



Integrated behavior of parents regarding surrender, reflection, collaboration, talent, and nutrition patterns in treating ADHD in primary school-aged children

Yuyun Elizabeth Patras¹

Rais Hidayat²

Donna Sampaleng³

Baharuddin⁴

Iis Nurasih⁵



(Corresponding Author)

¹Elementary Teacher Department, Graduate School, Universitas Pakuan, West Java, Indonesia.

Email: yuyunpatras64@gmail.com

²Educational Management Department, Post Graduate School, Universitas Pakuan, West Java, Indonesia.

Email: rais72rais@gmail.com

³Leadership Department, Sekolah Tinggi Teologi IKAT, Jl. Rempoa, No.2 Bintaro, DKI Jakarta, Indonesia.

Email: donnasampaleng@sttikat.ac.id

⁴Islamic Educational Management Department, Universitas Islam 45 Bekasi, West Java, Indonesia.

Email: baharuddin@unismabekasi.ac.id

⁵Elementary Teacher Department, Graduate School, Universitas Muhammadiyah Sukabumi, Indonesia.

Email: iisnurasih@ummi.ac.id

Abstract

Children with ADHD (attention-deficit/hyperactivity disorder) must receive special attention from teachers, parents, and health professionals, so integrated treatment is needed. This paper aims to describe the good practices of parents' integrated behavior in dealing with children with severe ADHD so that they have good abilities as reflected in the results of therapist examinations and school achievement measures. This study uses a qualitative approach with the main informants being one parent who has a child with ADHD, one homeroom teacher and one teacher as supporting informants. The research instrument consisted of interviews, observation sheets, and documentation. The research instrument was obtained through expert validation before being used. Data was collected from the interviews with informants and the consequences of children's assessments. Source triangulation was carried out with informants. The findings of this study indicate that parents' integrated behavior, sincerity, reflection, collaboration, talent, and nutrition (SRTCN) succeeded in increasing the ability of children with ADHD to develop better. The researchers recommend that parents carry out behavior that is integrated with the SRTCN pattern in dealing with their children who are detected as having ADHD based on these findings.

Keywords: Ability, ADHD, Integrated behavior, Parents, Pattern, Primary education, SRTCN.

Contents

1. Introduction.....	261
2. Method.....	261
3. Findings.....	262
4. Discussion.....	263
5. Conclusion.....	265
References.....	265

Citation | Patras, Y. E., Hidayat, R., Sampaleng, D., Baharuddin, & Nurasih, I. (2025). Integrated behavior of parents regarding surrender, reflection, collaboration, talent, and nutrition patterns in treating ADHD in primary school-aged children. *Journal of Education and E-Learning Research*, 12(2), 260–266. 10.20448/jeelr.v12i2.6760

History:

Received: 24 March 2025

Revised: 2 May 2025

Accepted: 29 May 2025

Published: 9 June 2025

Licensed: This work is licensed under a [Creative Commons](https://creativecommons.org/licenses/by/4.0/)

[Attribution 4.0 License](https://creativecommons.org/licenses/by/4.0/)

Publisher: Asian Online Journal Publishing Group

Funding: This research is supported by Universitas Pakuan, Sekolah Tinggi Teologi (STT) IKAT, Indonesia (Grant number: 009-839199444, 2024), Universitas Islam 45 Bekasi, Indonesia (Grant number: 009-328759909, 2024), and Universitas Muhammadiyah Sukabumi, Indonesia (Grant number: 009-0673650033, 2024).

Institutional Review Board Statement: The Ethical Committee of the Universitas Pakuan, Indonesia has granted approval for this study on May 3, 2025 (Ref. No. 091/LPPM-UP/V/2025).

Transparency: The authors confirm that the manuscript is an honest, accurate, and transparent account of the study; that no vital features of the study have been omitted; and that any discrepancies from the study as planned have been explained. This study followed all ethical practices during writing.

Competing Interests: The authors declare that they have no competing interests.

Authors' Contributions: All authors contributed equally to the conception and design of the study. All authors have read and agreed to the published version of the manuscript.

Contribution of this paper to the literature

This study provides the first comprehensive and systematic overview from the perspective of parents on how to effectively manage children with special needs, particularly those with ADHD. It specifically examines the effectiveness of five strategies: sincerity, reflection, collaboration, talent, and nutrition (SRTCN). These strategies are analyzed in an integrated manner and are effective in enhancing the abilities of children with ADHD.

1. Introduction

Recently, attention-deficit/hyperactivity disorder (ADHD) has become a concern of experts, teachers, and parents at all levels. Integration into the special education of ADHD children is needed (Politou, 2022). ADHD is a human neurodevelopmental disorder (Operto et al., 2021). ADHD in children is characterized by inattention, impulsivity, and hyperactivity. Such children experience significant impairments in academic and social functioning (Dixon et al., 2023). If not handled properly, ADHD children can experience a future full of social problems, lower quality of life, substance abuse, antisocial behavior, and high social costs of ADHD (Dekkers et al., 2022). Therefore, any party that finds a way to win over ADHD children must share to improve their quality of life.

Children with ADHD in primary education tend to have poor ties with teachers, indicating a low level of collaboration between teachers and students and the need for emotional connections to be built (Rushton, Giallo, & Efron, 2020). However, the presence of early identification methods with active treatment and remediation shows ADHD children can overcome academic achievement, attendance, behavior in class, and attitudes in schools (May et al., 2021; Mikami et al., 2023). A combination of medication, cognitive behavioral therapy in primary school, and parental education in improving the social skills of ADHD children (Faraji-Goodarzi, Taei, & Gharib-zadeh, 2018).

The importance of assessing and diagnosing children with ADHD and the symptoms that occur (Kalig-Amir, Berger, Rigbi, & Bar-Shalita, 2019). Primary education teachers tend to be the first to pay attention to ADHD-related behaviors (Bolinger, Mucherah, & Markelz, 2020). Teaching assistants play an essential role in developing and mentoring ADHD children in the classroom, especially in primary education, so collaboration between parents and teaching assistants or teachers is needed (Greenway & Rees Edwards, 2021).

Many of the interventions available for ADHD children to grow up more qualified include the effectiveness of stimulant treatment, parent and teacher behavior training, and a combination of parent/teacher behavioral treatment and training, interventions in the form of neurofeedback, dietary interventions, cognitive training, and mindfulness intervention (Dekkers et al., 2022; Ramón & Sánchez, 2014; Wesseldijk et al., 2018). Recent research has shown that ways to improve the quality of ADHD children require intervention from various means (Dekkers et al., 2022; Operto et al., 2021; Van der Oord & Tripp, 2020). No one way can be claimed to be the most effective because ADHD children have their context (Carr-Fanning & McGuckin, 2022; Ramón & Sánchez, 2014).

There is a team-based collaborative care model consisting of therapists and educational institutions that include leadership and teamwork, data use, evidence-based adoption, and adaptation (Talbot, De Los Reyes, Power, Michel, & Racz, 2021). However, there remain persistent barriers to effective collaboration among professionals and the education system although healthcare providers, parents, and teachers willingly provide information about childcare.

Solving ADHD children's problems can be handled by obtaining discussions with parents, medical records, and schools and designing a model of engagement between parents, teachers, and children that can train the attitudes of ADHD children in primary school (Akgün & Girgin, 2020; Ntiakoh-Ayipah et al., 2020; Piffner, Villodas, Kaiser, Rooney, & McBurnett, 2013). The novelty of this paper is that it describes different interventions. Some parents initially feel disappointed and stressed but manage to get up. Children who experience severe ADHD levels are triggered to get up and do something. There is a long process behind ability to find solutions. Patience and perseverance to improve a child with *severe ADHD* is required.

Treating ADHD requires skills and attitudes, such as a feeling of sincerity. Promoting a sincere attitude is a good deed where total sincerity is the initial capital to step on the next pedestal (Ringer, Wilder, Scheja, & Gustavsson, 2020; Shimabukuro et al., 2020). The next skill is the ability to reflect. Anyone who accompanies an ADHD child must reflect a lot and learn so that they have a lot of information and help them (Garcia-Rosales et al., 2021). Next is the attitude of collaboration. Dealing with ADHD children requires intervention from various parties (Dekkers et al., 2022; Operto et al., 2021; Van der Oord & Tripp, 2020). In this context, parents are essential, such as collaboration in shaping children's eating habits (Thorsteinsdottir, Olsen, & Olafsdottir, 2021). What the child with ADHD eats will be a barometer of the child's physical and mental health (Duff, 2013).

Based on the process and successful experiences of parents in implementing skills and attitudes integrally, the formulation of the problem in this paper is as follows: how do parents integrate behavior using the sincere, reflection, talent, collaboration, and nutrition (SRTCN) pattern in handling ADHD in severe levels to successfully change the child to be better? The novelty of this paper is the implementation of integrated behavior with patterns of SRTCN from parents in treating ADHD children at severe levels.

2. Method

This approach in research uses a qualitative approach (Khaldi, 2017; McKeague, Hennessy, O'Driscoll-Lawrie, & Heary, 2022; Smith, 2018). The approach of this study to answer the question is how behavior is integrated with the pattern of sincerity, reflection, talent, collaboration, and nutrition (SRTCN) in dealing with ADHD children? As additional information, the ADHD child in this study was 9 years old and did not have a father. The parent in this study was a single mother. The purpose of this study is to describe an event. The intended event in this study is the progress of severe ADHD children. This progress cannot be separated from the role of parents who provide comprehensive and transformative love and attention. Although every parent has love and concern for the child, in managing love and care for the child, ADHD weight levels certainly have differences. Mrs. Z, who has been proven to be successful in improving progress in aspects of child ADHD weight level feels privileged. Therefore, the description of the use of parental love and care using an integrated model of sincerity, reflection, talent, collaboration, and nutrition (SRTCN) in this paper is expected to contribute

to treating severe ADHD in children.

The data in this study came from interviews with primary informants, supporting informants, observation results, and documents. The primary informants were Mrs. Z (I01), who became a single parent, and the supporting informants were two teachers, Z. The first teacher was the homeroom teacher, and one was the teacher who became the teacher coordinator who handled the privileged children where Z attended school (I02 and I03). Observation uses a checklist instrument to ensure that the data source and data follow the needs. The documentation data strengthens the information obtained, including the subject's medical record, birth certificate, doctor's examination results, and others.

The process of collecting and managing data uses a qualitative approach, data collection, data reduction, data presentation, and conclusion drawing (Khaldi, 2017; McKeague et al., 2022; Skylstad et al., 2019). This study also triangulated sources with informants so that the data were confirmed to be valid (Carr-Fanning & McGuckin, 2022; Khaldi, 2017). Interview instruments before use are carried out expert tests so that the instruments have the validity of content and constructs (Cobos-Aguilar, Pérez-Cortés, Vázquez-Guerrero, Cobos-Herrera, & Tapia-Orozco, 2011; Dwi Kristanto, Hariwangsa Panuluh, & Dian Atmajati, 2020; Yaghmal, 2003).

3. Findings

Sincere acceptance: Every parent has the desire to have a normal and intelligent child. But not all wishes come true. Subject Z, at the age of 3.5 years was diagnosed with ADHD. When they first heard the results of this diagnosis, Z's parents couldn't accept it, and they felt unfortunate and stressed. But Z's mother finally realized and sincerely accepted the reality. Accepting sincerely is the main thing and the key. Mrs. Z said.

"The first is to accept gracefully, acceptance is the key to handling children with ADHD, accepting whatever form it is, whatever the circumstances, that's our child...sincere... yes... that's the most important thing" (I01).

Z's parents' sincere acceptance of their child's condition was validated by the homeroom teacher and Z's teacher. Z's homeroom teacher said

"Z's parents always inform Z's progress to the subject teacher; this makes it very easy for us as teachers to determine the right learning pattern for Z" (I02).

Other teachers strengthened Z's parents' sincere acceptance. She said.

"Z's mother always told Z's condition honestly to all the teachers. This helps us know and accompany Z" (I03).

The school monitors Z's development in detail because Z is still experiencing emotional changes. Z's mother is at school every day to accompany her child although it is not different in class because school regulations prohibit parents from entering the class. After all, it will disrupt the learning process.

Reflection on learning doesn't stop. Behavior Children with ADHD unknowingly and spontaneously hit and spit on the people around them. Behaviors of children with ADHD that are also carried out spontaneously such as screaming, gripping, and attacking other people (tantrums). ADHD children's behavior can disrupt the environment, including when they are at school. Parents of such children with this behavior must be vigilant and always be beside their children so they don't cause problems. Facing these challenges, Mrs. Z seeks solutions by continuing to reflect on learning. Reflecting on the teaching in that context, Mrs. Z always took lessons. From the events that happened to Z. Mrs. Z said.

"I have to learn that Z is the best that I have. I learn from all the weaknesses Z has. Z is my child from all the incidents that happened to this child I learnt a lot" (I01).

Z's parents learnt a lot and supported Z was confirmed by the homeroom teacher and teachers at the school. The homeroom teacher for class Z stated that Z's mother accepted all the teacher's suggestions and cooperated with the school. The class Z teacher said.

"Z's parents are always willing to work together with the homeroom teacher in achieving Z's development" (I02).

Another teacher stated that Z's parents could take lessons from their children so that they would act effectively for their children.

"The mother of Z cooperates with all the teachers. The collaboration included telling stories about things to do when dealing with Z during a tantrum, for example, hugging, holding and stroking the lower back repeatedly so that it makes it easier for us to deal with Z" (I03).

This is a learning reflection activity for parents, teachers, and therapists. Parents will reflect on what the child is experiencing, while the teacher reflects on what the parents have done so that both are involved in a comprehensive understanding. Over time, reflection on learning is also experienced by Z, who often tells stories about daily life at school and activities involving teachers in class.

Talent is a gift from God given to all children. No child is without talent. Even ADHD children have strengths. ADHD children can develop according to their talents and interests. The most formidable challenge for parents of children with ADHD is to find and provide the best for the optimal development of the talents and interests of children with ADHD. Facing these challenges, Z's mom tries her best to discover and develop their children's talents and interests. At the age of 3.5 years, Z's mom found her child's talent and interest, namely swimming. However, Z's mom hasn't optimally developed her children's interests and talents due to family economic limitations.

Z's mother recounted.

"He likes to play with water; since he was 3.5 years old, Z has been spilling water from the dispenser on the floor and swimming (making swimming movements on the bottom). Z doesn't like to drink hot water. Every day, Z drinks iced water (morning, noon, and night). If he takes a shower, he splashes around and slides across the floor. I prepared a big black tub for Z so he could play in the water. I hope to develop his swimming talent, but due to family economic limitations, his talent has only recently developed. In November 2022, he won a bronze medal in fun swimming in Bogor City. In October 2022, he won a bronze medal in the West Java fun swimming competition" (I01).

"Z's mother always takes Z to swimming lessons. She always accompanies him. This supports his talent and interest, causing Z to advance". (I02).

Z's homeroom teacher added.

"Z changed in terms of memory, thinking, and emotional control. He is getting better because of the best from his family" (I02).

This was confirmed by the informant (I03).

"Z makes the school proud by becoming a swimming champion, we are very proud...." (I03).

Z can be found through various mentoring and exploration of interests, talents, and potential. Another real support was provided by the therapist who stated from the results of the examination of the perceptual-motor training program that Z had shown good abilities; this could be proven by Z being able to identify body parts, colors, animals, objects, read, and do simple math. The skills that still need to be improved are problem-solving, especially when Z encounters difficulties when he has to wait, and the ability to control his emotions, especially when he is angry and sad things that are unpleasant to him. In this aspect of speech ability, Z's ability is still within normal limits, according to his age. Z has been able to actively ask questions, tell stories, and negotiate when things don't go according to his expectations.

Collaboration. Collaborating and communicating with various parties that can help develop ADHD children is inevitable. Collaboration without borders is even the key to success in the treatment of ADHD children. In bringing her child to be better, mother Z cannot be separated from collaboration with doctors, therapists, principals, homeroom teachers, and teachers. Mrs. Z stated that

"Many parties that I have to contact and talk to, doctors, principals, teachers, therapists, and others, the point is to deal with this special child must be ready to talk and listen with other parties, we can't take care of Z just by ourselves..." (I01).

The homeroom teacher confirmed the result of the seamless collaboration of S's parents. He said.

"The collaboration between Z's parent and me is good, so I can pay special attention to Z and, in class I put Z in the right seat that is beside me, repeat and keep repeating directions to Z if he has not understood what I teach. I never get tired of giving directions to Z..." (I02).

The results of this limitless collaboration were also confirmed by the informant teacher I03.

"Every hour of recess, mother of Z comes and communicates with me informing me of new things about Z that happened that day, asking what things happened outside of Z mom's knowledge..." (I03).

The collaboration created between teachers and children can build Z's affection for teachers always looking for a homeroom teacher, proving that Z is starting to realize the situation that makes him comfortable at school so that the sense of dependence on parents is reduced, and Z will become independent. In addition, the presence of changes in the condition of Z in terms of memory, attractiveness, and control of emotions in school is the result of good collaboration between teachers, parents, and pediatrics.

Nutrition. Maintain food intake. Maintaining food intake in the body is medically proven to make life healthier. All children need good nutrition for the health of their bodies, including children with ADHD. ADHD children need excellent physical health, so food intake must be given more attention. In the context of Z's physical health, mother Z is very concerned about her food intake. Even though he was not on a diet, Z's mother still paid attention to Z's food intake, such as reducing sugar and flour. Sugar and flour are proven to make someone sick quickly. Z's mother recounted her experience when Z was undergoing therapy and the therapist who cared about Z. Z's mother said that

"There was no diet at all, but I asked Z to eat foods containing less sugar. Z also eats fewer sweets and candy. When my son ate ice cream today, it was proven that Z looked out of focus. The therapist Z confirmed... surely Z overate sugar or flour today..." (I01).

The school teachers proved Z's mother's persistence in keeping Z's food. The class teacher said that

"Mrs. Z always pays attention to her child's food intake at school; Mrs. Z hugs Z when she enters the class and finishes studying" (I02).

The size of food intake will affect Z's development, so Mrs. Z controls the best nutrition for her child. The explanation above proves the facts about children who have severe ADHD but can develop in a better direction. This shows that there are planned and measurable efforts made by Z's parents. The actions of Z's mother towards her child show the love and care of a mother. On November 2, 2019, based on the examination report after the intervention was carried out in the motor perceptual training program at PMI Bogor Hospital, Indonesia, the results of Z therapy in September and October 2019 showed an increase in the ability to control hyperactivity, impulsivity, and inattention when carrying out activities with the conclusion of the average. Follow-up therapy based on the results of the child development assessment from the Shesha Kids Child Development Center on September 2, 2022; from the initial results, the average was quite good. The development of Z shows several good abilities, including (1) being able to enter therapy rooms and independent classes, (2) being able to adapt to a new environment and at school, (3) being able to understand instructions given by assessors and teachers in class, and (4) having quite good initiation and termination activities. Z abilities that still require practice include (1) the ability to concentrate and pay attention when doing activities at school and (2) the ability to regulate emotions/control emotions, especially when something is uncomfortable or not as desired, because it still depends on the closest teacher at school. From an emotional of view, there needs to be further handling by the teacher because Z is still unstable. Good emotional management is the basis for entering school.

4. Discussion

Parents of children with ADHD are at risk of developing ADHD (Wesseldijk et al., 2018). This is due to the increasing level of parenting stress affects parents' mental health (Kostyrka-Allchorne et al., 2022). So dealing with ADHD children requires a positive mental attitude (Ilik, 2019; McKeague et al., 2022). Among the positive mental attitudes is the existence of accepted sincerity. The results of this study show that Mrs. Z's perspective on having children has succeeded in taking the next positive steps to dealing with ADHD children. As a human being, being sincere about something is not an easy thing to do. The same is the case with handling children with special needs, which reaches its limit at a specific time. However, promoting a sincere attitude is a good deed, where total sincerity is the initial capital to step on the next pedestal (Ringer et al., 2020; Shimabukuro et al.,

2020). Research shows that sincere acceptance can make parents calm and more relieved in dealing with ADHD children (de Freitas Marino et al., 2019). Parents of ADHD children have a central role in understanding and managing their children's behavioral difficulties (Dauman, Haza, & Erlandsson, 2019) so it is crucial to free parents from the sense of responsibility for their child's mistakes, in other words, by having a sincere attitude.

ADHD children are characterized by impulsive behavior and hyperactivity, disrupting their academic and social processes (Dixon et al., 2023). ADHD children depend heavily on social media environmental support (Ellala, AL-Tkhayneh, & Abu-Attiyeh, 2021). Anyone accompanying an ADHD child must reflect a lot, learn to have a lot of information, and help deal with ADHD children (Garcia-Rosales et al., 2021). The way Ms. Z in this study reinforces the conjecture that parents who continue to reflect and learn can help ADHD children get better. Parents and companions will know the causes, symptoms, treatment, and prognosis of ADHD children through reflection and learning (Rajcumar & Paruk, 2020). There is a positive relationship between parental attachment and social abilities and self-regulation of the child. Therefore, reflection and learning carried out by parents and other companions of ADHD children is key to efforts to make ADHD children have a better quality of life. There is nothing in vain of any human being. All children must be talented. Gifted children are those whose intellectual, creative, social, and physical potential is above average compared to other children of the same age, interests, and learning (Alshareef, 2018). Of course, developing a gifted child requires specially designed talent management (Mohammed, 2019). What about ADHD children? Do they have talent? This research shows that Mrs. Z managed to find her son's ADHD talent, namely swimming. The heavy ADHD child finally won the bronze medal at the Bogor City- level swimming competition. It is still a question whether there are talents in other ADHD children. The companions can find the talents in ADHD children and develop them so that a child with ADHD needs control from parents and parties outside to adapt their behavior to the needs of existing environmental demands, such as achievement in schools and daily activities, as well as attention to avoiding or reducing agitation or impulsive behaviors (de Freitas Marino et al., 2019). The attention strategies involved by various parties lead to what is thought (Salgado-Pascual, Martín-Antón, & Carbonero, 2020) and perceived by the ADHD child at a specific moment so that the ADHD child is aware of what interests, talents, and potentials it has. ADHD children have difficulty following guidelines, lack concentration, are forgetful, have disturbances in friendships, impulsive, so they can be a source of parental and environmental stress (Nuri, Akçamete, & Direktör, 2019). Dealing with ADHD children requires intervention from various parties, such as improving parent-teacher behavior (de Freitas Marino et al., 2019; Dekkers et al., 2022; Operto et al., 2021; Van der Oord & Tripp, 2020). Collaboration must be unlimited due to the large number of parties involved in dealing with ADHD children. This research shows that Mrs. Z, who collaborates without limits, has succeeded in making severely ADHD children quite successful. The collaboration is carried out with several parties, namely, schools, nurses, and teachers, where each party plays a role together in overcoming the stress experienced by parents in dealing with child development, increasingly. As a teacher, it is appropriate to pay good attention to the development of students as surrogate parents in schools, so in this case, it is possible that Z loves teachers as much as parents. Besides, Z no longer depends on Mom as the only trusted person, so the teacher' role in schools becomes critical (Mundal, Gråwe, Hafstad, De las Cuevas, & Lara-Cabrera, 2020). The more parties involved, the better the stress and child development will be handled (Leitch et al., 2019). In this context, the ability of parents to communicate and learn is critical in collaborating with the child's social environment (Dekkers et al., 2022; Taylor et al., 2015; Van der Oord & Tripp, 2020). So it is essential to consider sources of social support, including the relationship between parents and children, that can reduce the difficulties encountered (Powell et al., 2021).

Parents are essential in shaping children's eating habits (Thorsteinsdottir et al., 2021). What the child eats will be a barometer of the child's physical and mental health (Duff, 2013). Even parents who smoke affect their children's health (Wong et al., 2023). In handling children with ADHD children the factors of food require serious attention. This research shows that Mrs. Z is very concerned about her child's food intake, who suffers from ADHD. The result is outstanding because the child's emotions become more restrained. Therefore, any way of serving ADHD children, including food intake according to needs and child health, can affect the child's physical and mental health (Ilik, 2019; McKeague et al., 2022; Thorsteinsdottir et al., 2021). It is known that Z's mother severely restricts foods that contain wheat or flour and sugar; this is a way for parents to treat ADHD by involving restrictions on allergic foods high in protein (Ryu et al., 2022) in addition to diet and fish oil supplementation is the most promising dietary intervention to reduce ADHD in children (Heilskov Rytter et al., 2015; Phillips, 2014). ADHD parenting is an unthinkable instinct and an alternative way of thinking. This alternative seems more necessary because there are values of love and care that are firmly held by a mother who is beneficial in various fields (Hajiheydari et al., 2022) including education, health, and personal life of ADHD children. Regarding education, children with ADHD in primary education have poor ties with teachers, indicating a low level of collaboration between teachers and students and the need for building emotional relationships (Rushton et al., 2020). There are several abilities of ADHD children who still need exercise, namely, (1) the ability to concentrate and pay attention when doing activities in schools, (2) the ability to regulate emotions/ control emotions, especially when something is uncomfortable or not following the wishes because it still depends on the nearest teacher in the school. So, there is a need for further treatment by the teacher because Z's emotions are still unstable. Good emotional management is the basis for entering school. This includes facial expression recognition and tone-matching skills for both peers and teachers, as well as good emotion management for parents (Ahçi, Akdeniz, & Harmancı, 2022; Löytömäki, Ohtonen, Laakso, & Huttunen, 2020) The importance of assessing and diagnosing children with ADHD and the symptoms that occur (Kalig-Amir et al., 2019). Teachers can use classroom management strategies that are scientifically proven to be effective to improve the educational functioning of students with ADHD (Gaastra, Groen, Tucha, & Tucha, 2019). Teaching assistants play an essential role in developing and mentoring ADHD children in the classroom, especially in primary education, so collaboration between parents and teaching assistants or teachers is needed (Greenway & Rees Edwards, 2021). The results show that pattern-integrated behaviors (SRTCN) of the parent's role can improve a child's ability to have a better weight level of ADHD even though the test results stated that Z showed improvements in Z's ability to control hyperactivity, impulsivity, and attention when performing activities. Z's ability to manage this is helped because of the support and attention from parents, teachers, and nurses in

cognitive, affective, and psychomotor aspects (Ibrahim & Ibrahim, 2018; Papaioannou et al., 2016; Tan et al., 2022). There is treatment planning at PMI Bogor Hospital, which is more individualized and relevant as done by Mrs. Z, to overcome hyperactive, impulsive behavior through perceptual motor training (McGoey et al., 2015)

5. Conclusion

ADHD children can improve their quality of life. The role of parents is crucial because it is the primary source for improving the quality of their children. In dealing with children with ADHD, parents must have a positive attitude to produce integrated behavior. This qualitative research showed that integrated behavior with patterns (SRTCN) from parents could improve the ability of children with severe levels of disability ADHD to develop a better quality of life. The SRTCN pattern starts from sincere (sincere acceptance of the child's condition), reflection (increasing self-reflection), talent (finding and developing children's talents), collaboration (unlimited collaboration), and nutrition (providing food intake that is maintained) to become integrated behavior of people parents dealing with children with ADHD. Researchers recommend that parents carry out integrated behavior patterns (SRTCN) in dealing with their children's disabilities, especially in children with special needs, such as ADHD based on these findings.

References

- Ahçi, Z. G., Akdeniz, S., & Harmançi, H. (2022). A study of the effects of parental attention deficit and hyperactivity disorder (ADHD) and parental emotion regulation processes on adolescent self-regulation skills. *International Journal of Progressive Education*, 18(1), 435-447. <https://doi.org/10.29329/ijpe.2022.426.24>
- Akgün, N. R., & Girgin, D. (2020). Teacher candidates achievements from The ADHD vocational elective course. *International Journal of Psychology and Educational Studies*, 7(3), 126-142.
- Alshareef, K. (2018). Differentiated instruction revisited : An effective way to respond to the needs of gifted and talented students. *International Journal of Educational Investigations*, 5(6), 16-22.
- Bolinger, S. J., Mucherah, D. W., & Markelz, D. A. M. (2020). Teacher knowledge of attention-deficit/hyperactivity disorder and classroom management. *The Journal of Special Education Apprenticeship*, 9(1), 5.
- Carr-Fanning, K., & McGuckin, C. (2022). "I find it really difficult to control myself too": A qualitative study of the effects on the family dynamic when parent and child have ADHD. *Education Sciences*, 12(11), 758. <https://doi.org/10.3390/educsci12110758>
- Cobos-Aguilar, H., Pérez-Cortés, P., Vázquez-Guerrero, A., Cobos-Herrera, D., & Tapia-Orozco, J. (2011). *Construction and validation of an instrument to evaluate critical reading of research papers*. Paper presented at the ICERI2011 Proceedings.
- Dauman, N., Haza, M., & Erlandsson, S. (2019). Liberating parents from guilt: A grounded theory study of parents' internet communities for the recognition of ADHD. *International Journal of Qualitative Studies on Health and Well-being*, 14(1), 1564520. <https://doi.org/10.1080/17482631.2018.1564520>
- de Freitas Marino, R. L., Teixeira, M. C. T. V., Cantiere, C. N., de Fátima Ribeiro, A., Micieli, A. P. R., & Carreiro, L. R. R. (2019). Parenting styles and mental health in parents of children with ADHD. *Revista Interamericana de Psicología/Interamerican Journal of Psychology*, 53(3), 417-430. <https://doi.org/10.30849/rip/ijp.v53i3.949>
- Dekkers, T. J., Groenman, A. P., Wessels, L., Kovshoff, H., Hoekstra, P. J., & van den Hoofdakker, B. J. (2022). Which factors determine clinicians' policy and attitudes towards medication and parent training for children with Attention-Deficit/Hyperactivity Disorder? *European Child and Adolescent Psychiatry*, 31(3), 483-493. <https://doi.org/10.1007/s00787-021-01735-4>
- Dixon, J., Akins, R., Miller, E., Breslau, J., Gill, S., Bisi, E., & Schweitzer, J. (2023). Changing parental knowledge and treatment acceptance for ADHD: A pilot study. *Clinical Pediatrics*, 62(4), 301-308. <https://doi.org/10.1177/00099228221124676>
- Duff, J. (2013). Nutrition for ADHD and autism. *Clinical Neurotherapy: Application of Techniques for Treatment*, October 2013, 357-381. <https://doi.org/10.1016/B978-0-12-396988-0.00014-3>
- Dwi Kristanto, Y., Hariwangsa Panuluh, A., & Dian Atmajati, E. (2020). Development and validation of a test instrument to measure pre-service mathematics teachers' content knowledge and pedagogical content knowledge. *Journal of Physics: Conference Series*, 1470(1). <https://doi.org/10.1088/1742-6596/1470/1/012008>
- Ellala, Z. K., AL-Tkhayneh, K. M., & Abu-Attiyah, J. H. (2021). Attitudes of parents with (ADHD) towards the most prominent challenges of distance learning in light of the Covid-19 Pandemic. *International Journal of Early Childhood Special Education*, 13(2), 551-558. <https://doi.org/10.9756/INT-JECSE/V13I2.211092>
- Faraji-Goodarzi, M., Taeae, N., & Gharib-zadeh, F. (2018). Prevalence of attention deficit hyperactivity disorder of primary school students in Khorramabad. *Early Child Development and Care*, 1-8. <https://doi.org/10.1080/03004430.2017.1396980>
- Gaastra, G. F., Groen, Y., Tucha, L., & Tucha, O. (2019). Unknown , unloved ? Teachers ' reported use and effectiveness of classroom management strategies for students with symptoms of ADHD. *Child & Youth Care Forum*, 0123456789. <https://doi.org/10.1007/s10566-019-09515-7>
- Garcia-Rosales, A., Vitoratou, S., Faraone, S. V., Rudaizky, D., Banaschewski, T., Asherson, P., . . . Rothenberger, A. (2021). Differential utility of teacher and parent-teacher combined information in the assessment of Attention Deficit/Hyperactivity Disorder symptoms. *European Child & Adolescent Psychiatry*, 30, 143-153. <https://doi.org/10.1007/s00787-020-01509-4>
- Greenway, C. W., & Rees Edwards, A. (2021). Teaching assistants' facilitators and barriers to effective practice working with children with ADHD: A qualitative study. *British Journal of Special Education*, 48(3), 347-368. <https://doi.org/10.1111/1467-8578.12377>
- Hajihedari, Z., Abdollahi, A., Jasim, S. A., Alghazali, T. A. H., Chupradit, S., McGlinchey, C., & Allen, K. A. (2022). The compassionate love for humanity scale (CLS-H-SF): Psychometric properties of the Persian version. *BMC Psychology*, 10(1), 61. <https://doi.org/10.1186/s40359-022-00776-x>
- Heilskov Rytter, M. J., Andersen, L. B. B., Houmann, T., Bilenberg, N., Hvolby, A., Mølgaard, C., . . . Lauritzen, L. (2015). Diet in the treatment of ADHD in children—A systematic review of the literature. *Nordic Journal of Psychiatry*, 69(1), 1-18. <https://doi.org/10.3109/08039488.2014.921933>
- Ibrahim, R. H., & Ibrahim, F. B. (2018). Assessing students' perception of difficult topics in mathematics at senior secondary schools in Kano, Nigeria. *European Journal of Psychology and Educational Research*, 1(2), 53-59.
- Ilik, S. S. (2019). Views of parents regarding the services provided to the students with attention deficit hyperactivity disorder. *Kıbrıs Eğitim Bilimleri Dergisi*, 14(3), 445-456. <https://doi.org/10.18844/cjes.v14i3.4327>
- Kalig-Amir, M., Berger, I., Rigbi, A., & Bar-Shalita, T. (2019). An exploratory study of parent-child association in sensory modulation disorder involving ADHD-related symptoms. *Pediatric Research*, 86(2), 221-226. <https://doi.org/10.1038/s41390-019-0397-5>
- Khaldi, K. (2017). Quantitative, qualitative or mixed research: Which research paradigm to use. *Journal of Educational and Social Research*, 7(2), 15-24. <https://doi.org/10.5901/jesr.2017.v7n2p15>
- Kostyrka-Allchorne, K., Ballard, C., Byford, S., Cortese, S., Daley, D., Downs, J., . . . Sonuga-Barke, E. J. S. (2022). The feasibility of a strategy for the remote recruitment, consenting and assessment of recent referrals: A protocol for phase 1 of the On-Line Parent Training for the Initial Management of ADHD referrals (OPTIMA). *Pilot and Feasibility Studies*, 8(1), 1-14. <https://doi.org/10.1186/s40814-021-00959-0>
- Leitch, S., Sciberras, E., Post, B., Gerner, B., Rinehart, N., Nicholson, J. M., & Evans, S. (2019). Experience of stress in parents of children with ADHD: A qualitative study. *International Journal of Qualitative Studies on Health and Well-being*, 14(1), 1690091. <https://doi.org/10.1080/17482631.2019.1690091>
- Löytömäki, J., Ohtonen, P., Laakso, M. L., & Huttunen, K. (2020). The role of linguistic and cognitive factors in emotion recognition difficulties in children with ASD, ADHD or DLD. *International Journal of Language & Communication Disorders*, 55(2), 231-242. <https://doi.org/10.1111/1460-6984.12514>

- May, F., Ford, T., Janssens, A., Newlove-Delgado, T., Emma Russell, A., Salim, J., . . . Hayes, R. (2021). Attainment, attendance, and school difficulties in UK primary schoolchildren with probable ADHD. *British journal of educational psychology*, 91(1), 442-462. <https://doi.org/10.1111/bjep.12375>
- McGoey, K. E., Schreiber, J., Venesky, L., Westwood, W., McGuirk, L., & Schaffner, K. (2015). Factor structure of attention deficit hyperactivity disorder symptoms for children age 3 to 5 years. *Journal of Psychoeducational Assessment*, 33(5), 430-438. <https://doi.org/10.1177/0734282914554255>
- McKeague, L., Hennessy, E., O'Driscoll-Lawrie, C., & Heary, C. (2022). Parenting an adolescent who is using a mental health service: A qualitative study on perceptions and management of stigma. *Journal of Family Issues*, 43(9), 2317-2338. <https://doi.org/10.1177/0192513X211030924>
- Mikami, M., Hirota, T., Adachi, M., Takahashi, M., Nishimura, T., Saito, M., . . . Yamada, J. (2023). Trajectories of emotional and behavioral problems in school-age children with coordination difficulties and their relationships to ASD/ADHD traits. *Research in Developmental Disabilities*, 133, 104394. <https://doi.org/10.1016/j.ridd.2022.104394>
- Mohammed, D. A. Q. (2019). Changing dynamics of talent management: Analyzing the impact of business environmental factors. *The Journal of Social Sciences Research*, 5(52), 583-595. <https://doi.org/10.32861/jssr.52.583.595>
- Mundal, I., Gråwe, R. W., Hafstad, H., De las Cuevas, C., & Lara-Cabrera, M. L. (2020). Effects of a peer co-facilitated educational programme for parents of children with ADHD: A feasibility randomised controlled trial protocol. *BMJ Open*, 10(12), e039852. <https://doi.org/10.1136/bmjopen-2020-039852>
- Ntiakoh-Ayipah, D., Dogbe, J. A., Opoku, M. P., Twum, F., Owusu, M., Kumi, H., . . . Donnir, G. (2020). Prevalence of attention deficit hyperactivity disorder among pupils in primary schools in Ghana. *Journal of International Special Needs Education*, 23(2), 69-78.
- Nuri, C., Akçamete, G. A., & Direktör, C. (2019). A combined model study: The needs of parents of children with attention deficit disorder with hyperactivity (adhd) in parent education. *International Electronic Journal of Elementary Education*, 12(1), 19-26. <https://doi.org/10.26822/iejee.2019155333>
- Operto, F. F., Smirni, D., Scuoppo, C., Padovano, C., Vivenzio, V., Quatrosi, G., . . . Pastorino, G. M. G. (2021). Neuropsychological profile, emotional/behavioral problems, and parental stress in children with neurodevelopmental disorders. *Brain Sciences*, 11(5), 584. <https://doi.org/10.3390/brainsci11050584>
- Papaioannou, S., Mouzaki, A., Sideridis, G. D., Antoniou, F., Padeliadu, S., & Simos, P. G. (2016). Cognitive and academic abilities associated with symptoms of attention-deficit/hyperactivity disorder: A comparison between subtypes in a Greek non-clinical sample. *Educational Psychology*, 36(1), 138-158. <https://doi.org/10.1080/01443410.2014.915931>
- Pfiffner, L. J., Villodas, M., Kaiser, N., Rooney, M., & McBurnett, K. (2013). Educational outcomes of a collaborative school-home behavioral intervention for ADHD. *School Psychology Quarterly*, 28(1), 25-36. <https://doi.org/10.1037/spq0000016>
- Phillips, W. (2014). Nutrition management of children with attention deficit hyperactivity disorder. *ICAN: Infant, Child, & Adolescent Nutrition*, 6(6), 320-326. <https://doi.org/10.1177/1941406414551202>
- Politou, T. C. (2022). Investigation of the feelings, attitudes and concerns of special and general education teachers regarding the inclusive education of students with ADHD. *Online Submission*, 9. <https://doi.org/10.4236/oalib.1109211>
- Powell, V., Riglin, L., Ng-Knight, T., Frederickson, N., Woolf, K., McManus, C., . . . Rice, F. (2021). Investigating friendship difficulties in the pathway from ADHD to depressive symptoms. Can parent-child relationships compensate? *Research on Child and Adolescent Psychopathology*, 49, 1031-1041. <https://doi.org/10.1007/s10802-021-00798-w>
- Rajcumar, N. R., & Paruk, S. (2020). Knowledge and misconceptions of parents of children with attention-deficit hyperactivity disorder at a hospital in South Africa. *South African Family Practice*, 62(1), 1-8. <https://doi.org/10.4102/safp.v62i1.5124>
- Ramón, P. R., & Sánchez, J. N. G. (2014). Family context of students with learning difficulties or ADHD, perceptions of parents and children. *Estudios Sobre Educacion*, 26, 149-173. <https://doi.org/10.15581/004.26.149-173>
- Ringer, N., Wilder, J., Scheja, M., & Gustavsson, A. (2020). Managing children with challenging behaviours. Parents' meaning-making processes in relation to their children's ADHD diagnosis. *International Journal of Disability, Development and Education*, 67(4), 376-392. <https://doi.org/10.1080/1034912X.2019.1596228>
- Rushton, S., Giallo, R., & Efron, D. (2020). ADHD and emotional engagement with school in the primary years: Investigating the role of student-teacher relationships. *British Journal of Educational Psychology*, 90, 193-209. <https://doi.org/10.1111/bjep.12316>
- Ryu, S.-., Choi, Y.-J., An, H., Kwon, H.-J., Ha, M., Hong, Y.-C., . . . Hwang, H.-J. (2022). Associations between dietary intake and attention deficit hyperactivity disorder (ADHD) scores by repeated measurements in school-age children. *Nutrients*, 14(14), 2919. <https://doi.org/10.3390/nu14142919>
- Salgado-Pascual, C. F., Martín-Antón, L. J., & Carbonero, M. Á. (2020). Impact of a mindfulness and self-care program on the psychological flexibility and well-being of parents with children diagnosed with ADHD. *Sustainability*, 12(18), 7487. <https://doi.org/10.3390/SU12187487>
- Shimabukuro, S., Daley, D., Thompson, M., Laver-Bradbury, C., Lovern, K., & Tripp, G. (2020). Supporting Japanese mothers of children at risk for attention deficit hyperactivity disorder (ADHD): A small scale randomized control trial of well parent Japan. *Journal of Child and Family Studies*, 29(6), 1604-1616. <https://doi.org/10.1007/s10826-020-01704-6>
- Skylstad, V., Akol, A., Ndeezi, G., Nalugya, J., Moland, K., Tumwine, J., & Engebretsen, I. (2019). Child mental illness and the help-seeking process: A qualitative study among parents in a Ugandan community. *Child and Adolescent Psychiatry and Mental Health*, 13, 1-13. <https://doi.org/10.1186/s13034-019-0262-7>
- Smith, B. (2018). Generalizability in qualitative research: Misunderstandings, opportunities and recommendations for the sport and exercise sciences. *Qualitative Research in Sport, Exercise and Health*, 10(1), 137-149. <https://doi.org/10.1080/2159676X.2017.1393221>
- Talbott, E., De Los Reyes, A., Power, T. J., Michel, J. J., & Racz, S. J. (2021). A team-based collaborative care model for youth with attention-deficit hyperactivity disorder in education and health care settings. *Journal of Emotional and Behavioral Disorders*, 29(1), 24-33. <https://doi.org/10.1177/1063426620949987>
- Tan, T. X., Liu, Y., Damjanovic, V., Ledford, E., Li, G., & Li, Y. (2022). Inattention, hyperactivity/impulsivity, and academic competence: Findings from three cohorts. *British Journal of Educational Psychology*, 92(1), 82-104. <https://doi.org/10.1111/bjep.12439>
- Taylor, J. A., Valentine, A. Z., Sellman, E., Bransby-Adams, K., Daley, D., & Sayal, K. (2015). A qualitative process evaluation of a randomised controlled trial of a parenting intervention in community (school) settings for children at risk of attention deficit hyperactivity disorder (ADHD). *BMC psychiatry*, 15, 1-11. <https://doi.org/10.1186/s12888-015-0670-z>
- Thorsteinsdottir, S., Olsen, A., & Olafsdottir, A. S. (2021). Fussy eating among children and their parents: Associations in parent-child dyads, in a sample of children with and without neurodevelopmental disorders. *Nutrients*, 13(7), 2196. <https://doi.org/10.3390/nu13072196>
- Van der Oord, S., & Tripp, G. (2020). How to improve behavioral parent and teacher training for children with ADHD: Integrating empirical research on learning and motivation into treatment. *Clinical Child and Family Psychology Review*, 23(4), 577-604. <https://doi.org/10.1007/s10567-020-00327-z>
- Wesseldijk, L. W., Dieleman, G., van Steensel, F., Bartels, M., Hudziak, J., Lindauer, R., . . . Middeldorp, C. (2018). Risk factors for parental psychopathology: A study in families with children or adolescents with psychopathology. *European Child & Adolescent Psychiatry*, 27, 1575-1584. <https://doi.org/10.1007/s00787-018-1156-6>
- Wong, R. S., Tung, K. T., Leung, H. E., Chow, R., Chua, G. T., Ho, M. H., . . . Kwan, M. Y. (2023). Comorbidity of ADHD and allergic diseases in early adolescence: The role of parental smoking at home. *Current Psychology*, 42(15), 12630-12638. <https://doi.org/10.1007/s12144-021-02693-5>
- Yaghmal, F. (2003). Content validity and its estimation. *Journal of Medical Education*, 3(1), 25-27. <https://doi.org/10.22037/jme.v3i1.870>