notice it is very needed to give for education students and for teachers more training time and more contact with such disorder like ADHD or Asperger.

Thanks to Julie Kos' studies (2006) I received information that teachers often provide inaccurate advice to parents, which is frequently followed. Moreover, Julie Kos made a study where the average knowledge scores of in-service teachers (qualified teachers currently employed in the classroom) as assessed by the proportion of questions correctly answered, have differed across studies. The in-service teachers have more accurate knowledge about ADHD, when only 23 % had gotten some information about ADHD in their training, where undergraduates get 95 %.

It seems that it is important to current and future teachers to have an understanding of students with ADHD and knowledge about ADHD, as well as any misperceptions they may have about the disorder.

Unfortunately ADHD label increased the teacher's negative expectations about the reality of children's problems. The belief in the ability to instruct the children was decreased at the same time (J.L Ohan et al, 2011). They found both positive and negative consequences for children with an ADHD diagnosis.

A benefit for the children is that the ADHD label can become a motivation for teachers to seek and support professional services. Moreover, it increases willingness to aid treatment and seek mental health services.

In contrast, research shows that the label ADHD leads to a negative first impression which may determine teachers' attitude towards pupils. If teachers have a negative approach towards ADHD, the consequences can be serious and long-term.

It is significant for children to have good teachers and to feel support at school. Gibson and Dembo (1984) said that high stress predicts teacher burnout and impedes the

success of the children if the teacher lacks confidence. Confident teachers struggle to solve obstacles. Teachers should overcome negative emotions and weak self-confidence because it disallows them to cooperate with children who have ADHD.

The same research shows that the ADHD label may create such benefits as increasing willingness to aid in implemented treatments. It also reflects a desire not to treat undiagnosed children. According to teachers, the children need to be professionally diagnosed with ADHD in order to provide them with extra support and choose a therapeutic plan, which is recommended by mental health professionals.

In the United States researchers (Regina Bussing, Mirka Koro-Ljungberg, Kenji Noguchi, Dana Mason, Gillian Mayerson and Cynthia W. Garvan, 2011) studied the ADHD treatment perceptions from four stakeholder groups: adolescents, parents, health care professionals and teachers. They assessed willingness to use ADHD interventions and views of potential undesirable effects of short- and long-acting ADHD medications (pharmacological) and psychosocial treatments like: education about ADHD, behaviour therapy and counseling.

They found in the multiple analysis that willingness was significant in relation to the respondent type. The study showed that considering treatments as acceptable and helpful is lower for adolescents than for adults. The results of the analysis were not significantly associated with stigma/embarrassment, respondent race, gender or socioeconomic status.

They identified general negative treatment perceptions for pharmacological and psychosocial treatments. Analysis also showed undesirable effect expectations like stigma and future dependence on drugs or therapies. Results highlight the need to develop better treatment engagement practices for adolescents with ADHD.

The cooperation between parents and teachers can facilitate the treatment. Vitiello and Sherrill (2007) claim that schools are one of the most common sources of services for children. That is ideal for the youths with ADHD because this is a persistent disorder which has many negative implications for the school. Therefore, who can help if not school? Young people are usually most influenced by their classmates.

In addition, children's first idol is often one of the teachers. If teachers' early experience showed that their effort in dealing with the children with ADHD did not help, they might start to believe that they are useless.

In the J. L. Ohan (2011) research, teachers have reported that they tried various strategies, but they seemed ineffective, which suggests that they lack thorough training and the skills which are needed to modify behavioural interventions. The results show that the discrepancy may stem from the knowledge of the gap between their own skills and the skills of others professionals. The access to professional strategies may help teachers in working with students suffering from ADHD. One should not forget about the help of and the cooperation with psychologists at schools.

The final conclusion about feelings and the patterns of behaviour of both teachers and educational students is that the label "ADHD" has a significant impact, which is not always negative, but teachers must be aware of the long-term consequences of the bad attitude towards the disorder.

### **1.3 Purpose of the thesis, the research problem and questions**

The problem of ADHD is a continuously growing topic of discussion. Nowadays, most people have agreed that ADHD could be a severe strain and a great obstacle for children and their families. The involvement of different institutions, such as pre-schools, schools, social services and various types of health care may help.

The problem of ADHD is widely discussed because the modern society is aware of this disorder, which affects not only children, but also adults. Many people learn that it has an influence on the whole community.

The National Institute of Mental Health has proved (NIMH, 2012) that parents start looking for some information, for instance on the internet, advertisement at schools or leaflets at clinics, when they notice a disturbing symptom in the behavior of their child. Unfortunately, it is not so simple. Sometimes parents do not know what to do, especially when they come from another country.

Outcomes for children with ADHD vary depending on risk factors and the presence of coexisting psychiatric conditions, which commonly include oppositional behaviour and conduct problems, anxiety, depression, tic disorders as well as learning disorders. *“Overall, 15 to 20 percent of children with ADHD appear normalized as adults; 20 to 30 percent experience marked impairments in occupational, relational, and mental health functioning, and the remainder exhibit persistent symptoms with mild to moderate difficulties. Factors predicting a worse outcome include psychosocial adversity, a family history of ADHD and the presence of oppositional behaviour”* (Hoyle, 2005).

### **1.3.1 Purpose**

The purpose of this thesis is to research how the parent-teacher relationship influences the education in the school environment and the upbringing at home of an immigrant child diagnosed with Attention Deficit Hyperactivity Disorder.

It is important here to determine how teachers work with students whose linguistic and cultural background is different. Furthermore, the parents' own ideas on providing aid and support are discussed herein. The reason why I have chosen the subject is to understand parents and their children with AD(H)D, who come from foreign countries and their functioning in the Swedish educational system. The paper shows example of conduct of teachers and parents of child with ADHD. My dissertation may help parents and teachers to pay attention to important issues related to bringing up a child with ADHD in a foreign country.

By performing my own studies, I want to present the problems with raising a child suffering from ADHD. In order to show the variety of difficulties with which the parents and teachers struggle, I have decided to conduct studies on one 14-year-old boy. From an early childhood the symptoms of the attention deficit hyperactivity disorder were visible. The boy is still under the control of the school counsellor and the psychologist from the psychological centre located in the municipality. I decided to use two sources of evidence to deal with the problems of establishing the construct validity and reliability of the my case study.

### **1.3.2 Research problem and research questions**

Before the researcher attempts to define his/her own research problem, he/she should first gather more material in order to get to know the subject which the researcher is interested in.

Therefore, after the analysis of previously gathered literature, I have defined the main research problem in the form of a question, in understanding that “*a problem is a logical approach of the experienced ignorance and the need for knowledge, while a question is the grammatical structure expressing the problematic situation and at the same time being the linguistic equivalent of the problem*” (Paszkiewicz, 2004).). In my dissertation, the research problem is:

***What aspects contribute to the problems with the upbringing of the bilingual child with ADHD?***

I have examined the causes which hinder the proper development of the child diagnosed with this disorder. The research problem is complex, so I have divided it into detailed research questions. These are the following:

- Do the adaptive difficulties contribute significantly to the occurrence of the educational problems for a child with ADHD?
- Is teachers low involvement in work with a child with ADHD connected to the problems of his upbringing?
- Does the insufficient cooperation between parents and teachers of a child with ADHD lead to the lack of improvement in his development?
- Does bilingualism among children with ADHD contribute to the enhancement of the effects of this disorder?

## 2. Methodology

In this chapter I will firstly present the method of research which I selected. Then I will create my own theoretical model. That will led me to choose my method of collecting data, which will be presented here.

Moreover, I will present participants of this research and the characteristic of the studied area. The last part of this chapter is the analytical procedures which is generally my plan during interviews.

### 2.1 Method

Due to the specifics of research purposes in pedagogy, research methods can be divided into *normative and interpretive* methods. Cohen and Manion (1995) claimed that *normative methods* are used when examining a social group or welfare system, when studies are conducted on a broad compos, conclusions are generalized. By a *macro* level a researcher can examine social groups or institutions.

The *interpretative methods* are used when examining individual cases, studies are conducted on a small scale. Statistical analysis techniques are not used here. Experimental studies are conducted. Certain specific behaviours of the individual are interpreted. Through the use of the *micro* level a researcher can examine *individual cases*, develop perspectives about the individual case study, and use other techniques of interpersonal interaction.

I have conducted my research by means of the method of a *single case study* which belongs to the methods of social work, care pedagogy and social pedagogy.

This method consists of the recognition and the description of the biography as well as the events influencing the life of this individual, including the studied problem and the diagnosis of the relations with the community (Guzik, 2005). The object of study of this method is a single case which in terms of research is treated as an individual typical pattern for a particular research problem.

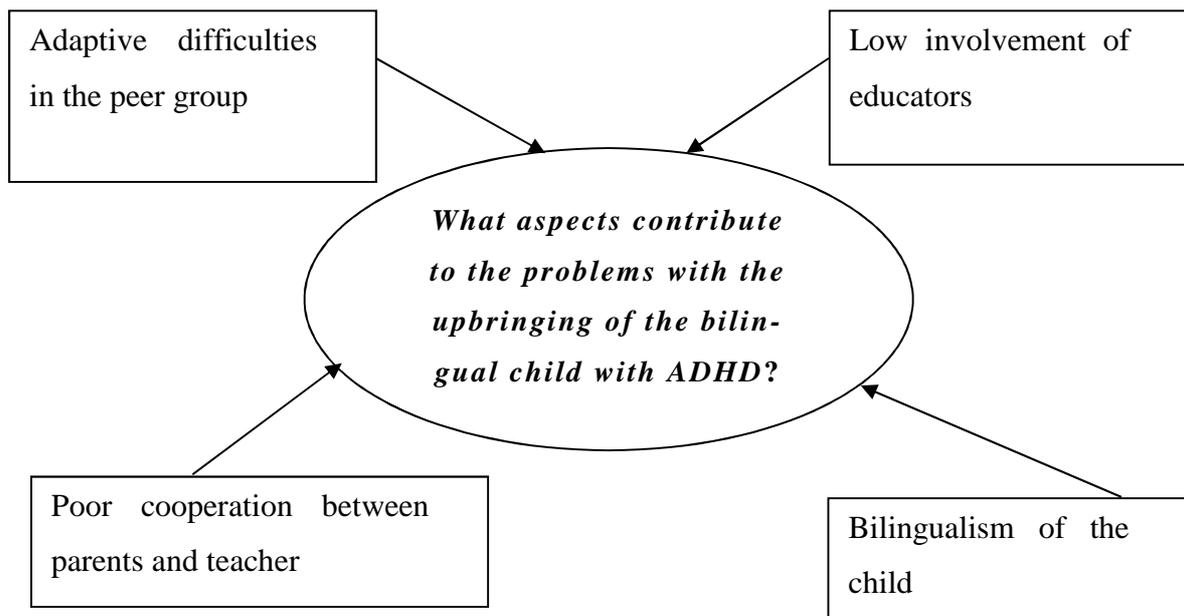
I have used a single case study to explain the specific ways of cooperation of individuals selected for the study. In this case they are teachers and parents of a bilingual child with ADHD who lives in Sweden. I chose this research method because I wanted to

analyse specific phenomena of education through the prism of single human biography. Through my delimitation of research questions I established the validity of my research problem.

## 2.2 The creation of the theoretical model

The knowledge from previous research gave great insight into possible obstacles in educating and upbringing of a child with ADHD. This brought into light certain patterns that lead to the creation of a theoretical model. This model is based upon similarities that I found in both of the parents' and teachers' perspectives.

*The model of solving a research problem and its characteristics*



Description:



Research problem



assumptions

**\*Figure 1. Model of solving the research problem**

\*my own sources

After understanding the term, I have defined the outcome:

***Behavioural problems of the bilingual child with ADHD at home and in school environment is caused by:***

- > Adaptive difficulties of a child with ADHD in a peer group
- > The poor cooperation between parents and teachers of a child with ADHD
- > The low involvement of educators in the work with a child with ADHD
- > Bilingualism of a child with ADHD

The research problem which was such defined and presented in the above named model allowed me to determine the indicators and measures in my assumptions.

The first of them – *adaptive difficulties in a peer group* – I describe with the following indicators:

- reluctance to rules and principles
- dominance of extravert and introvert reactions
- attempts to manipulate and blame others
- unkind attitude and keeping distance towards the child

The next– *the poor cooperation between parents and teacher*– use the following indicators

- lack of willingness to meet frequently
- lack of information for parents about the child's behaviour
- incorrect judgement of the child's parents by teachers
- level of parent participation in school's interventions

The third, *the low involvement of educators in the work with a child with ADHD*, determine as:

- a desire to place the responsibility for the child with ADHD on others
- reluctance to help the child in his language problems
- no involvement in training for teachers
- low knowledge of the educator about the problems of children with ADHD

The last one– *bilingualism of a child with ADHD* – I describe with the following indicators:

- problems of verbalisation of thoughts and feelings
- aggressive response during a failed attempt to speak
- an error in the reception of the message flowing from the teacher
- using two languages in order to escape the responsibility

Thanks my theoretical model I create interviews' questions which I used as one of my methods of collecting data.

## **2.3 Data collection and material**

The sources of evidence like : interview, systematic observation, analysis of personal documents, archival records and physical artefacts, are the most commonly used in doing case studies.

I collected data through using multiple sources of evidence to help to deal with the problem of establishing the construct validity and reliability of the case study.

The first source which I used is an interview which is the most important sources of case study. Interview has to guide conversation rather than is like structured queries (Robert K. Yin, 2009). An investigator has to follow own line of inquiry, as reflected by his own case study protocol, and as well has to ask his actual questions in an unbiased manner.

This protocol, namely the questionnaire belongs to the “*standardized techniques, in which the research tools are standardized or developed according to the same pattern*” (Guzik, 2005). Questionnaires are the most frequently used data collection technique in educational and evaluation research (Journal of Extension, 2007). Questionnaires help gather information on knowledge, attitudes, opinions, behaviors, facts, and other information.

The second of sources is documentation. I used documentary information because it is relevant to every case study topic. Documents are helpful in verifying the correct spelling and titles of names of organizations. Documents can provide other specific de-

tails to corroborate information from other sources. Investigator can make inferences from the documents (Robert K. Yin, 2009). The analysis of documents is here related to three types of documents. First, the administrative documents like progress reports, which characterize the skills and knowledge of boy. Second, e-mail correspondence which describes the boy's social environment and the last one, personal documents which were written by the boy at school.

## **2.4 Participants**

During my research I have analyzed the behavior of the boy in situations which exemplify the model of conduct at school and at home. Since the data is confidential, the boy has been called Max.

The parents of that 14-year-old boy come from Poland. The father left the family when Max was an infant. The boy has now a younger brother and a sister, who do not show symptoms of ADHD. The biological father of the boy experienced the symptoms of attention deficit hyperactivity disorder, which was mentioned by the boy's mother and the grandmother, who had contact with Max when he still lived in Poland, i.e. until he was six-years-old.

The boy has never talked about meeting the biological father because he has developed a close relationship with the mother. Moreover, the mother of the boy has entered a new relationship with a man who is accepted by Max. The woman travelled to Sweden for holidays, where she found an opportunity to have a job and provide support for the diagnosed boy. The family spoke only Polish fluently. The boy enrolled in the elementary school for immigrants with a general class profile. He learnt Swedish in two years.

In order to compare the opinions about the support of the school, I have presented the views of two teachers. The former teacher is a young woman which is the supporting teacher who has looked after Max for almost one year, while the latter works at the school which the boy attends currently.

The main teacher is a man about 50 years old and he has been taking care of Max for about two years. He is the teacher responsible for the whole class and for the semester final opinions.

### **2.4.1 Characteristics of the residential area**

The socio-demographic characteristics of the studied boy are presented to facilitate the understanding of the specific circumstances.

The study area, which has been the subject of my analysis, refers to the community in which the boy lives and attends school. I received all my information during interviews with parents.

The family lives in a municipality which has about 80.000 members. They have recently moved to the municipality from a village in southern Sweden.

The child's mother finished secondary education in Poland. The education of the father, who was present in the boy's life until he was 3-year-old, is not important for the study. Nevertheless, his father had the symptoms of inattention as well when he was a child.

There are three children in the family; two boys and one girl. The mother and the stepfather conduct a business, which they have set up after having lived in Sweden for a year.

## **2.5 Analytical procedures**

My theoretical model led me as a protocol when I worked with interviews' questions. The interview with the parents consists of 24 open questions, a questionnaire with 11 questions addressed to the main teacher as well as 11 questions addressed to the supporting teacher.

I have prepared four types of questions. These are the following:

1. general questions on nationality, culture, the situation of the family and the economic status;
2. questions about language skills, the reactions to the problems, the expression of emotions and the development of the relationships with other students;
3. questions on the evaluation of the cooperation between the parents and the school;
4. questions about ADHD, which has never been experienced by the family before.

The next section is a questionnaire which I prepared for the boy's teacher. He responded after a long time and gave short answers. However, documents gathered from the school was enough to draw a conclusion. The questionnaire has been divided into multiple choice and open questions. The data includes information on the willingness to work with the child with ADHD, the observation of the boy and the opinion on the cooperation with the child's parents.

The questionnaire given to the supporting teacher includes multiple choice and open questions as well. I have received information about education, acquired skills, the responsibilities of the supporting teacher and the boy's progress or regress. The questions also concern the relationship between the child and other pupils as well as the quality of the cooperation between the school and the parents.

### **3. Results**

When I collected data from documentation and from interview I looked through the prism of my research questions and my model of solving research problem.

In this chapter I will show the parent's perspective, the teachers' perspective and the supporting teachers' perspective. Then I will make a comparison of these perspectives which I gathered from conducted interviews and studied documentation.

I received answer about adaptive difficulties in peer group. Opinions from parents and individual documentary from school confirmed that *the adaptive difficulties contributed to the occurrence of the educational problems for the child with ADHD.*

Through articles about the relation between parents and teachers and as well through opinions gathered from parents and teachers questionnaires I confirmed that *the weak involvement of educators in the work with the child with ADHD is linked to the problems with the boy's upbringing at home.*

Moreover, answers from the supporting teacher's interview and collected descriptive opinions from teachers and the psychologist from the boy's school confirmed the assumption that *insufficient cooperation between parents and teachers is connected with the low results and slow development of the boy's skills at school.*

However, the assumption that *the bilingualism of a child with ADHD contributes to the enhancement of the effects of this disorder was not completely confirmed*. Results showed that the multilingual contexts were rather the parent's main weakness than only child's problem.

### **3.1 Parent's perspective**

I have obtained information about the family situation, the parents' professions and the boy. He moved to Sweden with the mother and the stepfather when he was six-years-old. Max had a two-year-old brother then. On the one hand, the enterprise of the parents has provided an opportunity to become flexible. On the other hand, it requires much time and devotion.

Everything seemed new to them. Max started to speak rather late, but his linguistic skills were similar to Polish peers.

Max used to become very angry when he had problems finding the right word for explaining something in Swedish. He bit and kicked others.

The boy learnt Swedish after attending school in south Sweden for two years. It became possible thanks to the supporting teacher. The special teacher for Max, who was present during both lessons and breaks, was employed two months after starting the elementary school.

“The problem with speaking Swedish, solved fairly quickly. First, he was aggressive when he could not find the words and it was a major problem in gathering friends. But after a while even able to speak some words, he always stands in the back of the group”

When Max was angry or irritated, he used to speak to the teachers and the students in Polish. According to the mother, it did not result from the problems with Swedish. Max wanted to show the deficiency of the group, who could not understand a single word. Other children perceived Max as alien, strange and dangerous. Their parents did not allow them to play with Max and they did not invite him anywhere.

“ I heard not once that some boy said to my son ‘Sorry, I can't come to you. My mom forbids me.’ That was very sad for me, but what could I do?”

The boy's mother organized some parties for Max classmates, but no one came. Therefore, she gave up in order not to make Max sad. He became lonely and excluded from the community.

Then, I asked the mother about the cooperation with the teachers. She was looking for someone who could help the child function in the society. It has turned out that only the first supporting teacher was really helpful and she used to write in English about Max's day at school and tasks.

“ I think that teachers were not friendly and even when they understood English they responded only in Swedish, which I didn't understand.”

The supporting teacher helped not only the child, but also the parents. The willingness to understand the foreign parents, who had to struggle with the child suffering from ADHD, was appreciated by the family.

Like in the article “Motherhood in the Margins” the mother of the boy had also the experience to be misunderstood and judged by medical and educational professionals. Even though she had a well-developed understanding of ADHD, she felt that not only was her knowledge not welcomed by professionals, but in many instances, her knowledge seemed to exceed that of the supposed experts.

Conversations between her and other teachers were always strained. They often perceived Max as inattentive, insincere, and labile in behaviour in order to obtain privileges, a vulgar boy. They noticed his inability to cope in changing conditions, difficulties in understanding and keeping norms and social rules.

On the other hand on the parents-teachers meetings, the educator used to claim that the boy is social, gallant, sympathetic young man. Such meetings were organized once every six months. The mother used to write e-mails to the teachers once every two weeks. They often responded in Swedish. Since the boy tended to forget his student's books or the swimming pool equipment, the mother received numerous letters of complaint, which told that she did not control her son properly.

Each time when the boy's mother had some expectation, she received many messages telling her of her failure. Educational professionals often suggested that problematic behaviour of her child is the result of her having no time for Max.

“ I was never informed about his days at school and I didn’t receive any daily reports. The teachers only wrote to me an e-mail when Max destroyed something that I had to pay for. “

The woman often wrote to teachers in order to develop a plan for Max that could be used both at school and at home. But she did not get anything like that.

The last part of the interview was devoted to the issue of ADHD.

The mother has admitted that the greatest problems include taking responsibility for Max’s misbehavior and dealing with his outrage when he wants to obtain special privileges.

“He can’t admit to mistake. What is more, he is really intelligent and often he is lying in such a way that it is hard to recognize.”

When Max was diagnosed in Poland when he was 4 years old the mother already knew how the ADHD approach will change their lives. All things at home were dictated by the prospect of reducing the effects of the overactive and inattentive boy. Certain rules had to be applied regardless of holidays, guests or other factors.

“We often had to quit some trips or doing something cool as a way of “punishing” Max. It was really hard for his younger siblings to understand that.”

Her treatment which she is using at home is a schedule for all the days of the week, which is very time-consuming but effective. She has developed the point system and for every good thing which he does, he gets a point. She takes off one point if Max did not listen or did not do a task. After collecting a sufficient number of points he always gets some reinforcement or if not, punishment which is a good strategy in the ADHD approach.

His aggressive reactions have calmed down through medication treatment. His meeting with the psychologist is limited to determining a new dose of pills like *Retinol*. The mother thinks that it does not affect his well-being. Pills work about two hours after which Max is such distracted as before taking them..

## 3.2 Teacher's perspective

The boy's teacher gave laconic answers. He has already been informed about Max's disorder, so his behavior was not surprising for him. He declares that the school was prepared enough to admit the child with ADHD. However, when asked about the motivation system for Max, he only tells about the system of evaluation which is the same for every child. Each parent is to be given the descriptive assessment of the child in each subject. It allows them to see what progress the child has made and what information they have acquired.

Nevertheless, any special plan for Max has not been developed. The teacher believes that the contact with the mother is sufficient. He claims that such mothers always complain because they do not have time to take care of the children on their own. The requirements of the mother are the result of her own failure. The teacher says that the problems with understanding Max result from his unwillingness to follow the instructions rather foreign origins.

The teacher has considered the difficulties with Max's behavior and he believes that the cooperation between him and the parents would be better if they spoke Swedish more fluently and understood the rules which concern each pupil.

According to the teacher, Max is very smart and his great intelligence covers the lack of educational background.

“He can move very smartly from topic to topic if he doesn't know too much about this first one. He will cleverly mix the topic with what he knows.”

Max seems fond of discussing and he does not have problems with listening to pieces of advice. He admits that Max has made progress, but the lack of responsibility or determination as well as the unwillingness to finish given tasks makes the teachers frustrated.

“ Each teacher of every subject has the same problem with Max, which is never ending the task. Even if he has much more time than others he is often disturbed by something. Then it is really impossible to be able to evaluate it fairly.”

Like many documents from school showed, Max is often irritable and doesn't focus on the task.

His way of understanding some task is unusual. However, teachers appreciate his intelligence and broad prospect for the world and his wide imagination.

### **3.3 The supporting teacher's perspective**

The questionnaire for the teacher and the supporting teacher from the boy's school includes questions about the reasons for employing a supporting teacher. Problematic behavior as well as many different situations forced the administration of the school to look for the help of a supporting teacher. The new teacher was aware of Max's disorder, which he suffered from his early childhood. However, the main teacher was reluctant to allow another person to be present during his lessons.

The symptoms of hyperactivity, for example short temper, required support even earlier than in the elementary school in Sweden. Since Max has not had a supporting teacher before, the current supporting teacher has perceived Polish system as inept. Nevertheless, when the woman started to collaborate with the child and his parents in the school environment, she has realized that numerous people around him have not had a good attitude towards the boy.

She has much experience in teaching at schools and she is aware of the problems with ADHD, although she has not been educated in this area. She was always by Max during lessons and breaks because he has problematic relations with the peer group as well. After each class, she had to remind Max of the equipment, for instance his backpack. According to the supporting teacher, her task included the following:

“to keep Max calm; to help him get routines like putting his shoes as well jacket at his place in the coat room, not just in the middle of the floor or throw his jacket wherever it would land; to put his hand up and not just shout out the answer to a question and many more; to watch him (from afar) from getting in fights or do things he was not allowed to do, during breaks as well as in the classroom.”

When asked about the point system, she perceives it as something which does not measure the real skills of children. Such a system focuses only on the effects of work rather than the efforts of the child. The results of tests and other in-class' exercises

are, however, undoubtedly important for final evaluation. For Max, it has always been a great effort to show that he is not so bad, although the final notes have not been the best.

All children tend to ask Max about the evaluation and they compare the grades. Max, who is not enthusiastic about any comparison, often becomes nervous. His relations with the colleagues become even worse because of it.

While observing Max and the peers at school, she saw that their relationship was not easy, which may be illustrated by the following statement:

“Max usually stuck with only one person, if he found someone. But mostly, he was all by himself. Some kids thought he was weird and they did not want to do anything with him. Some parents asked the kids not to play with him...but he was always nice to everybody, not mean or anything like that.”

The supporting teacher elaborates on the level of cooperation between other teachers and the parents in the following way:

“The school did not even try to do ANYTHING. One reason was that they had to speak English, I think. Another reason was that they did not have any knowledge about what to do or how to act, also in respect to parents and Max's parents in particular.

They did not have any knowledge about ADHD either...at all.

At first (I am referring to the first school), I only worked school hours there, even if Max had "Fritids" until 4.30 p.m. As if he magically stopped having ADHD at 1.00 p.m. and then he was well until 8.00 a.m. next day....

They realized after a while, that was not the case!”

As she claims, he does not respect school rules during breaks, so how he can do so after all lessons...

She appreciates the good sides of Max behavior, such as being helpful and nice to others. Unfortunately, no matter how much Max has struggled to follow the instructions or school rules, he has often failed.

Although, the supporting teacher claims that working with Max seems troublesome, she has noticed some progress, for example shorter time to settle him down by the end of her job. She has not seen any help from others teachers or the psychologist in creating the opportunity to influence the Swedish group of new friends. The supporting teacher was fired after six months because of the decision to cut down on the expenditures of the school.

### **3.4 Comparison of perspectives from interviews and documentation**

Having considered the answers of the mother and the teachers and as well documentation from school, I have discussed the issues that they agree and disagree upon.

The teachers claim that the mother did not conceal the diagnosis of the son. According to the main teacher, the school was prepared to admit the pupil with ADHD, but the supporting teacher and the mother do not agree with this statement. When I asked about some of the intervention model, he respond that there was none.

They have similar opinions in regard to Max's behaviour. Both the mother and the supporting teacher assume that they encounter difficulties in encouraging the boy to participate in the lessons or organize his time. Boy's specific behaviour caused move away his classmates from him.

All the people who have taken part in the research notice that the boy has problems with taking responsibility for his actions. The lack of support makes Max unwilling to participate in classroom tasks.

According to the teacher, the lack of motivation and the tendency to leave certain exercises unfinished, disallows the evaluation of his skills properly.

Moreover, the teacher blames the mother for the fact that Max is not prepared for the lessons, whereas the mother accuses the school of avoiding the cooperation intended to develop intervention strategies, which could plan the boy's everyday duties. Although the teachers often complain about the lack of organization, the school does not employ another supporting teacher.

The mother visits BUP (barn- och ungdomspsykiatri) in order to fill in the forms once again. The SNAP IV Teacher and Parent Rating Scale consists of twenty questions. The experts have used the acquired result as means of confirming the disorder. They advised further treatment and the help of the supporting teacher.

Nevertheless, Max believes that other teachers perceive the supporting teacher as someone who assists severely disabled students. They have even threatened him that such a specialist could be employed. In addition, the teachers have stressed the disadvantages of the situation, for example, the lack of freedom, permanent control and the persecution of other pupils, who would laugh if Max had his own instructor. The negative approach has discouraged the boy from accepting the help even though the chairperson offered such an opportunity.

It has been revealed that, according to the teacher, the parents receive enough information about the boy. Both the mother and the supporting teacher, however, have different opinions. In the individual development plan, even Max wrote that the teacher should keep in touch with his mother.

Every document includes information that the boy does not take responsibility for the classroom tasks. All the teachers claim that Max has to participate actively in the lessons in order to receive better notes.

The fact that the boy tends not to finish given duties annoys both the teachers and the mother. From the main teacher's report I get information that the pupil has not made any progress for two years.

Max still finds difficulties in achieving particular aims, which has been confirmed by the mother. The teacher admits that Max finishes only the tasks which interest him. The mother agrees with it. She states that the son seems engaged in performing the activity only when the exercise is simple, interesting or the accomplishment of it may be rewarded.

According to the mother and the teacher, the greatest challenge is to instruct Max on how to follow certain rules and cope with them when necessary. Nevertheless, they both see his positive features. Everyone appreciates the boy's vivid imagination, creativity and gallantry.

## 4. Discussion

My idea of this chapter is to show my findings of the research. I will discuss information gathered during my study. My understanding of studied theme will be presented here.

Then, I am going to show possible strengths and weaknesses of my thesis.

In the end, I will make a conclusion, where I will summarize the assumptions that I was able to prove and what remains still to explore.

Children with ADHD experience significant impairment at home and at school. It seems that this disability diminishes personhood through discrimination and segregation. The mother of the boy who is taken into account in this dissertation had the experience of being misunderstood and judged by medical and educational professionals. Even though she had a well-developed understanding of ADHD, she felt that not only her knowledge was not welcomed by professionals, but in many instances, her knowledge seemed to exceed that of the supposed experts.

In order to avoid being judged or interpreted as being mad, the mother chose not to talk to the teachers about her doubts or fears. By asking for help she could have been labelled as a mother who cannot cope with or manage her child's behaviour properly.

Mothers who discuss their children's problems with anyone who does not understand the Attention Deficit Disorder can many times be misunderstood. It seems better to remain silent rather than confront another criticism (Carpenter, Austin, 2007). The mother of Max has heard a lot about her failure and she used to be accused of negligence. Educational professionals often suggested that problematic behaviour of her child is the result of her having no time for Max. Mothers of children with ADHD should not look upon their child in any routine way and start to see themselves as typical good mothers.

Children's ADHD disorder frequently causes home- and school-related problems like disruptive classroom behaviour, problems with study skills, and difficulty in social

relations and difficulty following parent and teacher instructions. These children have higher rates of learning disabilities and these are not limited to the classroom. Frequent and hard homework are often norm for these children. Moreover, low engagement, avoidance, non-compliance, poor productivity and poor time management are very common problems for them (Rogers et al., 2009). All of that often results in significant impairment at home, school and general in the community.

Most psychological interventions are unisystemic, which means that home and school function separately. This is in most instances not sufficient. For parents with children with ADHD is very difficult to support them. The very tight confrontational parents-child relations are not really helpful in education at home. In addition, at school children are not engaged in school work as well. Educators' frequent complaints and the misunderstanding of the parent's needs put a great strain on their relationship. Lack of common goals and actions create chaos for the child. Thus, a child demonstrates high rates of disruptive behaviour.

Even if school-based interventions, such as the reinforcement system, and home-based interventions, for example the improvement of the child-parents relations have beneficial effects, they turn out to be insufficient when introduced separately.

It is believed that such an approach does not consider family factors which are related to school success. Mautone (2011) suggests that the best psychosocial intervention links families and schools in order to address target problems. Mautone describes Family School Success (FSS), which is a program that promotes the cooperation between the family and the school. As the result of the twelve-week program, the relationship between the parents and the teachers is improved. The Conjoint Behavioral Consultation (CBS) instructs the parents and the teachers on how to work together and satisfy the child's needs. Furthermore the daily report card (DRC) improves the relation between the school and the home.

If the school which Max attends could introduce such a program, both parties would draw benefits. The parents and the teachers would develop the DRC for Max and they would discuss the goals, the evaluation as well as the frequency with which the child would receive feedback. At the end of the school day, Max would present the DRC to his parents. If he achieved the goal, he would receive the agreed reward.

## 4.1 Strengths and weaknesses

Like Robert K. Yin wrote in his “Case Study Research” (2009) questions about the validity of this type of research are inevitable. Validity is the amount of systematic or built-in error in measurement (Norland, 1990). However strengths and limitations are obvious in any other research methods. For him a case study method “allows investigators to focus on a ‘case’ and retain a holistic and real-world perspective such as in studying individual life cycles”.

*"In order to avoid bias an investigator should be open to contrary feelings" ( Yin, 2009).* In my case study it appeared that one of my assumption was not completely confirmed. That is: *" bilingualism of the child with ADHD has great impact on schools problems .* The findings showed that from beginning lingual problems had a negative impact on the improvements at school. However during the time spent in Sweden the boy was not really suffered from that. He learnt Swedish very fast and it happened beyond the supervision of the teacher. The language improvement processes of the child was not his fault. That was rather the one of the problems in relation between parents and the main teacher.. Poor cooperation between teachers and parents led to a conflict that created problems with understanding each other’s.

In order to construct the validity of my work I used multiple sources of evidence through data collection.

In this case study I raise the importance of the relationship between parents and teachers. The relationship between them and the child is not here studied enough.

The one of weakness of this research it could be my subjective approach on this theme. Despite the desire to avoid bias, I am the sister of the boy who has attention deficit hyperactivity disorder. I am also a mother. Thus, the problems of mothers are more close to my heart.

## 4.2 Conclusion

I referred to several articles and books in order to describe the experiments of parents, especially mothers, who have children with attention deficit hyperactivity disorder.

All participants from my research notice that the boy has problem with taking responsibility for his actions. Both the mother and the supporting teacher assume that they encounter difficulties in encouraging the boy to participate in the lessons or organize his time. Boy's specific behaviour caused move away his classmates from him. The lack of support makes boy unwilling to participate in classroom tasks. And even if he was starting it, he had a tendency to leave certain exercises unfinished, which disallows the evaluation of his skills properly. *Thus, I can say that the adaptive difficulties contributed to the occurrence of the educational problems for the child with ADHD.*

From the materials which I collected from the mother of the diagnosed boy and from his teachers and as well from opinions about him from school, I concluded that contacts between the mother and the teacher are often strained and have a problematic character. The teacher blames the mother for the fact that Max is often not prepared for the lessons. She was judge from teacher for too less time spending with the boy. *That confirmed that insufficient cooperation between parents and teachers is connected with the low results and slow development of the boy's skills at school.*

Although the teachers often complain about the lack of boys' organization, however the school does not employ another supporting teacher after faired this first. According to the main teacher, the school was prepared to admit the pupil with ADHD. However they did not have any special daily report or specific rewards and punishments for him, which does not coincide with this statement. When teacher was asked about some of the intervention model, he respond that there was none. *Thus, the involvement of educators in the work with the child with ADHD was very weak.*

The bilingualism of the child was initially a problem. However, like a mother said and teacher never objected, the problem with speaking Swedish, solved fairly quick-

ly. Like a supportive teacher agreed the boy was aggressive when he could not find the words and it was a major problem in gathering friends.

On the other hand, linguistic problems caused weak connection between parents and teachers. The willingness to help of some teachers made easier for mother to follow the instruction and information given by school. However, when she met the people which were not open for their foreign origin, she felt alone with her problems concerning the Max.

After comparison from all participants perspectives and from studied documentary, I believe that my assumption that *bilingualism of the child with ADHD caused behavioural problems at home and in school environment, was not confirmed.*

Thus, the new assumption should be rather formulated as *the multilingualism of the family of the child with ADHD caused a behavioural problems at home and in school environment*, what could be the great idea of develop the new perspective of theme ADHD.

Misunderstanding the problem of ADHD by the teacher and by the closest social environment caused bad relationships between the boy's mother and the teacher. Lack of effective intervention strategies appropriate to the needs of the boy resulted in the boy's loneliness and closure from a peer group. Problems in raising the child result from the lack of common goals and the limited cooperation between the school and the home.

I raised in this case study the importance of the relation between parents and teachers. Teachers often have the same goals for all students while the parents look at their children as a unique unit.

My study could be an analogy to a similar research on this topic.

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# Appendices

## **1. Wording of the invitation to achieve informed consent**

My name is Sara Raczowska and I am a student at Lund University at Faculty of Social Sciences. After two years of my master studies I am aware of what is most important for me and what I would like to explore. For my master thesis I chose the theme about ADHD (Attention deficit hyperactivity disorder), because of the increasing number of diagnosed children in Sweden. Particularly close for me are families whose native language is not Swedish or at least one of the parents is not a Swede. I come from Poland and I know which obstacles parents of children with ADHD meet in relation with teachers there. Now I am interested in what kind of problems and difficulties the parents of diagnosed children meet and how they live in the Swedish community.

## 2. Interview questions to the child's parent

### A. General questions

- Where are you come from?
- How long have you been living in Sweden?
- How old are your children?
- What is your /your partner profession?

### B. Language issue

- when he started to speak which language was first?
- which language use to whom?
- what was the reaction if he could not find the word/explain/ in this languages?
- are you help in getting group relation? in transition?
- is child feel that has language as a security ?
- in which language he express his feelings?

### C. Parents/teacher relation

- What teacher says about your child?
- How often you meet teacher to could talk about your child?
- What kind of help did you get from school in according to your child?
- Do you always informed about change in behaviour at school ?
- What kind of request mostly you have to teacher?
- What are the expectations you had/have to school?

### D. Attention deficit issue

- who first drew attention to the difficulties in the development of the child?(just child or someone else)?

- Where and when he was diagnosed?
- Had you some knowledge about ADHD when he was diagnosed?
- Did the diagnosis caused a change of day mode of conduct?
- What kind of help did you get from medical health care?
- What kind of treatment do you use to limit the effects of ADHD?
- How often and what kind of help he get from psychologist or another specialist ?
- Which of developmental difficulties in your opinion are great impediment in his daily life?

### 3. Questionnaire to the child's teacher

1. Did teachers was informed by parents that child has ADHD problem
  - Yes
  - No
2. Was you prepared for the presence of the child with ADHD in the classroom?
  - Yes
  - No
3. Has child with ADHD a supporting teacher under lessons
  - Yes
  - No
4. Please write down what kind of motivation system school leads.
5. How you describe a behavior of the child under lesson.
6. Reviews teachers about a point system at school
  - Helpful
  - Not really helpful
  - Inequitable
7. How you describe contacts of the child with peers at school.
8. Assessment of the level of cooperation of school with parents
  - very good
  - good
  - moderate
  - insufficient

Please motivate your answer\*
9. Does child with ADHD respect rules of school by during break times?
10. What is your opinion about changes in behavior of a child with ADHD at school from begin to nowadays?
11. How people at school lead children to help them to be more open in multiple settings e.g. at home and in peers relations ?

## 4. Questionnaire to the child's supporting teacher

1. What was the reason for the employment of a supporting teacher?
2. How teacher was prepared for work with children with ADHD?(diploma, course
3. Had child with ADHD a supporting teacher under lessons and under break times?
  - Yes
  - No
  - Only under lessons
  - Only under break times
4. What kind of responsibilities/duties had a supporting teacher ?
5. Do you think that a point system at school is helpful in evaluating child with ADHD?
  - Yes. Very much
  - Yes. A little.
  - Not really
6. How you would describe contacts of the child with his peers at school?
7. Do you think that the level of cooperation by school and parents was satisfactory?
  - Yes
  - NoPlease motivate short your answer
8. Did child with ADHD respect the standards/rules of school by child with ADHD during break times?
  - Yes
  - No
9. Reviews the supporting teacher about changes in behavior of a child with ADHD/ (How the child react at the beginning of your work, how it was at the end)
10. How people at school lead children to help them to be open in multiple settings e.g. in home and at peers relations ?



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