

THE IMPACT OF EXISTENTIAL FACTORS ON PARENTAL SELF-EFFICACY IN SELF-HELP GROUP. AN INTERVENTION PROGRAM FOR PARENTS OF CHILDREN WITH ADHD

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ABSTRACT. Several studies indicate a number of aspects concerning the relationship between parents and their children diagnosed with ADHD. This relationship is characterized by frequent and ongoing conflict and tension in their daily interactions.

This article presents findings that emerged from a research that examined an original intervention program that led a parent's guidance group based on Yalom's (1995) group therapy approach. The aim of the intervention program was to elevate the participants' parental self-efficacy in order to improve the relationship between their ADHD children on the daily conduction, and to instill management tools. The intervention program consisted of five factors from Yalom's list of therapeutic factors. These factors according to Yalom (1995) exist predominantly in a group constellation. For this research, three dimensions of parental self-efficacy were chosen: self-trust, containment and communication. Qualitative data were collected and analyzed in the light of these dimensions.

Twenty persons participated in the intervention program, i.e., five fathers and 15 mothers of children having ADHD symptoms. The intervention program consisted of nine meetings held once a week for about an hour and a half. Five interviews were conducted before the beginning of the intervention, and five post-experimental interviews were conducted as well. Findings reveal an improvement in the parents' attitude toward their ADHD children by using efficiently the behavioral tools they obtained in the intervention program. The improvement is

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expressed by an increased containment ability, better communication and an increase of parental self-trust. These are the components of Parental Self-Efficacy (PSE) on which the research focused.

Key words: *parental self-efficacy, self-help group*

1. Introduction

As an educator of children who were diagnosed with ADHD, I was exposed to complaints of parents concerning their impaired relationship with their children, most of whom were diagnosed with ADHD. The difficulties raised by parents existed at home and at school as well. Most of the testimonies showed that children with ADHD have difficulties understanding the interaction steps they are supposed to take while interacting with their friends. These steps were disrupted by some of the most common inabilities of children with ADHD which are, among others, lack of concentration and distraction.

In many cases it is possible to describe the behavior as a 'Bursting behavior' due to the difficulties of awaiting their turn and adapting reaction to a situation (Mathinos, 1991). Therefore, I decided to commit myself to support my students in acquiring social skills to ease their social integration. A review of research literature raises the notion that well-functioning parents have a distinctive influence on their children's behavior. Time and again, direct parental influence on their children's emotional, academic developmental and social adaptation was observed, obviously considering the personal characteristics of the specific child. Therefore, it was decided, both in the intervention program as well as in the current research, that the parents would be the target population for group therapeutic treatment. That is from the perception that, when the parents would be addressed therapeutically and become the target of the intervention, they would lead processes of change among my students. In this case, I assumed that by guiding the parents and trying to convince them to adopt beneficial tools of behavior may have an indirect influence, and by that, behavioral, functional and social changes may take place

among the children. Yalom (1995), claimed that when a group of people experiencing similar difficulties, handicap, addiction, illness or other challenge facing them, these circumstances constitute a common ground between the members of that particular group.

According to Yalom, group therapy provides an opportunity for forming an effective, advancing and meaningful treatment existing only in a group gathering, and much less in individual treatment. It is the formation of the group around specific shared issue that provides the platform on which it is possible to implement Yalom's existential group therapy (1995). The group's conditions create a safe environment for the participants, meaning an atmosphere whereby they feel comfortable to dare to share information and sound their voice, 'stepping outside' their pattern of avoidance that usually mutes them in therapeutic situations.

Yalom's therapeutic approach includes eleven factors that constitute a therapeutic process stimulator agent. In the current study, the intervention program made use of five of them: instillation of hope, universality, imparting information, interpersonal learning, and catharsis. These factors were chosen because of their frequent appearance in the parent's intervention program's sessions. The work presented here is a smaller part of a larger research project.

Two main aims underpinned the intervention program design: (A) to increase parental self-efficacy among parents of children with ADHD, based on the perception that higher self-trust of the parents can improve their relationship with their ADHD children, and, visa-versa, low parental self-efficacy harms the basic interaction between them. (B) to improve the relationship between parents and their children with ADHD by instilling tools of behavior co-constructively with the participants of the group intervention.

2. Literature Review

Bowlby (1982), like his predecessors, appreciated the importance of the connection between children and their parents. One of the assumptions appearing for the first time in this theory is that the infrastructure for the creation of relationships on the basis of intimate feelings takes place between a baby and its parents. These connections have a significant effect

on the baby's emotional development. The nature of these relationships and the way in which parents relate to their children, is crucial to children's optimal development in general, and particularly the connection between babies and their mothers. Babies' initial and ongoing interactions with their mothers make them their central and most influential figures (Bowlby, 2008). Sound and healthy relationships exist thanks to two sources important to their functioning.

The first source is containment. Containment is a mother's ability to cope with her babies' first fears. That is to say that a mother's ability to create an atmosphere of calmness and inspire a sense of safety. This is, for babies, their place of refuge (Bion, 1994), stable and calm when they experience primeval fears.

The second source of nesting optimal relationships is the principle of reciprocity. In interactions between babies and their caregivers a system of agreed gestures and signs understood by both sides are created. Bowlby (1982) maintained that a baby's need for contact with its mother is to provide a sense of warmth and safety and not just the basic need for food. Babies want to feel warmth and protection. Therefore, they create as many opportunities as they can to interact with their mothers.

2.1 Families of Children with ADHD

Research shows that parents have a massive psychological-emotional impact on all aspects of their children's life. Parents are role models for their children: their behavior and attitudes play a significant part in forming their children's nature and self. Children having ADHD symptoms are more sensitive to their parents' behavior and parental approach, namely, parenting style influences how ADHD appears, and its severity in a child (Faraone et al., 2005).

The interaction between parents and children with ADHD is usually characterized in the literature as a relationship accompanied by varying levels of tension. Levels of tension between parents and children with ADHD vary, a parental approach based on authority increases tension level, but a containing and supportive approach, decreases tension between parents and their children with ADHD (Deault, 2010; Johnston & Mash, 2001).

Two components that have an influence on parent-child relationship are: (1) Personality traits of parents and their ADHD children have an effect on the nature and quality of interactions between them; (2) Disagreement and conflict that are intensified in adolescence (Johnston & Lee-Flynn, 2011). Nevertheless, studies of population segments testify that interaction difficulties between parents and ADHD children derive from the symptoms and problematic behavior of these children (Johnston & Mash, 2001).

2.2 Parental Intervention Group Therapy

Parents of children with ADHD, learning disabilities, and emotional problems require guidance and treatment because they are particularly vulnerable and at risk of high stress levels (Gordon, & Hinshaw., 2017), social isolation, low self-efficacy regarding their ability to help their children, and guilt (Rogers, Wiener, Marton & Tannock, 2009).

Research conducted in the last decade has provided evidence regarding the positive effect of parental intervention programs, and parent outcomes for children with ADHD (Benedetto, & Ingrassia, 2018; Fabiano et al., 2009). Furthermore, intervention program was found to improve a parental sense of self-efficacy, reduce family stress, and ameliorate child-parent relationships (Levac et al., 2008).

2.3 Universality

Yalom's (1995) factor of universality in group therapy describes a group situation in which the group members discover that the problem that led them to gathered and choose to participate in group therapy is not solely belong to them, but all group members share similar situation. In a group experience, the participants encounter other group members who had to cope with similar problems. The participants notice that they are not alone and can feel some satisfaction in this connection. The sense that their pain is not exclusive and that others with similar problems are willing to support them can be profoundly healing. It helps group members to move beyond their isolation and share ideas of the wish to progress and by that, it fuels the change process. (Yalom, 1995).

3. Research assumptions

The first assumption was that the process of the intervention program may have a positive impact on the PSE of the mentioned participants. The second assumption, that stemmed from the previous one, supposes that participating in the intervention program may help parents to better manage their relationships with their ADHD children. The PIP (Parental Intervention Program) basically assumes the increased or improved sense of PSE, has a positive impact on the daily management and parent-child relationship.

Intervention groups vary; there are support groups mutual aid, problem-solving and self-help groups. The center of the current research is a kind of guided self-help group conducted as intervention program for parents of children with ADHD.

The program was divided into three stages each stage consisted of three sessions. On the basis of each, there was a set goal, which aimed to progress the overall purpose of the program.

- ❖ Stage A - Building trust among the participants and between them and the facilitator. That was done while increasing the sense of parental fraternity around difficulty, a challenge that affects all the participants' lives.
- ❖ Stage B - Raising awareness of the parents' skills and parental abilities of each participant. Containing parental weaknesses and empowering each person's strengths.
- ❖ Stage C - Providing practical tools for creating optimal communication and ways of conduct in day-to-day life.

Each stage relies on, and strengthens the previous one by repeating the previous topic, i.e., linking new content to those already taught in previous sessions.

4. Method

4.1 Research Population

Twenty parents of children diagnosed with ADHD participated in the program, 5 fathers and 15 mothers. The sessions took place in a community center in the city of Lod in central Israel.

4.2 Research Tools

This current research used two tools. The first research tool was session long audio recordings and transcriptions to retrieve text for the purpose of qualitative inquiry. The second tool was semi-structured interviews. Thus, before the intervention program's implementation, semi-structured interviews were conducted with parents about their situation before participating in the intervention program. The interview consisted of ten open questions (attached interview after the references section) seeking to examine the parental self-efficacy and parents' interpersonal relationship with their children. The first opening question was an 'ice-breaking' type of question so as to encourage the formation of a mutual space between interviewer and interviewee as explained by Shkedi (2004). Parents were asked to tell their story, share their experiences and elaborate on feelings. The rest of the questions aimed to examine the components of parenthood difficulties faced by the participants to obtain a wide and detailed image of the participants' relationship with their children. That image stemmed from the exposure of the situations and the challenges faced by the interviewees. Data described above was obtained for the purpose of comparison between the pre-program interviews (pre-experimental) and the post program ones (post-experimental).

For this article, the focus was on the factor of universality as one of the therapeutic factors in existential therapy chosen for the research. The reason is that universality was very dominant and repetitive in the retrieved text deriving from the transcription of the session long audio recordings. It seemed that universality had high therapeutic meaning all through the intervention program. The research paid attention to the observation of how using universality in the group according to Yalom (1995), advanced parental self-efficacy in three dimensions: self-trust, containment and communication skills. Themes, their explanations and focusing on text that shoes elements of the participants reasoning on universality, are compared in the following chapter of findings.

5. Findings

5.1 Findings concerning the three dimensions of self-efficacy

In relation to the factor of universality in group intervention versus sense of loneliness before, text deriving from the session long recordings demonstrate the following:

Table 1. Self-trust

Testimony	Testimony's explanation	How does the text fit universality	Starting point
<p><i>"Our self-trust is still not high... I'll tell you why, it is because we still testing ourselves if we can stand it, yet it does not work. We are only at the beginning... in the starting point of a longer process."</i></p>	<p>This came as a reaction of one of the participants to another person who expressed dis-trust in the process commencing in the group.</p>	<p>The participant speaks in plural, she understands and perceives the dis-trust appearing among all the participants. That due to the expression of many similar feelings by other persons. The atmosphere was of failure of parental functioning</p>	<p>Second session</p>
<p><i>"We got smarter, I say that because... till I joined the group I felt so lonely with the shared problem we all faced. Suddenly, there are people that understand me. Together we take the hardships in portions, we clean the difficulties from ourselves and get the wisdom to feel capable and win."</i></p>	<p>This person testifies that he and his group members experienced together a shared process in which the obtained strategies that created a perceptual change. The procedure they underwent together in the group field, they came to the understanding that the challenges they face are similar and this realization became a unifying factor between them to the point that they understood each other and felt shared destiny.</p>	<p>The participant in his testimony testifies that members of his group experience equal experiences. He recognizes and admits that he and his group members together can bring up hard contents and find fitting solutions for all.</p>	<p>Seventh session</p>

Table 2. Containment

Testimony	Testimony's explanation	How does the text fit universality	Starting point
<p><i>"We feel a sense of disappointment from ourselves, despair, like how did I reach to this place...this anger has a very important place in our life: it protects us! There is no way but setting boundaries for our children"</i></p>	<p>One of the participants shared his wisdom during a session concerning the parental containment ability. The discussion deled with the issue of the flexibility parental containment has to have and the sensitivity parents have to develop in coping with their children behavioral difficulties. What was also agreed in the group was the extent of boundaries parents have to set.</p>	<p>The participant speaks in plural while he summarizes the whole emotions of his group members. He understands that low containment ability was something experienced by all his group members</p>	<p>Second session</p>
<p><i>"Everybody here tries and succeed to evoke the ability to contain, to accept our children hardships, all of us come from the same place. (to another member), you decide that you won't succeed you have to agree that it works for everybody."</i></p>	<p>The participant describes in her testimony that she and her group members were partners for a shared process. A process of developing the necessary flexibility to sublime their emotions without feelings of fear and guilt. The group arena enhanced the shared coping sensation.</p>	<p>The participant in her testimony shows that she and her group members experienced an emotional process of implementation and acceptance of difficulties. She explains her insight about universality that took place among all group members.</p>	<p>Ninth session</p>

Table. 3. Communication Skills

Testimony	Testimony's explanation	How does the text fit universality	Starting point
<i>"Now everyone that tells his story and elaborate on his hardships, everybody judges him immediately and do not let him finish. We estimate that he does not share all. We have to start listening! "</i>	One of the participants expresses his anger toward himself as well as toward his group members since they do not let him say or express emotions without judgment. He testifies that the rules of communication between the members of the group are defected.	The participant reports in his testimony that all the group members show no tolerance and restrain towards one of the participant's talk. That is a group recognition in the non-advancing communication existing in the group.	Second session
<i>"It is because we are here to listen, when you say something, I am attentive, and you are, when I say something. ..We all learn here the way in which we communicate".</i>	The participant's testimony demonstrates that together, all the group members, if they adopt communication skills between them, they will gain abilities to strengthen their interrelationships .	The participant reports in her testimony that learning processes took place and benefiting communicational tools were developed within the group discussions.	Ninth session

From the tables above one can learn that the togetherness of the participants, the mutual exposure to similar difficulties of every group member form the sense of universality. That particular process had in impact of strengthening the **self-trust** in parental efficacy. The emotional space existing in the group promoted the practice of good acceptive **containment** of each member of the group. The researcher claims that

such practice that occurred in the group sessions may teach the parents to contain the difficulties of their children. In the group arena, the participants exercised communicational skills that were found by them as advancing, and that is because they were exposed to these skills' positive features on the inner group relationships. This type of learning process provided the parents with communication conducts that they could apply in their discourse with their children. When the participants felt shared faith and that they were not alone, the felt the eager and the ability to create the wishful change for themselves.

5.2 Findings concerning the change in the sense of self-efficacy

Table-4 demonstrates quotes of text deriving from two out of five interviews conducted for the current inquiry.

Table4. Pre and post experimental text samples.

Pre intervention program	Post intervention program
<i>"I have nobody to consult with. My mother did not have such children so there is no example as to what to do. I cope with these kinds of behavior all alone"</i>	<i>When we joined the program, we realized that among our group members thins went to a direction of change. That inspired us and suddenly it began to adopt the change as soon as we "tuned to their wave"</i>
<i>"I am perpetually haunted with the thoughts about the difficulties I have with my son's behavior. I feel so lonely with that, I am helpless in trying to find my own way"</i>	<i>After our sessions I learned from the group that my discussions... we managed to understand that when our communication in the group is bad it demonstrates how our communication with our kids is bad, we have to take steps toward change... We are the parents and therefore we must assume our responsibility and believe that we can change.</i>

The above table demonstrates the sense of loneliness expressed in the text from the pre-experimental interview. The feeling of coping alone showed by this text reviles the challenges they had to take on themselves in the relationships with their children, challenges that they testified they had to experience all by themselves before their participation in the self-help group. In the duration of the intervention and at the post experimental interviews, it came clear that being exposed and discussing other members difficulties and emotional processes, inspired them, through the realization of the universal character of these emotions, and provided them with the sense of ability to assimilate a change in their daily conduct and their conception of self-efficacy.

In order to explain the reasons for the change described above, one must conceptualize the principles of existential self-help group. The participants created a new social situation through their group interaction. evidence? quotes? The group became a microcosm of the participants' life. The group conditions created a safe environment for its members. This is an environment where members feel comfortable and dare to share things from their internal world and sound their voices, to deviate from their patterns of avoidance that generally mute them.

6. Discussion

The participants' testimonies reveal that they feel capable of acting as they have modified their behavioral approach towards their ADHD children in particular and the entire family in general. This change is due to applying the skills they had acquired in the 'PIP'.

Several universal advantages derive directly from belonging to a self-help group addressing a unique subject. The group creates intimate space whereby it is possible to develop a sense of Self-efficacy through the creation of access to interpersonal learning processes that encourage personal growth. When the members of the group identify common life stories, the sense of cohesion is empowered among them. Consequently, processes of collective identification occur, instilling hope among participants, thus diminishing the sense of loneliness.

There was an atmosphere of encouragement, support and invitation to parents to share cognitive and emotional issues and experiences that occupied them. These created a platform for receiving emotional and practical support. Moreover, the participants received constructive feedback from the group. The group condition enabled reexamination of beliefs and values regarding the essence of the parents' role toward their ADHD children. The group cohesion contributed to the group members' increased awareness of their surrounding while it enabled processes of change in central developmental tasks pertaining to the formation of shared personal interest.

7. Conclusions

Some parents that joined the intervention program expressed that assumed they come to participate in "another program of parents training". It seemed that they came to get tips or maybe some "prescriptions" for the way they must act with their children. The content analyses (Shkedi, 2004) of the testimonies indicates that processes that have occurred in the intervention program may have increased the parental self-efficacy and had a positive impact on the participants' parental conduction.

REFERENCES

- Benedetto, L., & Ingrassia, M. (Eds.). (2018). *Parenting: Empirical Advances and Intervention Resources*. BoD–Books on Demand.
- Bion, W.R. (1994). *Learning from Experience*. Rowman & Littlefield Jason Aronson.
- Bowlby, J. (2008). A secure base: *Parent-child attachment and healthy human development*. Basic books.
- Bowlby, J. (1982). Attachment and loss: retrospect and prospect. *American journal of Orthopsychiatry*, 52(4), 664.

- Deault, L.C. (2010). A systematic review of parenting in relation to the development of comorbidities and functional impairments in children with attention-deficit/ hyperactivity disorder (ADHD). *Child Psychiatry & Human Development*, 41(2), 168-192.
- Fabiano, et.al. (2009). A meta-analysis of behavioral treatments for attention-deficit/ hyperactivity disorder. *Clinical psychology review*, 29(2), 29-140.
- Faraone., et.al. (2005). Molecular genetics of attention-deficit/hyperactivity disorder. *Biological psychiatry*, 57(11), 1313-1323.
- Gordon, C.T., & Hinshaw, S.P. (2017). Parenting stress as a mediator between childhood ADHD and early adult female outcomes. *Journal of Clinical Child & Adolescent Psychology*, 46(4), 588-599.
- Johnston, C., & Lee-Flynn, S. (2011). *Parents' attribution for child behavior: Relations to parent and child ADHD symptoms.* In EK Coles (Chair), Gender differences in the clinical presentation, treatment and outcome of children with ADHD, Symposium presented at the Association for Behavioral and Cognitive Therapies, Toronto.
- Johnston, C., & Mash, E.J. (2001). Families of children with attention-deficit/ hyperactivity disorder: review and recommendations for future research. *Clinical child and family psychology review*, 4(3), 183-207.
- Levac, A.M., McCay, E., Merka, P., & Reddon-D'Arcy, M.L. (2008). Exploring parent participation in a parent training program for children's aggression: Understanding and illuminating mechanisms of change. *Journal of child and adolescent psychiatric nursing*, 21(2), 78-88.
- Mathinos, D.A. (1991). Conversational engagement of children with learning disabilities. *Journal of learning disabilities*, 24(7), 439-446.
- Rogers, C.R. (1958). The characteristics of a helping relationship. *Journal of Counseling & Development*, 37(1), 6-16.
- Rogers, M.A., Wiener, J., Marton, I., & Tannock, R. (2009). Supportive and controlling parental involvement as predictors of children's academic achievement: Relations to children's ADHD symptoms and parenting stress. *School Mental Health*, 1(2), 89-102.
- Shkedi, A. (2004) *Words of Meaning: Qualitative Research Theory and Practice*. Ramot Publishers, Tel Aviv University, Tel Aviv. (In Hebrew)
- Yalom, I.D. (1995). *The theory and practice of group psychotherapy*. Basic Books (AZ).

Appendix:

Semi-Structured Interview Questions

The interview began with a short explanation about the researcher's field of knowledge, the research, its essence and future contribution

The interview questions are listed below:

1. Could you please share something about your background i.e. your personal story?
2. Please describe a random routine morning with your children.
3. Based on your description of the routine morning what did you feel after it all happened?
4. Could you please give me an example of "a morning scene"?
5. Are there any other "mornings"?
6. Please describe a situation when your child was given a task. What were his/her reactions?
7. Can you please detail something about your interaction? What kind of communication takes place between you?
8. In a situation where you did not achieve what you wanted to achieve in peaceful way, do you raise your voice? If you do, at what intensity? Do you sense discomfort or frustration?
9. What motivated you to join the program?
10. Please elaborate on your feelings after every group meeting.

