CHILD DISCIPLINE STRATEGIES AMONG PARENTS WITH CHILD DIAGNOSED WITH ADHD

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Abstract

This phenomenological study aims to explore the lived experiences of five purposively selected Filipino mothers with a child clinically diagnosed with Attention Deficit Hyperactive Disorder (ADHD). It focuses on the challenges they face, the discipline techniques they utilize and the influences affecting these techniques. The study capitalized on in-depth interview with an aide memoir as the data gathering tool. Results show that characteristics of the parent, the child, and the environment and the interactions among these factors affect how a mother forms her discipline strategies. Three zones of influences that affect the discipline strategies used by parents have been identified: Nature Zone of Influence which illustrates the inherent child factor; Nurture Zone of Influence which illustrates the intrinsic maternal factor; and Natural Zone of Influence which illustrates the external and environmental factors. The zones are depicted in an Interlocking Cord Model representative of the Zones of Influence. The interlocking model exemplifies the overlapping discipline strategies used by mothers. Discipline strategies vis-à-vis the three zones of influences revealed three engaging themes: Responsive, Reactive and Reliable.

Keywords: ADHD (Attention Deficit Hyperactivity Disorder), Discipline, Discipline Technique, Parenting,

1.0 BACKGROUND

In the Philippines, especially in the rural areas, we often label a hyperactive and/or impulsive child as "makulit" and an inattentive child as "mahinaangulo." If the behavior is more severe than most of the individual's peer, him as "sobrangkulit" label "sobranghinangulo." Most parents think that these characteristics are but normal to children and do not need the attention of physicians and therapists. These children go on with their lives without any treatment and therapy and most of the time become liabilities at home, in school, and in the community.

One of the reasons why annoying pattern of inattention, hyperactivity, and impulsivity in children is being taken for granted is because most people are short of awareness that these behaviors are the basic characteristics of AttentionDeficit/Hyperactivity Disorder (ADHD). Other reasons include financial difficulties of families and inaccessibility of hospitals.

Most of the time, the discipline strategies of parents of children with ADHD make more negative attributions for their children's misbehavior, particularly oppositional and aggressive behaviorsdue to lack of knowledge and understanding on the problem at hand (Johnston & Freeman, 1997). These negative attributions likely contribute to negative parenting behavior, such harsh/inconsistent discipline uninvolvement (Johnston & Patenaude, 1994; Johnston, Patenaude, & Inman, 1992). For example, parents of children with ADHD may fail to focus on positive behaviors that occur in context of **ADHD** oppositional/aggressive behaviors (Freeman, Johnston, & Barth, 1997). They may also

withdraw from attempts to manage their children due to beliefs that certain behaviors are beyond their control. Importantly, these parental cognitions may negatively impact parenting, which may then exacerbate child behavior problems, creating a reciprocal pattern of negative interactions in these families (Cummings & Davies, 1999; Lang, Pelham, &Atkeson, 1999; Patterson, 1982; Pelham et al., 1997; see reviews by Beardslee et al., 1983; Cummings & Davies, 1994; Downey & Coyne, 1990).

Caring for a child with ADHD is a challenging task for parents, and so with the nurses. This study aims to identify the discipline strategies and techniques utilized by Filipino mothers with a child diagnosed with ADHD.

The study does not aim to define Attention Deficit and Hyperactivity Disorder or ADHD. This study aims to identify characteristics of the disorder and the challenges normally faced which were briefly specified in the review of related literature. Key informants were limited to mothers of preschoolers diagnosed with ADHD. They also do not aim to propose a treatment since we only aim to characterize discipline strategies butwe will so mehowdescribe some of the best practices regarded suitable based on the sole judgment and experience of the key informants. There were very scarce resources available regarding the topic on child discipline for children with ADHD in the Philippine setting. This study does not offer an exact formula on how to discipline a child with ADHD; rather we aim to guide parents braving the same challenges and somehow lead them until they devise their own effective strategies so they will be able to foster acceptable and appropriate behaviors in their child and to raise them as emotionally adults.

2.0 Review Of Related Literature

2.1 Theoretical Framework

In 1960s Baumrind introduced a theory that empirically identified three main dimensions of parenting based upon relative quantities and qualities of warmth and control: (a) authoritative parenting, characterized by high levels of parental nurturance, involvement, sensitivity, reasoning, control, and encouragement of autonomy; (b) authoritarian parenting, consisting of high levels of restrictive, punitive, rejecting, and

power-assertive behaviors; and (c) permissive parenting, characterized by high levels of warmth and acceptance but low levels of involvement and control.

Discipline strategies vary as far as the type of parenting style is concerned. Research on parental discipline strategies indicates that use of discipline is not an independent characteristic but rather co varies with other parental and child factors (Frank, 1983: Larzelere, 2000; Straus, Sugarman, & Giles-Sims, 1997). Variations in the use of discipline are related to parental cognition, parent psychological, and socio-cultural including stress, socioeconomic status, and ethnicity, as well as child gender and temperament. Several studies have found that parental beliefs regarding physical punishment are correlated with the frequency of physical punishment (Corral-Verdugo, Frias-Armenta, Romero, & Munoz, 1995; Saffer, 1999).

In this study, the key informants showed different types of parenting styles which they believe is the most suitable in handling their child with ADHD. Although there were no exact ruleson the most effective discipline strategies, the existing discipline techniques of the key informants showed a notable outcome on how their children behaves. It was evident in the in-depth interview that both intrinsic, socio-cultural and child factors played a great role which influenced them to choose a certain parenting style and discipline strategies.

2.2 Literature Review

2.2.1 Different Faces of ADHD

The essential feature of ADHD is a persistent pattern of inattention and/or hyperactivity and impulsivity more common than generally observed in children of the same age (McCracken, 2000a).

The inattentive child: he misses details, makes careless mistakes, he has difficulty sustaining attention which sometimes mistaken for not listening, oftentimes distracted easily by other stimuli. The "lazy child" does not follow-through on chores or homework because oftentimes he tends to be forgetful in daily activities, has difficulty with organization and avoids tasks requiring mental effort. The impulsive child blurts out answers, interrupts, always can't wait for his turn and is being intrusive with siblings/playmates. The

hyperactive child fidgets and often leaves seat, can't stay at one place for long period of time, runs or climbs excessively, he can't play quietly, always on the go and driven and talks excessively (Adapted from Pary et al and McCracken 2000a).

2.2.2 Different Parenting Challenges in ADHD

Children with **ADHD** exhibit persistent and developmentally inappropriate of inattention, impulsivity, hyperactivity that place them at risk for academic failure, social interaction difficulties, and significant behavioral disturbances. There is a growing awareness that ADHD also negatively affects the functioning of parents of children with this disorder. It is well documented that the mothers of children with ADHD experience elevated levels of stress in their parenting roles compared with the mothers children of normal (e.g., Guevremont, Shelton, Anastopoulos, &DuPaul, 1992; Baker, 1994; S. J. Beck, Young, & Tarnowski, 1990; Mash & Johnston, 1983). This elevation in parenting stress begins early (DuPaul, McGoey, Eckert, &VanBrakle, 2001) and appears chronic in nature (Barkley, Fischer, Edelbrock, Smallish, 1991). There is evidence that fathers of children with ADHD also experience heightened levels of parenting stress (Baker, 1994; Podolski & Nigg, 2001).

Parenting stress is generally assumed to arise from characteristics of the parent, the child, and the environment and interactions among these factors (Abidin, 1992, 1995; Fischer, 1990; Mash & Johnston, 1990; Webster-Stratton, 1990). In families of children with ADHD the characteristics of the child are thought to be the primary contributor parenting and family stress Anastopouloset al., 1992; Fischer, 1990; Johnston & Mash, 2001; Mash & Johnston, 1990). The core symptoms of the disorder and its associated difficulties make parenting a child with ADHD especially challenging (e.g., Anastopoulos et al., 1992; Fischer, 1990).

Research has identified difficulties in parent-child relationships in families of children with ADHD. When interacting with their children, parents of children with ADHD are less responsive and more over-reactive (Barkley, Fischer, Edelbroack, & Smallish, 1991), with interaction difficulties being more

pronounced during structured task conditions (Woodward, Taylor, &Dowdney, Parents of children with ADHD are more likely to use harsh discipline, show low levels of parental support (Khamis, 2006), use more negative control strategies, and engage in poorer quality of scaffolding during problemsolving tasks (Winsler, 1998). Furthermore, these dysfunctional patterns of parent-child interaction may be more severe with the presence of co-occurring child oppositional and conduct problems (Seipp& Johnston, 2005) and/or parental ADHD symptoms (Murray & Johnston, 2006).

2.2.3 Different Discipline Strategies and ADHD

Discipline can be broadly defined as "the structure that the adult sets up for a child's life that is designed to allow him or her to fit into the real world happily and effectively. The discipline set up by parents is the foundation for the development of the child's own self-discipline" (Howard, 1991, p. 1352). The word discipline means to impart knowledge and skill—to teach. However, it is often equated with punishment and control (Canadian Pediatrics Society, 1997). The purpose of discipline is to teach a child how to behave and to correct, shape, or refine the mental facilities or moral character of a child, rather than merely reducing a child's misbehavior (McCormick, 1992).

The discipline strategies employed in handling children with ADHD may include Verbal communication: talking with the child about the problem behavior, punishment: spanking, slapping, physically punishing the child for the behavior, Reward/withdrawal of reward: giving the child a reward for behaving well or isolating the child (time-out) or taking a privilege (toy, TV) away for behaving badly, Changing the environment to limit the possibility of misbehavior: distracting, moving the problem situation, separating fighting children, Monitoring: letting the child know that the parent is watching the situation and is aware of any misbehavior, Modeling behavior: showing the child desirable ways to behave in that circumstances produced misbehavior, Ignoring behavior: consciously not paying attention to misbehaviors a way of not giving attention to misbehavior, Natural consequences: the consequence employed is

whatever will happen naturally as a result of the misbehavior (e.g., getting cold if the child will not wear a jacket).

Taking care of a child diagnosed with ADHD has been described by key informants as challenging. One mother expressed that rearing a child with the disorder is really a handful. In the in depth interview, all of the mothers described their child with ADHD to have an exaggerated amount of energy. They stated that they find it hard to keep up with The hallmark of the disorder their child. find most difficult is their that they inattentiveness and impulsiveness more than that of hyperactivity. Some of them expressed their concerns on the fact that their child may come across as an undisciplined child because of the child's tendencies to disrupt, tendencies to interrupt and being intrusive with other children. Inattention is sometimes recognized as a sign of disobedience and the mothers were usually blamed for their children's poor social competence and academic performance (Gau, 2007). Mothers were even more distressed when their children displayed inattention associated behaviors. ADHD impacts on the family may modify ADHD disease course, and result in parental discord and parent-child conflicts over child misbehavior and academic underachievement (Lifford et al..)

Over the past decade, attention deficit/hyperactivity disorder (ADHD) has garnered increasing coverage in the public media and scientific journals, especially related to results from a multi-site multimodal treatment study in the Philippines, this has remained low. There were only a few literatures on this specific study; hence we aim to contribute to the literature. The lived experiences of mothers with a child diagnosed with ADHD and their discipline measures are the centers of this study. We aim to describe their challenges on taking care of a child diagnosed with ADHD and explain how they were able to overcome these challenges and illustrate some of their best discipline practices and strategies.

The significance of the research lies in the theory that outcomes will provide new understanding on how Filipino parents discipline their child especially for children diagnosed with ADHD. And as a practical application of the theory or praxis, findings of the study will empower nurses to give situation-specific care and outcomes will

enlighten future research work concerning the topic.

3.0 Research Method

3.1 Research Design

The researchers aim to characterize discipline strategies among mothers with child diagnosed with ADHD. Qualitative approach of research was chosen and entitled it "Child Discipline Strategies among Parents with Child Diagnosed with ADHD". Qualitative research is all about exploring issues, understanding phenomena and answering questions.

Phenomenological design was chosen for the study to focus on the lived experiences of mothers who deal with their children diagnosed with ADHD. The design allows the researchers to explore and capture in writing the key informant's difficulties and how they were able to handle their childrenwith ADHD. The researcher's goal is to understand the meaning of the experience as it is lived by the participants. In order to achieve this goal the researchers have to follow certain steps: identifying the phenomenon, structuring the study, data gathering, data analysis, and describing the findings.

Phenomenological research starts with the researcher choosing a phenomenon of interest. In the Philippines there were only a few of literature available on the topic and only a few were written about the experiences of Filipino mothers handling children with ADHD. After identifying the phenomenon, the structure of the study was devised. At this stage, the researcher explores the phenomenon by searching for lived experiences that may offer a deeper understanding of the nature of the phenomenon. In structuring the study, the researchers need research question, bracketed perspective, and sample selection. Data gathering then followed and an in-depth, semistructured interview and observations were used. The researchers made use of existing related literatures in order to guide them in the The data were then analyzed through hot and cold analysis. The findings were described and conclusions were drawn.

3.2 Research Locale

The chosen site for conducting the study is the National Capital Region (NCR), specifically in Karuhatan, Valenzuela City and Sikap, Mandaluyong. The participants came from the research site and the interviews were also conducted there as well. The research site wouldfurtherly be described at the appendices (field notes).

3.3 Key Informant Selection

The the key informants were mothers of a preschooler clinically diagnosed with ADHD.

Participant A: K.M.B is a 29 year-old mother of a five-year old daughter diagnosed with ADHD. K.M.B.'s family resides in Sikap, Mandaluyong City. Her daughter, Sadie, was diagnosed to have ADHD at the age of two as she was very impulsive, not wanting to take turns, and very disruptive during play time. It was noticed by her grandfather who was a specialist in behavioral development. From then on, she started her therapy and treatment and the family was greatfulthat they were able to manage the disorder early. She is a stayhome mom and is the sole care-taker of her two daughters.

Participant B: A.C.P is a 59 year-old mother of a five-year old adopted son diagnosed with ADHD. The extended family resides in Karuhatan, Valenzuela City. Her son was diagnosed to have ADHD at the age of four. She became concerned of her son's welfare, being that he was unusually hyperactive compared to his playmates. His interest in a toy is very short and has the tendency to disrupt other kids by taking away toys from them. He talks incessantly and his energy never wanes even at the wee hours of the day. She worried that her son will suffer from exhaustion. It was a turning point when her neighbor suggested that she bring her son to be checked by a qualified physician. A.C.P. is an office clerk and employed a helper to take care of her household and her son.

Paticipant C: R.F.S is a 43 year-old mother of a six-year old son diagnosed with ADHD. The family resides in Karuhatan, Valenzuela City. Jason was diagnosed this year of having ADHD as the doctor attending them during their annual checkup suggested that he was unusually inattentive and hyperactive. They immediately consulted a

specialist in behavioral development and were referred to therapy. Currently, he is attending a Special Education school and does have a weekly occupational therapy. R.F.S is a business woman and she has two helpers taking care of her household and her son.

The researchers used a non probability sampling in conducting this research. A non – probability sampling is a sampling technique where the samples are gathered in a process that does not give all the individuals in the population equal chances of being selected. It is not a product of a randomized selection processes. Subjects in a non-probability sampling are usually selected on the basis of their accessibility or by the purposive personal iudgment researchers. It is Purposive in a sense that the sample depends upon the subjective purposive personal judgment researchers.

3.4 Research Ethics

The participants were whole heartedly expressed their willingness to be a part of this study. They signed the informed consent that the researchers had secured for them for their privacy. The researchers left a copy of the informed consent and a contact number so that they may withdraw from the study anytime they wish to. This informed consent contained information about the possible data that we were about to get. These participants shared their perceptions, lived experiences and their strategies of discipline they employ in rearing their child with ADHD.Researchers have the welfare of the research participant as a goal of any clinical trial.

3.5 Research Instruments

The researchers used in-depth interview and semi – structured questionnaires to determine the awareness and perception of the key informants. The researchers gathered the needed information with the use of a semi - structured questionnaire as a guide for the interview. Before conducting the interview, the researchers secured and presented consent and the participants signed on it. The informed contains sufficient information consent regarding the research.

This study utilized a semi – structured questionnaire that guided the flow of the interview. The questionnaire contains nine (9)

questions that are subjected to answer the research problems. Each question is carefully made and discussed by the researchers. Before using the questionnaire, it is presented to and checked by the research adviser. The flow of the interview was dependent on this.

Since the study both utilized the indepth interview and observation with the help of careful selection, the answers that gained from there were sufficient to fill in the gaps of the research. This guided the researchers in obtaining the needed results for the study. Permission is required in recording audio tape while having an interview portion.

3.6 Data Collection

The researchers conducted an in-depth interview and observation simultaneously to gather need data. Before conducting the interview, the researchers first secured and presented an informed consent which was signed by the participants. The informed consent contains sufficient information regarding the research. The researchers asked the participants to inform us regarding their free time, then we scheduled a time for a dialogue or an interview with the participant. While one researcher is conducting interview, another one was doing observation.

As individuals reflect on experiences they have lived through, consciousness is revealed and the themes or fundamental "structures of experience" can be uncovered and described. In this study, the interviews were audio recorded and transcribed verbatim to describe lived-experiences of mothers and to characterize their discipline strategies. The narrative texts from the interviews formed the data. All data were transcribed accurately. All the data secured from the data collection were treated anonymously and were destroyed after the study.

3.7 Data Analysis

After each interview, the researchers listened to the audiotape to start the process of data analysis. Each transcript was read several times while listening to the corresponding audiotape to ensure a good grasp of each mother's experience and to reflect on potential themes emerging from the data.

Using cool and warm analysis, phrases or statements that seemed particularly essential or revealing about each mother's experience and strategies were selected. These were highlighted on the text of each transcript and examined to capture the meaning conveyed. The unsignificant statements were then excluded. Similar meanings were grouped and labeled. These were then compared across narratives and common meanings were abstracted as themes. All researchers were involved in examining the data and identifying what was essential in the mothers' recounting of their experiences with their children. All authors agreed on the meanings, identified as themes, which formed the findings of the study. Metaphor formation or Eidetic Insight was also used.

4.0 Results

The data revealed various feelings andthoughts that the mothers had regarding their children with ADHD, the challenges which they braved in caring fortheir children, and the strategies they used to discipline their children in response to feelings and challenges that they face. Narratives gathered were compared and common meanings abstracted as themes. The researchers have identified three zones of influences that affect the discipline strategies used by parents. These are Zone of NatureInfluence whichillustrates the inherent child factor. Zone of Nurture Influence which illustrates the intrinsic maternal factor and Zone of Natural Influence which illustrates the external environmental factors. The Zones of Influences directly affects the outcome of the forces inside the interlocking model.

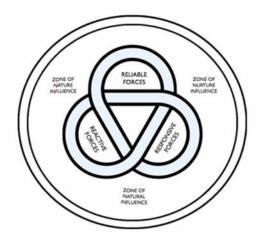


Figure 1: INTERLOCKING CORD MODEL REPRESENTATIVE OF THE DISCIPLINE STRATEGIES (3R) AND ZONES OF **INFLUENCE**

The interlocking model exemplifies the overlapping discipline strategies used by mothers. This can shift from one force to the other depending on the zones of influences present. Discipline strategies vis-à-vis thethree zones of influences revealed three themes and were labeled as follows:Responsive, ReactiveandReliable.

4. 1Responsive

Responsive is described as a mother, whose center of discipline is openness. Her demeanor iscalm, encouraging, and respectful employing non-abusive style disciplining such as verbal communication, reward/withdrawal of reward. modeling behavior. Verbal communication involves talking with the child about the problem or behavior. Reward/withdrawal of reward involves giving the child a reward for behaving well or isolating the child (time-out) or taking a privilege (toy, TV) away for behaving badly. Modeling behavior involves showing the child desirable ways to behave in circumstances that produced those misbehavior.

The three key informants were depictedunderResponsive. They illustrated that they employ either verbal communication, reward/withdrawal of reward, modeling behavior. As verbalized by Participant A:"Kapaghindiniyainubosyung lunch niya, she won't get to watch the TV or play her tablet." She also said that, "She's rewarded ng food if she's behaved. Reward system din perodapat food lang, hindi material."

Participant B also said that she uses verbal communication. She verbalized: "Pinapangaralanlangnamin – minsannakikinig, minsannagwawala."

Participant C mentioned that she uses modeling behavior. She said that: "Kelanganpagsasabihanmoyan. Kelanganiexplainmonamasamayan, hindidapatganyan, parangganun".

The three mothers interviewed viewed Responsive as the most recommended way of disciplining a child. It involves being receptive to the behavior rather than the child. They believe that children in their own way will understand that discipline is the result of their behavior and the reason behind the discipline imposed on them is fair and reasonable.

Healthy social interactions typify the constitutional family. Parents provide effective governance in a constitutional family. Governance is primarily a persuasive enterprise. Lines of communication are open. Children know what is expected of them. Parents and children talk openly about expectations. If a family constitution is in force, the rules are impartial and established in advance, formally or informally. Sanctions, therefore, are likely to be anticipated and understood (Canadian Pediatrics Society, 1997).

Although all agreed on this, mothers also stated that being Responsive does not guarantee a hundred per cent favorable behavior among their children. They agreethat there are other factors, called zone of influence, that dictate whether or not a mother will be Responsive. As Participant A states: "Dependesasitwasyon, pero calm langtalagaako as much as possible. Pero di din maiiwasanminsannakakawalang temperlalonapagsobrangkulitna kaya mainitnaanguloko pagodna 0 din samaghapon."

Research on parental discipline strategies indicates that use of discipline is not an independent characteristic but rather co varies with other parental and child factors (Frank, 1983; Larzelere, 2000; Straus, Sugarman, & Giles-Sims, 1997). Variations in the use of discipline are related to parental cognition, parent psychological, and sociocultural state including stress, socioeconomic status, and ethnicity, as well as child gender and temperament.

As Socolar (1996) also states that the context in which discipline is applied involves several levels: child characteristics such as age and temperament; parental characteristics such as expectations, goals and beliefs; and family characteristics such as family composition, social support, race, culture and norms (American Academy of Pediatrics, 1998).

4. 2 Reactive

The second theme that emerged, Reactive, is a result of factors mentioned abovecalled zones of influence. Reactive is a mother whose center of discipline is quick response to either the child's misbehavior or towards the child itself. Her demeanor is angry, hostile and demeaning while employing physical style of disciplining or the lack thereof. This may include physical discipline such as corporal punishment – spanking, slapping, and physically punishing the child for the behavior or the opposite, ignoring behavior – consciously not paying attention to misbehaviors as a way of not giving attention to misbehavior

As partcipant C states: "Minsannasisigawanko..Pagsobrangnasisigawankohumihintonamanpagalamniyangnagagalit naako..pagtinitigankosiya automatic humihintonasiya."

Likewise, Participant B has the same response: "Pinapalo din yan, pating daddy niya. Pagpinagsasabihan, di pa rinsusunodalamnaniya kung anoangsusunod."

It was evident that some of the mothers expressed that being Reactive is a necessary discipline strategy. Most parents agree that the use of spanking as a discipline technique is necessary, most authors of books on child rearing support the use of corporal punishment as well (Straus, 1994).

Researchers have discovered that younger parents (Straus & Moynihan, 1994; Wolfner&Gelles, 1993) and mothers are more likely than fathers to use corporal punishment (Coverman&Sheley, 1986; Pleck, 1986; Straus & Moynihan, 1994; Wolfner&Gelles, 1993).

Some disputed that Reactive form of discipline is not necessary and even harmful to the child's development. Even some of the mothers also agree: Participant B said: "Pinapangaralanlangnaminpag di namakatimpiang daddy niyapapaluinyan...minsantinatakotnalangng daddy niyamahirapkasipagpalagingpinapalo."

Although there is a great deal of social support for the use of spanking as a discipline technique, a growing body of literature indicates that the use of such, even in moderation, may have deleterious effects upon children (cf. DuRant et al., 1995; Kandel, 1991; McCord, 1988; Muller, Hunter, &Stollak, 1995; Strassberg, Dodge, Pettit, & Bates, 1994; Straus, 1994; Straus &Gimpel, 1992).

Corporal punishment in the first 5 years of life has been associated with a greater likelihood of the child being rated as aggressive by teachers, peers, and an unbiased observer in the short term (Dodge, Bates, & Petit, 1990; Weiss, Dodge, Bates, & Pettit, 1992).

4. 3 Reliable

The third theme that emerged is Reliable. This is a result of a mix between Passive-Proactive-Consistent parenting styles. Reliable is a mother whose center of discipline is dependability and consistency. She has a passive demeanor but proactive in instructing good behavior. She employs a similar discipline for a given misbehavior across time in a proactive style. Discipline strategies include natural consequences consequence employed is whatever will happen naturally as a result of the misbehavior (eg. getting cold if the child will not wear a jacket), changing the environment to limit the possibility of misbehavior (distracting, moving the problem situation, separating fighting children) and monitoring - letting the child know that the parent is watching the situation and is aware of any misbehavior.

Participant A stated that: "Dapat firm and calm. Perosyempremahirapmaging calm lagipero firm nagagawatalaganamin.Pagsatvbawalang Sponge Bob, Mr. at yungnagmimimenapalabaskasiginagayaniya. Kaya ngayonsiyanayungnagsasabi like Sponge Bob na Mama taposnililipatkonang channel. Bawal din ang make up at mgakakikayan. Pagsinabing no, Kailangan firm. talaga.Pagsinabingiwan, iwantalaga."

Consistency is in major play with participant A's parenting style. And this is beneficial especially to a child with ADHD. ADHD symptoms were associated with inconsistent maternal discipline (Ellis &Nigg, 2009) and increased maternal rejections (Lifford et al., 2008). The inconsistent maternal discipline was considered as ineffective parenting, subsequently causing emotional distress in the children (Ellis &Nigg, 2009).

Participant B on the other hand employs controlling or changing the environment for his child. She has this story to tell:

"Ditosabahay, dahilkadalasanwalangkasamalagingumaalis,na

wiwilisa computer shop o kaya gumagala. Minsannawalayan, nahanaplang naming sa barangay. Naiintindihankona hyperactive sya and impulsive. Kaya angginawa naming, binilhan naming siyang tablet para dun nalangsyamaglaro at hindinalumabas. Minsansinasabihankosiyanakapagnawalasya, hindina naming syahahanapin. Sinasabinaminyunparaalamniyayungmagiging resultakapagumalisulitsiya."

Both parents had been Reliable to the needs of their child without having to curb totheir misbehavior. This is beneficial to a child diagnosed with ADHD since being impulsive and hyperactive are telling signs of this disorder and a high level of control are needed to manage this may it be parental control or controlling the environment.

Transactional models of development help us frame the relationship between child, family, and environmental factors when considering the influences in developing ADHDs.Transactional models consider behavioral outcomes not only as a function solely of the child, family, or environment but also as an interplay amongthese three factors (Sameroff&MacKenzie, 2003). Furthermore, these models support the notion that positive changes in the environment can help modify predispositions to ADHD. For example, increasing the structure, routines, and consistency in a child's environment can support the child's ability to regulate emotions and behavior, thus decreasing the expression of disruptive behavior problems in ADHD.

5.0 Discussion

In this study we have characterized child discipline strategies among mothers with a child diagnosed with ADHD. As the study shows, all parents indicated that they utilized various basic disciplinary strategies, described asthemes: Responsive, Reactive and Reliable. As the study shows there are several factors that affect a mother's discipline strategy. The researchers have classified it as the three (3) zones of influence: Nurture Zone, Nature Zone and Natural Zone. The response of the mother to these zones dictates the outcome of her demeanor, discipline style and strategy.

The purpose of discipline is to teach a child how to behave and to correct, shape, or refine the mental facilities or moral character

of a child, rather than merely reducing a child's misbehavior (McCormick, 1992).

Parents of a child with or without ADHD alike must understand that discipline is directly related to his mental, social and behavioral growth.

The findings of the research of Wolfe, Katell and Drabman revealed a high congruence between parent and child on consequences for discipline during specific childrearing situations. In accordance with social learning theory (Bandura, 1973) and cognitive development theory (Hoffman, 1979), these findings provide empirical support for the reciprocal relationship between parent and child and the child's development of moral behavior.

Despite considerable research related to parental discipline, there is relatively little agreement on what is the most effective discipline measure. Researchers point to the need for reliable, valid, and high-utility measures for assessment parenting dysfunctional parenting (Kendziora& O'Leary, 1993) and for the establishment of reasonable universal criteria for parenting competence (Azar, Benjet, Fuhrmann, &Cavallero, 1995; Budd &Holdsworth, 1996).

Specific research on child discipline for children diagnosed with ADHD in the Philippine setting is likewise relatively scarce. Future researches may also focus on this aspect.

5.1Moderatum Generalization

In this undertaking, the researchers identified the different influences affecting the discipline strategies and techniques employed by mothers in taking care of their child with ADHD. The Zones of Influence directly affect the outcome of the forces inside the interlocking model.

It was evident in the research that overlapping discipline strategies were used by mothers. It was clear that these themes were used interchangeably, and in other situations, simultaneously in accordance to the zones of influence present.

In other instances that the phrase "the end justifies the means" does not apply, this might be true in disciplining a child. May it be reactive, responsive or reliable strategy, the welfare of the child should always be the core. It should be remembered in heart and in mind

that the discipline strategy employed shapes a child's own self and in this instance, the end justifies the means.

5.2 Reflection

The present study would commence nor generalize the experience qualitatively extracted from the lived experience of the subjects. The paper would not assume nor accept that the themes emerged were identical to those who have the same life Though, there are perceived inconsistencies and qualitative limitations, nurses and healthcare providers should undoubtly consider every client as an individual persona. Nursing care should consider the uniqueness of every human being towards care and culture-oriented healthcare delivery.

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