CHAPTER VI

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INTRODUCTION

It is said that children are inattentive because they have ADHD and that they have ADHD because they are inattentive” (Tranøy 2001). With such circular logic, how do we identify a child as ADHD versus a child who is just being a child? Perhaps ADHD is just an “extreme of a behavior that varies genetically throughout the entire population on a continuum” (Dopheide 2001). Perhaps subjectively influenced by “culture-relative norms” (Tranøy 2001). Yet maybe it is a legitimate neurological and physiological disorder which has finally been brought to the public’s attention for everyone’s benefit.

Attention deficit hyperactivity disorder is a major pre school public health issue in the world and accounts for up to 50 % of referral of school children to mental health centres . Increasing the understanding of this disorder will help to form policy decisions aimed at reducing the negative impact of ADHD on school children, and will be of a very good help to public health of society, and a necessary aspiration of the mental health community . Estimates of the prevalence rate of ADHD vary , but is commonly accepted that approximately 10% of school children are effected by this. ( Voeller 2004) Children with ADHD demonstrate two major categories of dysfunction : inattentiveness and hyperactivity – impulsivity which may occur separately or together (APA,2000).Children with predominantly inattentive symptoms have been characterized as dreamy and tend toward a low capacity for attending to stimuli ( Voller 2004 ) Children demonstrating predominantly hyperactivity –
impulsivity symptoms are overall active and hard to manage (Gadow et. al, 2004). Combined elements of both hyperactivity – impulsivity and inattentiveness the group demonstrating mixed symptomatology is arguably the most impaired when academic, cognitive and social performance factors are assessed in parent and teacher rating of psychological symptoms. This group also tends to demonstrate the most severe hyperactive and inattentive symptoms (Gadow et al, 2004). Now a days, psycho stimulant medications are generally the first choice in the treatment of attention-deficit/hyperactivity disorder. Approximately 70% of the children treated show improvement in the primary attention-deficit/hyperactivity disorder symptoms and about 30% of children and adolescents with this disorder may not respond to stimulants or may be unable to tolerate potential adverse events such as decreased appetite, mood liability and sleep disturbances. The present study has two main objectives: 1) Identification and correct estimation of prevalence rate of ADHD in primary school children in the city of Boushehr and 2) To know the extent of the effectiveness of the two treatment methods behavior therapy and play therapy in treatment of ADHD. This chapter gives a brief resume of the research followed by a brief discussion, and summary. Then describes limitation and suggestion for future study.

6.1. RESUME OF THE STUDY

The study is on the prevalence rate of attention deficit hyperactivity disorder among primary school population of Boushehr city – Iran and
compare the effectiveness of behavior therapy with play therapy in the treatment of ADHD.

This is an applied research which is designed for

1) Exploration of the prevalence rate of ADHD and subtypes in the elementary schools of Boushehr city. (There are various types of assessment of ADHD prevalence in different cities and countries which are completely different at present). An accurate recognition of the prevalence rate of this disorder undoubtedly assists particularly pre and elementary schools for education programs, to program therapy intervention.

2) The other goal is the exploration of influence of the application of psychological therapy in this disorder. The usage of medical treatment particularly drug therapy is increasing presently. Developing general trust and attentions to the effectiveness of psychological interventions is very crucial. Hence the effectiveness of behavior therapy techniques as the approach of behaviorism is compared to play therapy as the approach of psychoanalysis in the treatment of this disorder.

**Sample**: In this study population sample were 17565 students from primary school studying in 117 schools in Boushehr city. From among this 117 schools, considering the proportion of the females to males, and the kind of the schools 25 schools were selected and from each school 40 students of different classes were selected randomly. The sample consisted of 949 subjects in the primary school in Boushehr.
**Tools**: This investigation used the Vanderbilt Child Symptom Inventory - 4 (CSI-4) for diagnosis of the ADHD and for collecting demographic status of children and family the Personal Information schedule was used.

**Objectives of the Research**:

This study has two main purposes;

1) Identification and correct estimation of prevalence of the attention deficit hyperactivity disorder in school children in the city of Boushehr so as to provide appropriate mechanisms for recognition and then timely referral of these children for treatment.

2) The second one is to know the extent of the effectiveness of the two treatment methods (In the area of psychology according to the two approaches of -Behaviorism and psychoanalysis - behavior therapy with play therapy.)

In addition to the above-mentioned goals, this study has the following sub-goals as well:

1. Identify and estimate the prevalence three types of ADHD in different ages.

2. Identify and estimate the prevalence three types of ADHD in male and female students

3. Identify and estimate the prevalence of ADHD in different family and socio-economic conditions
4. Identify the rate of the effectiveness of responsibility-taking and the role of the family in the treatment of ADHD

5. Identify the extent of the effectiveness of the role of children participation in each of the treatment methods.

6) Identify rate of effectiveness of play therapy in treatment of three types of ADHD

7) Identify rate of effectiveness behavior therapy in treatment of three types of ADHD.

**Procedure of Data Collection**

To achieve the major goals of the study, two methods were followed:

1) First to test all students with a diagnostic questionnaire which was very costly,

2) The second method was selecting of representative sample of the population (sample survey) and administration diagnostic questionnaire on them.

Population sample of research included 17565 student from primary classes studying in the 117 schools in Boushehr city.

From among the 117 schools, 25 schools were selected randomly and from each school 40 students of different classes were selected randomly.

Therefore the sample size for rate of prevalence was 949 students.
In the next step CSI-4 (DSM-4-R) questionnaire exclusively for sample groups of parents and teacher were distributed and they were convinced how to fill the questionnaires depending upon the students behaviors. After questionnaire were completed by parents and teacher based on severity of the scores the students with ADHD diagnosis were referred to psychological center for final diagnosis.

In the next stage, a sample of 90 individuals were random selected from the students who were confirmed having ADHD. (All the three types were included) to form of three groups of thirty individuals for each of the ADHD types and a control group.

A) Behavior therapy group
B) Play-therapy group
C) Control group

Group A and B were treated for 24 session therapy during 12 weeks and each weeks 2 session per week. B group were treated by play therapy techniques and A group by behavior therapy techniques. After completing therapy duration each of the 3 groups were assessed by CSI -4 questionnaire and the rate of effectiveness of each therapy method was compared with control group.

**Statistical techniques**

The statistical techniques used in the study for the analysis of data were: t-test, ANOVA, Correlation Coefficient.
6.2. SUMMARY AND CONCLUSION

Explaining the prevalence rate of ADHD and other subtypes in Boushehr city is one of the most important objectives of this research. On the basis of CSI-4 rating and also psychological interview and assessment, prevalence rate of ADHD and other subtypes in Boushehr city can be explained as follows:

Findings of parents and teacher rating of CSI-4 shows that prevalence rate of ADHD and other subtypes in 949 primary students is:

- Attention deficit disorder: 17.5%
- Hyperactivity disorder: 14.5%
- Combined type ADHD: 15.3%

After the psychological assessment and interview the estimate rate change on following:

- Attention deficit disorder: 5.6%
- Hyperactivity disorder: 5.9%
- Combined type ADHD: 7.2%

As seen in chapter 4 there are various variety of estimates of prevalence rate in different countries or cities: For example in Iran prevalence rate in Shiraz city is 5.8% (Alishhi & Dehbozorgi, 2001) but in Mashhad city it is 15.3% (Telaie & Mokhber 2005). The Prevalence rate of ADHD for the United States are almost similarly varied. Prevalence ranges from 3% and 23%.
(Barkley, 1998; Shaywitz & Shaywitz, 1988), and between 7% and 10% (American Academy of Pediatrics, 2000) was estimated. It is also noted that prevalence rates vary significantly depending on whether they reflect school samples (6.9%) or community samples (10.3%) (American Academy of Pediatrics, 2000). There are different reasons for this situation, such as:

Methodological features coded for each study, including sample size, response rate, information source is different (e.g., parents, teachers, children), and whether diagnosis follows the DSM or not. According to DSM, it is possible to diagnose a child who shows symptoms in only one dimension. Some impairing symptoms, but not all, must be shown at home and at school. DSM-IV allows diagnosing ADHD alongside co-occurring disorders.

In the “systematic review” about prevalence rate of ADHD in 16 cities of Iran, there is an average of ADHD and other subtypes as follows:

- Attention deficit disorder: 6.8%
- Hyperactivity disorder: 9.4%
- Combined type ADHD: 11.4%

As seen in the previous section, there are many reasons for the variation in prevalence rate of ADHD. However, there are acceptable differences between ADHD prevalence rates of Boushehr city and country average. It is generally agreed that the prevalence of ADHD is significantly higher in boys than in girls, especially in children. Thus, the ratio of males to females in the sample population can affect the apparent prevalence and may
need to be taken into account. Similarly, the prevalence of ADHD is known to vary with age. For example, three studies have shown decreases in the prevalence with increasing age over the age range 10-20 years, 8-15 years, and 6-14 years. Thus, even within studies conducted on children, the age range of the sample is likely to affect the apparent prevalence. Most of the studies in our country have been conducted in school-aged children. Although analyses were done in similar age groups, but the heterogeneity did not decrease. Supporting this conclusion, a multisite trial study reported that using a uniform diagnostic protocol yields ADHD patients who are highly similar across clinics in Africa, Australia, Europe, and North America. It is difficult to make exact comparisons between studies because the estimated prevalence is highly influenced by the means of assessment and the type of sample recruited. It is necessary to take these factors into account when comparing data from different sites (Hakim M & Chime N & et... 2010).

In this study 9 hypotheses have been predicted and formulated that after the verification of this hypotheses with appropriate statistical method using SPSS 17, the following may be summarized.

**Hypotheses 1: There is no significant correlation between prevalence rate of ADHD and age.**

For study of correlation between prevalence rate and age three hypotheses has been formulated on the basis of three ADHD types. Result shows that there is a significant correlation between three ADHD types and age. Hence the Ho 1 is rejected.
Age is one the important variable in research survey, so in study of prevalence rate of ADHD age is important variable. Because if we observe decrease or increase in prevalence rate or in incidence of ADHD at different ages, it means that age can be a effective variable and this is a good indicator for management and controlling of incidence and prevalence rate.

Test of above hypotheses in this research has shown that there is significant negative correlation between prevalence rate of ADHD and age. As we know it means that with the increase of age prevalence rate of hyperactivity will be decrease. A significant correlation between the prevalence rate of ADHD in three types with age was found. It means that with the increase in age of students there is a decrease in the attention deficit disorder, hyperactivity disorder and combined type of ADHD. These finding is supported by previous studies that have been done in Iran and other countries such as: A study was done on school children by Moradi A, khabbaz M and Agah T in Nishaboor city, during 2006. Results showed that Prevalence of ADHD was 12.5%, CI95%: 10–14.8%. There was no significant difference in gender distribution. The prevalence of ADHD had a significant rise with age (P<0.05.) of course some research shows that another form of this relationship between age and prevalence because they studied correlation of small children (from 3 years old). In these researches with increase in the age prevalence also increases. For example, Bathia M.S & Nigam V.R & Bohra N Malik S.C in Department of Psychiatry, University College of Medical Sciences, Delhi, India have been done research about Attention deficit disorder with
hyperactivity among pediatric outpatients. Out of 1,000 children (aged 3-12 years) screened in a pediatric outpatient department over a 3½-year period, 112 were found to have attention deficit disorder with hyperactivity (ADHD). The prevalence of ADHD increased with age, from 5.2% in those aged 3-4 years, up to 29.2% in those aged 11-12 years. There were four times as many boys as girls with ADHD.

**Hypotheses 2: There is no significant correlation between prevalence rate of ADHD and sex.**

In the study of prevalence rate, often sex is a variable that has a essential role. In the present research relationship between rate of prevalence and sex has been tested and result show that there is a significant correlation between prevalence rate of ADHD in three types and sex. Hence Ho 2 is rejected.

Result of this research has shown that attention deficit disorder, hyperactivity disorder and combined type of ADHD among boys students are significantly higher than the girls students. As shown in table 5.22, and 5.26 of chapter five, attention deficit disorder in boys students is 4 times more than the girls and hyperactivity disorder and combined type are 3 times more. All of the research about prevalence rate of ADHD that have been reviewed in chapter three shows that ADHD in boys are significantly more than the girls such as: In Shiraz city the capital of Fars state in Iran, Alishahi & Dehbozorgi and Dehghan (2001) conducted research about prevalence rate of ADHD in school children. 2182 primary school students including 1082 boys and 1099 girls
were selected randomly. The results show that the general prevalence of ADHD has been 5.82%, which consists of 1.14% inattentive subtype, 0.45% hyperactive impulsive subtype and 4.21% combined subtype. So the results show that there is a significant difference between boys (8.49%) and girls (3.18%) (P<0.001). Also the news department of School Education document, state that: “It appears that between 5% and 10% of school-aged children display attentional problems” (NSW Department of School Education, 1995, p. 2.). In addition the document states: “it is generally agreed that the disorder occurs more frequently in boys than girls with ratios ranging from 3:1 to 9:1”.

Another study in USA has also researched prevalence, recognition, and treatment of attention-deficit/hyperactivity disorder in a national sample of US children by Froehlich T.E& Lanphear B.P Epstein (2007). This research has shown that 8.7% children met DSM-IV criteria for ADHD. Among children meeting DSM-IV ADHD criteria, 47.9% had a prior diagnosis of ADHD and 32.0% were treated consistently with ADHD medications during the past year. Girls were less likely than boys to have their disorder identified (AOR, 0.3; 95% CI, 0.1-0.8).

Hypotheses 3) There is no significant difference between behavior therapy and play therapy in the treatment of children with Attention deficit disorder. (inattentive type)

The most important section of this research is recognizing extent of effectiveness of the psychological approach in treatment for the three types of ADHD. Behavior therapy and Psychotherapy are two main techniques in
psychological intervention. Therefore hypotheses was formulated for determining the effectiveness of the two types of intervention in the treatment of three types of ADHD. Initially the effectiveness of play therapy and behavior therapy was tested by itself in treatment of the three types of ADHD. Hence first a comparison between scores of CSI-4 before and after each treatment by independent t-Test was done and after that the treatment methods were compared with control group by ANOVA. Analysis of the results show that play therapy and behavior therapy both are significantly effective in treatment of Attention deficit disorder but play therapy had more effect than the behavior therapy in treatment of attention deficit disorder. Hence the Ho 3 is rejected.

There are some research about effectiveness of play therapy in treatment of ADHD but no study has been done to compare the effectiveness of play therapy and behavior therapy in the treatment of Attention deficit disorder.

Hypotheses 4) There is no significant difference between behavior therapy and play therapy in the treatment of children with hyperactivity disorder.

Hyperactivity is one of the subtype of ADHD, treatment of this is important for the family. This hypotheses is stated to compare play therapy and behavior therapy in treatment of this subtype.

The previous hypotheses tested effectiveness of play therapy and behavior therapy in the treatment of ADHD but this hypotheses tests, techniques of behavior therapy in treatment of attention deficit disorder.
Testing of this hypotheses showed that play therapy and behavior therapy both were significantly effective in the treatment of Hyperactivity disorder but behavior therapy was more effective than the play therapy in treatment of Hyperactivity disorder. Hence the Ho 4 is rejected.

There are some research about effectiveness of behavior therapy especially Cognitive behavior therapy in treatment of ADHD but hardly any study compared behavior therapy and another psychological treatment in treatment of hyperactivity disorder.

**Hypotheses 5) There is no significant difference between behavior therapy and play therapy in the treatment of children with ADHD (Combined types).**

This hypotheses tested the effectiveness of play therapy and behavior therapy in the treatment of combined type of ADHD. Analysis of result shows that play therapy techniques and behavior therapy methods both when compared to the control group have significant effect in the treatment of combined type of ADHD. But Behavior therapy was more effective than the play therapy in treatment of combined ADHD type. Hence the Ho 5 is rejected.

There are many researches about effectiveness of behavior therapy and play therapy in ADHD treatment and previous investigation has also shown that behavior therapy and play therapy are effective in treatment of ADHD.

S. Janatian,& A. Nouri, A Shafti, H Molavi, et al , (2001) have done a study on Effectiveness of play therapy on the bases of cognitive behavior
approach on severity of symptoms of Attention Deficit/Hyperactivity Disorder (ADHD) among primary school male students aged 9-11. ADHD is considered as the most prevalent disorder during childhood and adolescence. Finding of this research has showed that the play therapy decreased the amount of ADHD hyperactivity, attention deficit, and response errors symptoms significantly, but increased response time significantly. Play therapy may be applied as an effective method of treatment for children and adolescence with ADHD. Preferably, a combination of this and other relevant methods may be used for the treatment of those with ADHD. As the ADHD symptoms decreased significantly after the intervention, the positive effect of play therapy was confirmed.

Participation is a variable which seems to have much effect in non medical treatment. There are three sub factors in participation; treatment, cooperation and interaction. Thus when we say participation it means these three factors. Doubtless positive interaction and good cooperation have more effect in treatment but recognition of rate of effectiveness has so many advantages: One of the best advantage is possibility of prediction about quality of treatment to family. This predication also is useful for the therapist because it will improve predictability of treatment. In other word if family or child continues treatment without motivation and with low participation therapist can announce to them, prediction of treatment and they can renew to test together protocol of treatment. Another aspect important to this study is does family and children participation in play therapy and behavior therapy have the same
effect or different? Also how is the effect of family and child participation in treatment of three subtypes of ADHD? For answer to these question the following hypotheses were formulated.

**Hypotheses 6)** There is no significant difference between rate of family participation and effectiveness of treatment in three types of ADHD.

Rate of family participation was divided to four levels (low, moderate, good and excellent) and then difference between each level and effectiveness of treatment has been tested. As seen in Tables 5.38 - 5.40, according to the three types of ADHD three sub hypotheses were formulated and difference between every subtypes and rate of family participation have been tested. As was expected all three sub hypotheses accepted. It means there is no significant difference between the rate of family participation and effectiveness treatment of Inattentive, Hyperactivity and Combined type.

**Hypotheses 7)** There is no significant correlation between rate of children participation and treatment of in three types of ADHD.

In treatment protocol there were two essential differences between play therapy and behavior therapy: Behavior therapy program used the reward for modification of behavior but in play therapy there was no reward but children had freedom to behave. Hence there was this question of children’s preference for one of these methods, and to study the degree of effectiveness of both the methods. As seen in chapter four children prefer freedom to behave and they participated in play therapy more than the behavior therapy. Therefore another
hypotheses was related to effectiveness of children participation in treatment. This hypotheses has been tested by two way ANOVA and result show that there is a significant difference between rate of children participation and effectiveness of treatment in three types of ADHD. According to the finding children prefer more play therapy and hence they participated to a significant higher extent. Hence as a technique children’s participation was higher in play therapy and therefore play therapy was found to be more effective than the behavior therapy.

6.3. MAJOR FINDINGS

The main findings of this study is divided into two categories: First category is related to prevalence rate of ADHD in primary school in Boushehr city and second: Finding related to effectiveness of play therapy and behavior therapy in treatment of ADHD.

6.3.1. Prevalence rate of ADHD in Boushehr city

1. Prevalence rate of Attention deficit disorder on the basis of parent CSI-4 is 11.5%, Hyperactivity disorder is 14.5% and Combined type of ADHD on the basis of parent CSI-4 is 16.3%.

2. Prevalence rate of Attention deficit disorder on the basis of teacher CSI-4 is 17.2% while Prevalence rate of hyperactivity is 16.3% and Combined type of ADHD is 17.3%.
3. Prevalence rate of attention deficit disorder on the basis of common (Parent & Teacher) CSI-4 is 17.5%, Hyperactivity is 14.5% and Prevalence rate of combined type of ADHD is 15.3 %.

After the interview and psychological assessment final prevalence rates are as follows:

1. Prevalence rate of Attention deficit disorder is 5.6 %, Hyperactivity disorder is 5.9 % and Prevalence rate of Combined type of ADHD is 7.2 %.

2. There is a significant difference in prevalence rate of inattentive disorder with increase in age.

3. Prevalence rate of inattentive disorder is three time higher in boys than in girls students.

4. Prevalence rate of hyperactivity disorder and combined type of ADHD is also found to be three time more in boys than the girls students.

**6.3.2. Effectiveness of Play therapy and Behavior therapy in treatment of ADHD**

- Behavior therapy and Play therapy are significantly effective in the treatment of inattentive disorder.

- Behavior therapy and Play therapy have significantly effective in the treatment of Hyperactivity disorder.

- Behavior therapy and Play therapy are both significantly effective in the treatment of Combined type of ADHD.
- Play therapy in treatment of Attention deficit disorder is significantly effective than Behavior therapy.

- Behavior therapy in treatment of Hyperactivity disorder is significantly effective than play therapy.

- Increase in family participation in play therapy enhances the effectiveness of treatment in three types of ADHD.

- Increase in the family participation in Behavior therapy enhances the effectiveness of treatment in three types of ADHD.

- Participation of Children in Play therapy program was significantly more than the participation in Behavior therapy.

- Increase in children participation in treatment protocol enhanced the effectiveness of ADHD treatment in three types.

6.4. IMPLICATION OF THE STUDY

The result and findings of the present study has three implications:

**First** implication is about prevalence rate of ADHD

**Second** pertains to the psychological intervention in treatment of children’s disorder

**Third** is suggestions for future study

6.4.1. Implication Related to the Prevalence Rate

As mentioned in earlier, this study attempts to explore the rate prevalence of ADHD as it is necessary for educational programming. In the
Boushehr city there are 17565 primary school students. According to the finding of prevalence rate of three types of ADHD estimated in primary school children of Boushehr city are as follows:

On the basis of CSI-4 score.

Inattentive disorder: 2986 students

Hyperactivity disorder: 2459 students

Combined type of ADHD: 2634 students

Estimates of ADHD in primary school in Boushehr city on the basis of Vanderbilt CSI-4 and after the psychological interview and assessment are:

Inattentive disorder: 8787 students

Hyperactivity disorder: 1053 students

Combined type of ADHD: 1229 students

Finding of this research as mentioned above is very helpful for educational programming and improving mental health of students as the prevalence in difference age and difference gender are known. Since the prevalence rate in boys and younger students is higher than the girls and older students, this is also a good index for design of the educational programming.

Several approaches should be implemented to reduce the prevalence and incidence of ADHD. These should be directed to the child, family, the primary health care services, the school, and the community throughout the developmental stages of the child and family’s life. Parents’ training programs
should be developed to increase parenting skills. These should focus on increasing parents' skills in managing their child's behavior, facilitating social skills development, and encouraging parents' positive interaction with their child. School health services need to alert the school teachers to be aware of the symptoms of ADHD for early pick-up of suspected cases for referral and diagnosis. School teachers also need to focus on further skill development, including anger management and rewarding appropriate classroom behavior such as being friendly and polite behaving with classmates.

6.4.2. Implications for Well-Being

Parental health and well-being, particularly maternal health, was highlighted in previous literature to be vulnerable for parents of children diagnosed with ADHD. Considering the vulnerability of this population in the literature, it is useful to speculate on the value that such a diagnosis may have for parents and on how parental empowerment may occur in relation to ADHD and treatment choices. Child well-being was unexpectedly lowly ranked in many countries, according to the recent UNICEF (2007) report. In these cultural contexts, the medicalisation of children’s difficulties as ADHD occurs readily and with increasing frequency in many countries. It may be argued that such processes of medicalisation may actually work to obscure the meanings of such behaviour within the context of which it occurs for the children themselves. The effect of such medicalisation practices for children’s behaviour ensure that symptoms of disruption, over activity and behaviour as potential instances of ‘disorder’. Such medicalisation process ensures that lay
parents and teachers are interpellated, in Althusser’s (1971) terms, into such medical processes as opposed to directing attention to wider ‘pathological’ aspects of the social, cultural and economic systems which underlie and undermine child well-being in these contexts. Such practices are a feature of individualistic assumptions which hold individuals accountable for problems/deviations from the norm and which decontextualise such individual pathologies from wider social milieu. Clearly the recommendation is that the area of child well-being be given greater scope and attention

6.4.3 Uses of Psychological Intervention in Treatment of Children’s Disorder

As mentioned in previous section now a days psycho stimulant medications are generally the first choice in the treatment of attention-deficit/hyperactivity disorder. Approximately 70% of the children treated show improvement in the primary attention-deficit/hyperactivity disorder symptoms and about 30% of children and adolescents with this disorder may not respond to stimulants or may be unable to tolerate potential adverse events such as decreased appetite, mood liability and sleep disturbance. Therefore promotion and extent of implication of psychological treatment is necessary. One of the most important implication of this study refers to psychological intervention. In this research effectiveness of play therapy and behaviour therapy in treatment of ADHD was investigated and finding show that:

Play therapy in treatment of Attention deficit disorder is so useful and psychological clinics can use this and Behaviour therapy in treatment of
Hyperactivity. The benefit of the present analysis for ADHD is that it yields valuable understandings of how lay parents and teachers socially produce talk about ADHD. Research findings focus on how current health policy, which defines children’s difficult behavior as ADHD in the first place, is taken up in novel ways by such parents and teachers in talk about such children. The findings have highlighted the limits of an ADHD diagnosis in terms of the subject positions available for teachers and parents through talk about ADHD which centre on responsibility and management. Parental accountability for children with such difficulties and individual centred responsibility for it by parents and teachers are limited to such internal responsibility. In view of the rising incidences of ADHD, the work calls for a critical revision of the appropriateness of this diagnosis. That parents and teachers were ultimately limited and disempowered in terms of talk about ADHD and estrangement from health policy, means that further critical work should be conducted to explore and extend the findings here.

Another implication of this research is related to finding about family and children’s participation in procedure of treatment. According to the findings, we suggest that before the start of interventional psychological treatment family must accept to completely co-operate with the clinic.

As seen in the chapter four there was no parity between teacher and parent CSI-4 inventory rating, and because of this method rate of prevalence varies in different society. Hence it is suggested that after the completing CSI-4, psychological interview and assessment is necessary.
6.5. LIMITATION OF THE STUDY

1. One of the common limitation in research survey is high error rate in completing inventory. In the first section of this research there was this limitation because on the basis of DSM, diagnosis of ADHD is done by parents and teacher inventory ratings. As seen in the chapter four there was a disparity between teacher and parent inventory ratings.

2. Another common limitation specific to Boushehr city is the lack of insurance coverage for psychiatric or psychological evaluations, behavior modification programs, school consultation, parent management training, and other specialized programs, which presents a major barrier to accurate classification, diagnosis, and management of ADHD.

3. Parents and teachers completing the Vanderbilt CSI-4 are aware that their children will be diagnosed ADHD and referred to Clinic for therapy. This knowledge may bias the parents’ and teacher ratings.

4. Parents and teachers rated the children’s behaviors during the first month of school. This may have biased parents’ and teachers’ perception that the identified children would have continued problematic behaviors.

In the qualitative literature on ADHD, there was dispute over the benefits of an ADHD diagnosis for parents. While some contributors argued that ADHD provided an exonerating concept for parental blame and responsibility, others maintained the complexities of the situation. Ultimately a
The present study from a critical discursive psychological approach highlighted that talk about ADHD was temporal and negotiated in research interviews. It highlighted that such talk was oriented to parental accountability and moral adequacy as parents. Such talk was tied to competing ideologies within child developmental theories and current biopsychosocial models for ADHD which implicated such parental accountability. In essence then, this work maintains the limits of an ADHD diagnosis in keeping with previous authors such as Singh (2004) and Bull et al (2006).

It is argued that the focus on parental responsibility in such talk, further works to obscure broader aspects in contemporary culture which are not given sufficient scope. The limits of a diagnosis were clearly highlighted through the complex discursive work that parents were engaged in, in order to achieve the ‘good parent’ identity. For example: through making available talk about other ‘non-ADHD’ children and talk orienting to the good character and adequacy of the parenting.

Thus the recommendation is that medical professionals recognize the limitations of a diagnosis for parents; that it is not an exonerating concept but that parental responsibility is a pervasive feature of contemporary culture.
Also there are some inherent limitations with play therapy study: a lack of control group, a small size sample, and a variety of extraneous variables not accounted for, such as medication usage, individual treatment availability, and other interventions that might have been present during the study. Johnson, Franklin, Hall and Prieto (2000), explored a child-directed Play Therapy session designed to improve the parent-child relationship. According to Johnson et al., ADHD not only effects the child but the entire family system. As a result, it is important for all members of the family system to have a comprehensive understanding about ADHD in order to explore techniques that promote positive outcomes for the relationships between family members. This approach is a comprehensive way to include the parents in the process of improving disruptive behaviors.

6.6 SCOPE FOR FUTURE STUDY

This study suggests that the ADHD has different meanings and implications for the individuals who diagnose and treat it. Whether one defines it as a neurochemical disorder or by its symptomatology, the effects may be felt in many areas of the individual's life, from childhood to adulthood. ADHD is not an label for dysfunction or an added dimension of one's behavior, but a serious problem that needs to be addressed with great insight and compassion.

Assess changes in treatment service, teachers' and psychological therapists' knowledge, attitudes and perceptions after taking classes which contain information on ADHD.
More definitive studies are needed to determine the added value of non-drug interventions when patients are already receiving stimulants, as well as the value of adding stimulants when non-drug interventions fail to achieve the desired outcomes. Survey a sample of school divisions to access the existing educational policies and practices regarding teaching students with ADHD.

Effective strategies are needed to improve the quality of the study designs and reports. Journals that publish articles on the treatment of ADHD could benefit by the endorsement of criteria such as those included in the Consolidation of the Standards of Reporting Trials statement.

Larger studies with more rigorous design and longer term follow up are needed to establish the effectiveness and adverse effects of most interventions in ADHD children.

More rigorous studies are clearly needed to establish the relative effectiveness of Psychological therapy and to compare the effects of stimulants.

Studies are also needed to determine whether comorbid factors (e.g., anxiety and depressive disorders) influence response to treatment.

Studies are required to assess the severity of most adverse effects associated with stimulant medication and to evaluate, explicitly, the tradeoff between improvement in ADHD symptoms and signs and adverse effects. However, such a study is only worthwhile if the perspectives of all interested parties (parents, teachers, and patients) are included in the exercise.
Conducting research on the treatment of ADHD is not easy, given the complexity of the disorder, the frequent presence of comorbidity, and the variety of interventions and outcomes available. Future research efforts will require commitment among different groups.