Innovative New Program

From Chaos to Order: A Nursing-Based Psycho-Education Program for Parents of Children with Attention-Deficit Hyperactivity Disorder

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Un programme psychopédagogique destiné aux parents d'enfants atteints de trouble d'hyperactivité avec déficit de l'attention (THADA) est décrit dans l'article qui suit. Cette stratégie d'intervention est fondée sur la théorie infirmière intitulée Modelage et Imitation de rôles, élaborée par Erickson, Tomlin et Swain, dans le but d'aider les gens à gérer les éléments de stress en favorisant le développement de connaissances et de ressources menant à l'autonomisation et en promouvant des actions autonomisantes. Les composantes clés du programme mettent l'accent sur la reconnaissance et la gestion de comportements récurrents, le développement de connaissances provenant de ressources internes et externes et la mise en évidence des forces des participants et de leurs enfants atteints de THADA.

A psycho-education program for parents of children with attention-deficit hyperactivity disorder (ADHD) is described. This intervention strategy is based on the nursing theory Modeling and Role Modeling developed by Erickson, Tomlin, and Swain to help people cope with stressors by facilitating the development of self-care knowledge and self-care resources, and by promoting self-care action. Key components of the program are an emphasis on pattern recognition and pattern management, the fostering of insider and outsider knowledge, and an emphasis on the strengths of participants and of their children with ADHD.

Psycho-education, introduced to prevent relapse among individuals with schizophrenia, has proved to be immensely effective in improving the illness course of this disorder (De Jesus Mari, 1994). This success has inspired the development of a psycho-education program for another population, the parents of children with attention-deficit hyperactivity disorder (ADHD). This program, named From Chaos to Order, is based

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on a self-care nursing theory developed by Erickson, Tomlin, and Swain (1988). The rationale, the underlying framework, and a brief overview of the program are presented below.

Rationale

The symptoms of ADHD cause a considerable amount of family stress and account for numerous referrals to child mental-health services (Jensen, Martin, & Cantwell, 1997). They are also associated with an increased risk for other psychiatric problems such as conduct disorder and depression (Jensen et al.). The major treatment modality has been stimulant medications. Despite clear evidence of short-term therapeutic effects, however, long-term benefits have not been demonstrated. Furthermore, stimulant medications appear to have weak effects on secondary emotional deficits (Richter et al., 1995). Parenting programs developed by psychologists have been a complementary intervention. Although helpful in providing training in child behaviour modification, they are highly didactic and target specific, currently evident behaviours (Cousins & Weiss, 1993). ADHD, however, is a chronic disorder often persisting throughout adulthood. Its impact is heterogeneous and varies over time. Moreover, the parents being trained are also liable to have some traits associated with ADHD because of a strong genetic contribution to the disorder (Richter et al.). These considerations indicated the need for a parent-focused intervention with a broader and more holistic therapeutic agenda than skill-training.

Psycho-education incorporates an educative function, which, in contrast to training, fosters an ability to create and exercise new options (Bevis & Watson, 1989). Also, psycho-education offers social support. Numerous studies have demonstrated that this improves coping, moderates the impact of stressors, and promotes self-care (Stewart, 1993).

Guiding Framework

The theory of modelling and role-modelling (Erickson et al., 1988) that guided the development of the program holds that self-care involves three interacting components. Self-care knowledge refers to personal knowledge. Self-care resources are the internal and external factors available to an individual for contending with stressors. Finally, self-care action refers to behaviours that result in the development and utilization of self-care knowledge and resources to maintain or attain optimum functioning. The program was conceived as an intervention

to develop participants' self-care knowledge and self-care resources in order to help them cope effectively with stressors related to parenting a child with ADHD.

Facilitating self-care begins with modelling, the effort to understand clients' perspectives of their situation. Although a group intervention limits the extent to which each participant's unique perspective may be grasped, the facilitator seeks to understand participants' frames of reference through an interactive format. Modelling is followed by role-modelling, the process of helping clients to develop personal knowledge and self-care resources to contend with stressors through self-care action. At the heart of role-modelling are interventions that create trust, promote control, encourage a positive orientation, and facilitate goal-setting. Interventions with these ends in view are, therefore, integrated throughout the program.

Description

From Chaos to Order is a community-based program sponsored by the Moncton branch of the Canadian Mental Health Association and supported by the New Brunswick Department of Health and Community Services. Its ultimate aim is to improve outcomes among children with ADHD. Short-term objectives target parents' understanding of ADHD, their emotional adaptation to the stress imposed by it, and their management of problematic behaviours associated with it.

Structure and Organization

From eight to 10 participants meet with a facilitator for 2 hours once a week over a period of 8 weeks. Classes include didactically presented information supported by handouts, themes for discussion, group brainstorming activities, and experiential exercises. At the end of each class (except the last), participants are given a homework activity in order to adapt information discussed in light of their particular situation and needs.

Content

The informational content of the program is shaped by the notion of patterns, the concepts of insider and outsider knowledge, and an emphasis on strengths. Core symptoms of ADHD tend to be reflected in re

curring behavioural patterns and often trigger recurring sequences of interpersonal interactions with others. Participants are therefore invited to order the chaos caused by ADHD, by seeing and making sense of patterns and deliberately trying to manage or alter problematic patterns. A repertoire of strategies for managing problematic patterns is presented. It is called M&M&M, which stands for minimizing symptoms, maximizing health, and modifying the environment. Minimizing symptoms focuses directly on problematic behaviours and on the child's self-esteem. Maximizing health, which is concerned with holistic functioning, uses strategies for managing family stress and promoting the child's health in order to reduce symptoms. Finally, modifying the environment involves strategies for creating an environment around the child that will compensate for the core symptoms of ADHD.

The program is intended to foster two types of knowledge. Insider knowledge, a concept developed for the program, refers to an understanding of ADHD and its management that is grounded in the lived experience of people who have it or who parent a child with it. Outsider knowledge, in contrast, refers to empirically obtained information about ADHD. Insider knowledge is a component of self-care knowledge and an essential complement to outsider knowledge in managing patterns of behaviour associated with ADHD. Personal expertise developed from experience is considered invaluable. Participants are encouraged to identify, develop, and share personally discovered insights and management techniques. Outsider knowledge is considered a potential self-care resource if incorporated into an individual's self-care knowledge. Learning activities therefore encourage participants to personalize outsider information about ADHD and to integrate it into their own frames of reference.

Finally, the program is intended to be empowering, and class content emphasizes the strengths associated with the core symptoms of ADHD. It also focuses on the potential of the participants to compensate for the limitations that result from the disorder. The program highlights the strengths of the participants and of their child with ADHD.

Summary and Conclusion

In summary, From Chaos to Order is a community-based intervention strategy oriented by a nursing framework. It promotes self-care among parents of children with ADHD by emphasizing patterns of behaviour and patterns of responses to these behaviours. It fosters the development and use of both insider and outsider knowledge in managing problematic patterns.

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