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**Enhancing Parental Self- Efficacy of Parents  
Having Children with ADHD  
"PIP" An Intervention Program**

**PhD Thesis- Long Abstract**

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## **Abstract**

A "PIP" intervention program was developed to address the problem of low parental self-efficacy existing among parents for children diagnosed with ADHD. The program attempts to provide an answer to the hardships characterizing the relationship between parents and their ADHD children. Among these children there is a significant tendency for resistance and un-willingness to cooperate by refusing to obey and do what they ought to do (Shenaar-Golan et al., 2017). Due to this unstable relationship, parents experience, among other, emotional distress (Corcoran, 2017), a feeling that strengthen the sense of parental incapability.

A "PIP" intervention program that made use of the existential psychotherapy factors for enhancing parental self-efficacy among parents of children with ADHD. Twenty-parents (male parent N=5, women parent N=15) took part in the current research. In a duration of 9 sessions the researcher/mediator gave short speaking assignments and presented the subject of the session while enabling the group members to conduct a discussion. The group members shared their experiences and their feelings in relation to the discussed subject. These conversations became one of the main data resources of the current research.

Audio recording of the session-long conversation and tests conversation were explored textually as well. Semi-structured interviews were conducted among the twenty participants of the intervention program. Five interviewees conciliated to participate in a pre-experimental interview and post-experimental interview as well. In addition, a comparing analysis of the feeling expressed by the participants at the beginning of the intervention program to the feeling expressed at the ending sessions.

Findings presented a measurable progress of the spirit of the participants reports about the change from hopelessness to great trust in their parental abilities. In the data derived from the discussion conducted at the ending sessions of the intervention program, themes showing parental sense of responsibility and general sense of ability. The research included two research questions that each one of them brought about different data-base. The first question's data was based on transcription of session long recordings. The second question's data was based on the semi-structured interviews conducted before the beginning of the intervention program and after the end of it. The research confirmed that the activation of an intervention program that is based on the therapeutic approach of Yalom (1983, 1995) had a

successful contribution in increasing of the level of parental self-efficacy of parents for children with ADHD.

## **Introduction**

### **Research Background**

Over the years of my work as a special education homeroom teacher, in every encounter I have had with parents, they expressed their difficultly relationship with their ADHD children. Parents described:

- defective relations Characterized by with emotional overload
- lack of communication and understanding
- Endless conflicts
- bidirectional feelings of anger and accusation

This relationship affected all members of their households and led to a sense of constant tension and pressure. Parents felt frustration and had trouble coping with their children. As an educator and based on faith, I have discovered that knowledge can become power. Knowledgeable people drive change wheels faster. There is a tendency to be afraid of the unknown and the ease to "fall" in to the stigmas and false beliefs, prevalent in society. Hence, the current research's intervention program was conceived. The program is original. At its beginning, it provides the theoretical "gray" basis to the parents while shattering myths about the nature of the ADHD phenomenon.

The functional implications of ADHD are broad and affect the quality of life of children and their families, parents in particular. The level of stress in these families is higher than in families and parents of children without ADHD. along with a sense of disappointment and failure at fulfilling their parental role. In the research field, there are few studies that have examined the effect of parenthood on a child with ADHD and their parental self-efficacy.

This research examined the change in parental self-efficacy perception, focusing on the following of three dimension: self-trust, the ability to contain and communication skills, following parents' involvement in a parental intervention program (PIP). This program suggests a way to cope with the emotional, environmental and cognitive aspects that affect the functioning of parents. Its main objective is to promote the acquisition of management strategies and a sense of parental self-efficacy

by assuming that participation in the program will improve the relationship between parents and children with ADHD.

### **Gap in Knowledge**

The current research is based on the term "Self-Efficacy" set by Bandura (1986) and five principals/factors of group therapy by Yalom (1995). In most studies, parents are not the target population of these intervention programs, they are partners in the intervention programs for their children. There is great awareness in the public and the media with regard to the symptoms and characteristics of the disorder.

The uniqueness of the researched program derives from its focus on parents as it is directed towards raising personal parental awareness and self-efficacy. In addition, the program is based on the therapeutic factors in group therapy according to Yalom (1995).

### **Research Aims**

1. To examine the effectivity of the suggested intervention program that is based to chosen therapeutic factors of Yalom (1995) in group therapy.
2. To collect data about the effectiveness of self-trust, containment and communication skills on parental self-efficacy of parents of ADHD children.

### **Research Questions**

1. What happened in the process that caused the parents to feel a sense of PSE in dealing with their children with ADHD?
2. In what ways does the program effect the relationship between parents and their children having ADHD in terms of communication, trust, and containment?

### **Limitations Connected to Containment Ability**

This research was lacking number of participants. Since that, the amount of information that can be gathered is low. In contrary to this fact, the therapeutic group cannot be extent more than ten participants. That in-order to achieve effective therapeutic processes, and to advance psycho-educational goals. The researcher chose a compromise of dabbling the recommended number of participants and created an intervention program for 20 participants in order to expand the information. All this while the researcher leaves ate choice for the reader to conclude from the findings and deduce for further researches.

In addition, it is difficult, almost impossible to recruit people of this kind of group, hence its innovative method. It seemed that people underestimated its value and its capacity to benefit with them. That became an antithesis to the effect of universality Yalom's groups provides as a therapeutic factor.

## **Chapter I: Literature Review**

Barkley (1997) suggested that ADHD is a developmental disability, which appears at an early stage of a child's development. The phenomenon of ADHD is related to other biological factors, which may affect brain function or development. These factors are not the result of environment or society. According to O'Brien et al., (2010), one of the problems caused by the disorder is eruptive behavior that affects the ability to comply with rules, the inner voice's instructions, or conscience of a child. As a result, Children with ADD / ADHD have been observed to have difficulties in social behavior.

The choice in Barkley's (2014) theory that will exist as one of the main literature review of the current research was done in as deliberate way. That is due to the wide scale of Barkley's research done in a duration of decades through the examination of the influence of ADHD on the daily functioning in wide life zones.

### **Primary Symptoms of Children with ADHD**

#### **Hyperactivity and Impulsivity**

We find that the routine behavior of these children is that of immediately reacting to every circumstance without waiting for and listening to instructions needed to carry out a task. Sometimes, this behavior is accompanied by risky actions.

#### **Attention Deficit**

Another characteristic of the ADHD phenomenon in both children and adults is the inability to control attention. children find it hard to remember the stages required to complete a task including not remembering the purpose of a task and difficulty making the transition from one activity to another.

#### **Motor Ability and Coordination**

Children with ADHD who have been diagnosed with motor difficulties also have manual dexterity difficulties including writing and drawing skills and even playing musical instruments (Brossard-Racine et al., 2012).

## **Language Skills of ADHD Children**

Children with ADHD are characterized by difficulties in language skills (Petersen et al., 2013).

## **Executive Function**

problems both in organizing their learning space and required abilities to perform a task in a given amount of time. Lack of organization and order makes every simple task cumbersome and impossible to perform (Langberg, Epstein, & Graham, 2008).

## **Relationship between Parents and Children Having ADHD**

ADHD has a significant effect on the functioning of family's when one of her members has it. Therefore, parents' behavior has a critical part in formulating their children's personalities and natures. Over the years the research, indicates that parents have a significant psychological-emotional influential role in everything related to educating social behavior adapted to the environment in which their children live.

(Faraone et al., 2005). Although there are parents whose parental approach is containing and willing to create a creative toolbox to cope with the characteristic difficulties of ADHD, there are still many parents who report experiences that give them a sense of disappointment because of their children's poor achievements. (Shuai et al., 2017) . Daily coping with difficulties diluted by accumulating stress levels, are clear symptoms predicting negative interactions and behavior between a child and parent (Crnic, Gaze & Hoffman, 2005). When parents experienced high levels of stress, their sense of PSE is low whilst amongst those who experienced low stress levels, their PSE sense was high (Bloomfield & Kendall, 2012).

## **Parents and Children's Relationships**

"...helping relationship. By this term, I mean a relationship in which at least one of the parties has the intent of promoting the growth, development, maturity, improved coping with life of the other" (Rogers, 1958, p. 6). Meaningful interpersonal relationships are those relationships that accompany a sense of authenticity, people who conduct themselves honestly, sharing their feelings directly, with confidence and openness. These are the desired conditions for collaborative learning. Connections between parents and their children take place in a "shared space", which constitutes the symbolic place of their relationships. "shared space" is the reciprocal personal interpretation of parents and their children. The "shared space" is made up of hidden layers and open concrete interactions, which occur at any given moment between



parents and their children and new interactions that can bring about changes to the "shared space". Winnicott (1965) focused in his work on the process of creating the "shared space". He maintained that a mother's thoughts, feelings and qualities in her absence manifest in a transfer object; an item or phenomenon for her child.

Based on the works of his predecessors, Fonagy (2002), referred to the process in a similar manner in which parents are the caring figure who help children comprehend processes of looking inwards by developing the ability to empathize with others, for which, he argued the creation of behavioral and emotional regulation mechanisms are important. The emotional interpretation of interactions and behaviors between parents and their children taking place in their "shared space" in fact create children into individual entities with independent feelings. The connection between parents and their ADHD children is given to tension and many conflicts, which are factors making it difficult to establish stable, progressive and strong connections (Barkley, 2006). Establishing optimal connections between parents and their children contribute to children's abilities to self-regulate, which influences the development of future academic skills (Pianta & Walsh, 1996). When parents lack the knowledge and skills related to dealing with ADHD, their emotional pressure increases. Consequently, a sense of being incapable, understanding that they are not functioning as effective parents. Since ADHD has a genetic base, parents themselves suffer from self-regulation deficiencies and struggle to provide their children with a supportive, consistent, organized and calming environment (Harrison & Sofronoff, 2002). Wymbs and Pelham (2010) also argued that components of communication between parents and their children with ADHD are another layer in complicated relationships. Elements of communications between parents and their children constitute a mirror to the nature of their relationships.

Desired relationships between children and parents is a system that sets demands promoting development adapted to each child and their abilities. In addition, the system includes each child's wants, expectations, whilst considering the needs of children and parents.

### **Perspectives of Self-Efficacy**

Bandura (2012), introduced the notion that self-efficacy contains knowledge. The intervention program that research in this study is based on banduras (2012) argument. Bandura added another layer to his conception regarding to self-efficacy; that a sense of self-efficacy has an impact on the appearances of self-efficacy. He

maintained that a sense of self-efficacy refers to people's belief in themselves, in their motivation and ability to cope with difficulties and reach achievements. Bandura depicted self-efficacy as a competence that integrates social, emotional and behavioral skills that come together to serve one's purposes; He argued there is a difference between having knowledge and skills and knowing how to use them in different situations, some of which may be unpredictable and stressful (Bandura, 2012).

His theory creates a link between low level of self-efficacy that found among parents of ADHD children and parental dysfunction. Furthermore, he argued that positive self-efficacy leads to concreteness results using knowledge in practice.

In Gross et al., (1994) self-efficacy theory, they argued that when parents see their children possessing negative and difficult behavior, parental functioning and care for their children is seen as more difficult and a low PSE is found.

The definition of parental self-efficacy (PSE) is made up of a great number of terms found in the social science field. It is difficult to rely on one term when wanting to explain the essence of PSE. The multiplicity of terms testifies to researchers' need for an accurate description that includes all its components and influences. One of the significant parental characteristics to understand all the components constituting parental functioning is the sense of parental self-efficacy.

The key feature of parenthood is the intense interpersonal connection that makes it different from any other connection. This connection is characterized by a sense of responsibility, commitment, support and emotional nurturing combined with significant intentional actions. Parenthood that includes all the above demands an unlimited investment in time and place. Parents are measured in their own eyes and those of the environment according to their commitment and the level of success expressed in their children's achievements and adaptation. Although there are additional variables the influence children's development besides parenthood: their inherent personalities and abilities and influences of the environments in which they live (Cohen, 2007). An indicator of high parental competence is the ability to related to challenging parenting situations as being resolvable with a sense of belief in ability to cope with the difficulty. Building this ability occurs by increasing the sense of PSE. Parents' belief that how they educate children has the ability to influence them by activating parental strategies is the foundation of parental competence (Coleman & Karraker, 1998).

parents of children with ADHD are living with emotional difficulties ranging from two extremes. The first - defiance is a constant concern for their children and the second - a demonstration of their ability to manage and control ADHD characteristics. That is, placed on the parents' shoulders is a heavy emotional burden of the need to consistently balance between two opposing emotional ends. This situation awakens in them a broad spectrum of intense negative feelings about their parental functioning and emotional state, which is why they have a low sense of parental self-efficacy parental feeling (compared to parents without a child with ADHD (Corcoran, 2017).

Alongside studies showing a sense of PSE affected and challenged by having to deal with children with special needs, there is a research field showing that PSE has a role affecting the quality of life of children with ADHD and molding their functioning.

This research has chosen to define parental self-efficacy as parents' belief in their ability to bring about the development and success of their children in two key areas: (a) forming children's personalities by providing them the tools for proper social adaptation and integration; (b) instill strategies encouraging development in various areas of life.

For the purpose of the current research the researcher chose three of them in which she'll use the to examine the ability of parental self-efficacy of the participants in the intervention program. The perspectives are as following: **Self-trust,**

### **Containment and Communication Skills.**

#### **Self-Trust**

Self-trust is the first basic condition needed to create self-esteem and personal autonomy as an independent human being with the freedom of choice (Ryan, 2015). Dwyer and March (2017) maintained that self-trust encourages people to meet their moral commitments to others. Self-trust does not occur and/or is not dependent on relationships with others but can be nurtured or subverted by them and their environment. In the processes undergone in the group where each participant's self-trust construction was based on how all group members perceived the definition of self-trust, molding and adapting it to their own personalities. Additionally, therefore, one of the sensitive topics raised in the group was parents' fears of changing some the strategies in their management toolbox (although their needs were not met properly). One of the first steps was taking personal responsibility for molding each one's internal and

external world by understanding that their lack of self-trust as parents had negative implications on the wellbeing of their children and other family members.

### **Emotional Containment**

Bion (1962) was the first to coin the concept of emotional containment. He described the ability as a process in which people are helped emotionally to produce a change or for emotional support. Emotional containment ability is a process that allows authentic openness with an efficient emotional significance. During the process, the possibility is created to reflect on emotional and learning experiences. To experience and apply towards the environment effective emotional containment ability for the processes described, emotional competence is needed including emotional resilience, knowledge as well as a supportive environment (Steckley, 2018). The processes that took place in the group were fundamentally identical to the containment processes described. The group provided participants the protective, supportive environment and thus allowed them to go back and recreate the difficult emotions they had experienced in challenging moments or circumstances in their interaction with their children.

### **Communication Skills**

Communication skills are the ability to transmit meaningful information from one person to another. Optimal communication exists only when the recipient understands the information given to him/her. a positive communication model is required to meet the needs of children and contain them emotionally so that they can construct communication models that will encourage their best integration in the society of children and later into life as adults (Buchan, 2013). Parents have a key role in creating this process. the existence of optimal communication skills influences the sense of self-efficacy and vice versa (Ardakani et al., 2019).

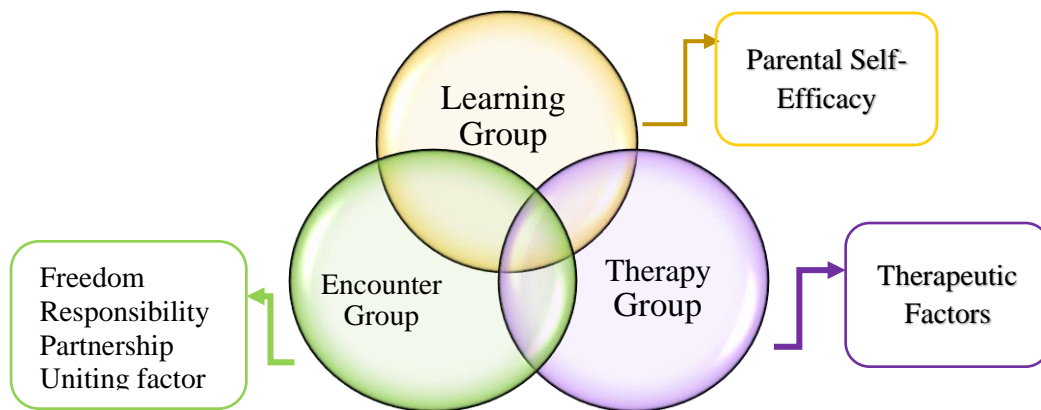
### **Perspectives of Interpersonal (Existential) Therapy Groups**

This section depicts the theoretical framework underpinning the intervention program implemented in this research. Existential therapies can be defined as interventions placed in psychology structured distinctly according to the doctrine of existential philosophers (Vos, Craig & Cooper, 2015). According to Rogers' (1967) approach, participating in therapy groups provides participants with opportunities/space to experience and confront their feelings and emotions. In addition, it helps cope authentically with interactions with others. Contrary to Rogers' approach Yalom(1995) sees the group as asocial microcosms. in which participants can develop

higher awareness of their mistaken personal assumptions that negatively affect the way in which they approach, relate to others in their relationships with them (parataxic distortions). Because of the fact that participants reacted, related to other group members naturally including showing authentic interpersonal behavioral tendencies. Yalom leveraged this while encouraging participants to relate to and focus precisely on group interaction taking place in the "**here and now**" rather than problems they cope with at work or home (Forsyth, 2010). In this way learning occurs by revealing honest emotions and acquiring competences to reduce conflict by enjoying a process made up of shared relationships (Forsyth, 2018). Most patients believe that they are wasting their time or life quality by addressing a problem that is unique to them. Participating in a (therapeutic) group gives participants the opportunity to get to know one another. In this process, participants experience exposure to conditions of, and more difficult situations in their group colleagues' lives. This process is known, according to Yalom (1980), as a universal attempt constituting the one key healing factors in existential psychotherapy because it provides a therapeutic quality to change through interpersonal and intra-personal processes. This means that participants learn from the life experiences of other group members about circumstances similar to those they have experienced which they required patience, tolerance, efforts, successes and failures. existential psychotherapy is a dynamic approach congruent with dynamic and versatile life experience by adapting to needs, values and wishes of every person to achieve their goals of freedom, responsibility, love, creativity, awareness, desire, values and human potential

### **Research Group Model – Interpersonal Group Psychotherapy.**

The researcher presented a model from the field of group therapy: Yalom's group psychotherapy. At the center of Yalom's existential therapy approach are existential questions about the nature of humans, meaning of their lives and coping with their deaths. In Yalom's therapeutic approach to interpersonal group psychotherapy (IGP), participants experience a process of self-examination in the here and now in a group through exercising and demonstrating interpersonal relationships with their partners in the process.



**Figure 1: Components of the PIP intervention program sessions**

A group constitutes an adapted space to open these barriers, in its way it serves as a laboratory for human learning. In addition, participants in IGP are exposed to a broad range of interpersonal relationships in their lives outside the group space. By placing a magnifying glass of understanding while working on obstacles to establishing these interpersonal relationships in a group, participants will encourage the creation of healthier behaviors and interpersonal relationships. The described process allows participants to feel better about themselves, which promotes an increased sense of self-efficacy (Yalom, 1995). Therefore, the model is relevant to the heading of parental self-efficacy (Bandura. 1986, 1997). The role of groups is not just as a tool to achieve participants' goals but, also constitutes an important means of instilling a sense of self-efficacy in the ability to adopt behaviors, and/or ways of achieving these goals. Maddux and Lewis (1995) discerned that for a sense of emotional psychological wellbeing, additional conditions above self-efficacy and ability are required. However, participants with a high sense of self-efficacy on the whole were those who saw themselves as challenged and not threatened. Group participation contributes to participants' sense of self-efficacy, by making accessible learning of specific abilities they need. Yalom (1995) referred to this increased sense of self-efficacy as "instillation of hope" and this is the first factor his IGP approach treats. Marmarosh, Holtz and Schottenbauer (2005) reinforced Yalom's view and argued that one of the benefits of group participation is a higher sense of self-efficacy that promotes a sense of wellbeing by reducing self-hope. Yalom (1995) believed that several therapeutic factors constitute the supporting pillars at the foundation of change in the important processes occurring in groups that meet the criteria of social analysis in a range of group definitions:

Instillation of hope, Universality, Imparting information, Altruism, Corrective recapitulation of the primary family group, Develop socializing techniques, Imitative behavior, Interpersonal learning, Group cohesiveness, Catharsis and Existential factor. Yalom's (1995) model was chosen for this study because it provides access to opportunities to instill and endow parental self-efficacy in three aspects presented previously: trust, communications and containment.

### **Parental Intervention Program - "PIP"**

The program was divided into three stages each comprising three sessions. At the basis of each of the three stages that will be presented below, a goal was established, whose function was to advance the overall goal of the program - raising the sense of parental self-efficacy and encouraging the creation of a process of group- efficacy.

- ❖ Stage A - Creating trust among the participants and towards the facilitator 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 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. Figure 6 depicts the process of research stages, whereby each stage reinforces the previous one and advances the next, with cyclic repetition of contents learnt at previous stages.

### **Objectives of Parental Intervention Program-"PIP"**

1. To Increase PSE by group leadership emphasizing three terms: communication, trust, and containment.
2. To positively influence their children's behavior.
3. To reduce constant tension in the interaction between parents and their children.
4. To Encourage the creation of unique shared parent-child space (Siegel, 2001).

Intervention programs in the research field have a number of purposes (Graham & Harris, 2014). The aim of the intervention program is to improve the relationship between parents and their children with ADHD. The second purpose of the program is

to raise the sense of parental efficacy among parents of children with ADHD. The program enables access and sustainability to long-term treatments found in the range of proposed therapies. The program helps by providing tools to cope on a daily basis with their children. Following is the program's structure:

**Session 1: "Pleased to meet you"**(Duration: approximately 1½ hours)

Purpose of the first session: exposure to the ADHD phenomenon, presentation of the theoretical background.

Content – Myths about ADHD are shattered and relevant information based on contemporary theories and studies imparted. A short film by 'Cheli Goldberg' was shown in which the experience of a child coping with ADHD was described.

Program Quality – using a presentation during which parents asked many questions about the ADHD phenomenon. Afterwards, at the end of the meeting, a short summarizing film was shown.

**Session 2: "A light at the end of the tunnel"**(Duration: Approximately 1¼ hours)

Purpose of second session: to instill hope for parents who daily confront their ADHD child.

Content – Create group unity by parents sharing with group members their feelings about coping with their children with ADHD.

How program is imparted – group belief cards, group conversation about their feelings, watching a short film presenting the fact that despite differences, we all have a common denominator: "We are all one human tissue".

**Session 3: "You are allowed to be angry without destroying"** (Duration: 1 hour 20 minutes)

Purpose of third session – controlling our fury

Content – Understanding the role of anger in our lives. Parents describe situations in which they did not control their anger. Provide a number of tools to control anger.

How program is imparted – simulation of dialogue that leads mostly to anger between two sides. Parents describe a situation in which they behaved angrily that led to a dead end, followed by a group discussion about it. At the end of the session, a short film on anger and how to deal with it was shown.

**Session 4: "Containment - when you sense do not destroy"**(Duration: 1 ¼ hour)

Purpose of fourth session – simulation of a scene with a child, constructing expectations for action.



Content – Creating a box of tools for parents to fill their containment ability "vessel" by turning the focus on to an area that fulfills each one of them emotionally.

How program is imparted – simulation, group discussion about the importance of parents' personal space.

**Session 5: "Let's talk"**(Duration: 1 hour and ten minutes)

Purpose of fifth session – constructing a set of tools respectful communication

Content – Present tools that parents can employ to create together with their children and rest of the family optimal tools for respectful communication between family members.

How program is imparted – a short film presenting impeded communication and its implications, group discussion about dialogue rules and their role, simulation of respectful and facilitated dialogue.

**Session 6: "Code of behavior"** (Duration: An hour and ten minutes)

Purpose of sixth session – setting a respectful and rewarding code of behavior with a child.

Content – The role of social and familial rules and conventions. Create a platform of tools for optimal behavior, structure a family behavioral code adapted to each family personally.

How program is imparted – group dialogue about the importance of rules. Demonstrate common rules in various families and summarizing discussion.

**Session 7:"Quality time"** (Duration: 1 hour)

Purpose of seventh session – strengthening the connection between parents and their children. Recognizing "Quality time" as tool to enhancing parent-child "mutual zone".

Content – Expose parents to the importance of quality time by presenting latest research in the field. Open horizons to activities that promote quality parent-child time.

How program is imparted – discussion on the importance of the topic, group sharing of activities parents do with their children, a short film showing the contribution of quality time to the relationship between parents and children.

**Session 8: "Casual learning"** (Duration: 1 hour)

Purpose of eighth session: "casual learning" – its benefit lies in its informality.

Content – Making information accessible regarding the contribution of casual learning carried out by parents by creating a reservoir of examples of casual parental learning.

How the program is imparted – simulation of casual learning between parents and children, discussion assessing the learning, presenting intuitive parental examples of casual learning.

**Session 9: "Following instructions and being organized"** (Duration: 1 ½ hours)

Purpose of ninth, concluding session: NDO: New Day Order – group discussion about several rules that progress and change day-to-day lie.

Content – The fundamental role of time management, order, and employing it consistently with children with ADHD. Summarize the sessions, each parent’s personal reflections and feelings about the sessions in general.

How the program is imparted – discussion about the value of creating organization and order, a short film addressing the importance of order and organization in children's lives.

## **Chapter II: Research Design**

### **Preview**

This study examines the way in which an intervention program provides the opportunity for parents of children with ADHD to raise their self-efficacy. The chapter begins by describing the structure of the research paradigm chosen for the study. First, the reasons that led to the choice of mixed methods research, which combines quantitative and qualitative research tools. Methodological considerations were the factors influencing the research design, which will be described below. A parental self-efficacy questionnaire was adapted to the research topic in order to examine the sense of self-efficacy among parents of children with ADHD who participated in the intervention program, and those who did not take part in it.

### **II.2 Research Objectives**

1. To examine the influence of an intervention program on PSE of parents of children with ADHD.
2. To investigate how the intervention program facilitates the relationship between parents and their children having ADHD.

### **II.3 Research Questions**

1. What happened in the process that caused the parents to feel a sense of parental self-efficacy in dealing with their children with ADHD?

2. In what ways does the program effect the relationship between parents and their children having ADHD in terms of communication, trust, and containment?

#### **II.4 Research Hypotheses**

1. The intervention program will enhance PSE of parents for children with ADHD.
2. The intervention program will enhance parent's ability to manage their relationships with their children having ADHD.
3. The intervention program will have a positive contribution to the assimilation of long-term maintenance of self-efficacy.

#### **II.5 Research Variables**

1. Independent variables: Taking part in the intervention program
2. Dependent variable: Parental self-efficacy, Trust, containment and communication.

#### **II.6 Research Methods**

For purposes of the current study, the researcher used the explanatory design (Creswell & Clark 2017) in order to create a solid foundation for sustaining the research findings, and to strengthen the voice of program participants. The mixed method approach enabled the researcher to obtain statistical information from a questionnaire distributed to parents of children diagnosed with ADHD. The questionnaire examined parental functioning and parents' perceptions regarding their sense of parental self-efficacy. The aim of the quantitative part research was to establish solid grounds based on facts as well as on numerical information submitted to the researcher in a controlled examination of the parents' perceptions. The qualitative section in this study allows the researcher the opportunity to draw conclusions about the process in which the participants underwent. This section has brought the researcher directly closer to the participants' voice. This approach enabled the researcher to understand the participants' perceptions about parental self-efficacy. A clear advantage in the qualitative section resulted from participants sharing their inner feelings and anxieties accompanying them on a daily basis.

This research is part of the social sciences discipline, which deal with complex and interesting phenomena that require the use of qualitative and quantitative approaches as described above (Plano et al., 2008).

### Research Population and Sampling

The study focused on parents with ADHD child. The population was a deliberate chosen. The study included 20 participants, in one group: five fathers and 15 mothers, who have participated in all program sessions. This population was chosen because of the researcher's belief in the important and significant work of instruction based on Yalom's principles of interpersonal group psychotherapy, which was converted to the needs of parents with ADHD children. The choice of population was based in part on the participants' willingness to share and talk about their difficulties coping with their ADHD diagnosed children.

The research population consisted of 51 parents of elementary and junior high school children and with attention deficit disorders. All parents have a similar average-low socio-economic background. Most participants live in the Greater Tel Aviv area. Of the 50 research participants, the researcher sampled ten parents from an average socio-economic background, with over 12 years' education and sound language abilities, who are open in their communication and sensitive to the research topic.

Research population is described in table 2 below.

Table 1: Demographic description of the study sample

Variable	Category	Number	Percent
<b>Gender</b>	Mothers	37	77.1
	Fathers	11	22.9
<b>Marital Status</b>	Married	36	70.6
	divorcee	12	23.5
	Widowed	1	2.0
	Single	1	2.0
<b>Age</b>	21-30	3	6.7
	31-40	16	35.6
	41-50	22	48.9
	51-60	4	8.9

## **The Questionnaires**

Two types of statistics were employed in analyzing questionnaires: descriptive and inferential. (Appendix 1)

- ❖ **Descriptive statistics:** distribution of answers and rate of agreement found for each of the items presented, by calculating the frequency of answers given (number) and their relative frequency (percentage) as well an average measure (mean and median) for each detail and distribution measures (standard deviation and area).
- ❖ **Inferential statistics:** To examine whether parental background affects their answers to the survey questionnaire, for each detail, we tested using the t-test two independent samples and the Mann Whitney test, whether there was any difference between mothers and fathers and whether there were differences between married and unmarried parents. Correlation between a parent's answer and age was tested by calculating a Spearman coefficient. This coefficient is suitable for describing the correlation between two variables when at least one of them is ranked. The Spearman coefficient is appropriate to use when describing the correlation between participating parents' answers examined on a 5-point Likert scale and age as a quantitative variable.

### **II.12.2 The Interviews**

The interview was divided into two main parts. In the first section, interviewees responded to 11 distinct questions. In the second section, the researcher chose to conduct a more open conversation with interviewees to allow them to share their experiences without interference about asked questions and their impressions with the program. (Appendix 2)

#### **Content Analysis**

Data was gathered from three channels: (1) session long audio recordings; (2) Pre and post in-depth semi structured interviews; (3) Participants' Logs. Participants gave consent to the audio recordings. Recordings were presented to participants as a method helping the researcher collect data to improve and learn about instruction methods. Session long audio recordings as well as pre and post in-depth semi structured interviews were given to a research assistant to transcribe into text. This text was the source of information for content analysis in this study.

Participants' Logs: Before the program started, participants were presented with an exercise book/logbook as a tool in which parents would write and raise issues as a result of what had been learned in meetings. Furthermore, participants were asked to write a diary in the notebook to share their experiences and feelings as a result of an assignment given to them at the end of each meeting.

Content analysis of the texts received from the three sources presented was conducted in two stages according to the approaches of Côté et al. (1993) and Shkedi (2010). They proposed a first stage of qualitative research, which they called the labels stage. In other words, dividing text into pieces of structured information containing one meaningful idea. The next stage is formulating categories, using a process of combining and comparing labels of data belonging to the same idea acquired in the first stage. Labels with similar meaning are grouped together as clusters. This step of creating categories from diverse pieces of content remains accessible. This step allowed the researcher to affiliate contents by matching them to categories until producing an optimal analysis (Denzin & Lincoln, 2013).

This process of creating categories allowed the researcher to reflect all the changes in formulating and rewriting the labels (category headings) that occurred during content analysis. Therefore, readers of the study get a broad and comprehensive data picture of the examined phenomenon thanks to various data sources. "The world of day-to-day lie, as it looks from the point of view of participants, is the reality we strive to describe" (Shkedi, 2004, p. 81).

### **Researcher's Role**

The researcher participated throughout the research, she was present at all situations and witness to all interactions between participants at meetings including before and after them. The researcher served as the knowledge holder group facilitator. Both the statistical questionnaire and semi-structured interviews were composed, adapted and rewritten by the researcher to suit the research population. The statistical questionnaire was distributed by research assistants, whereas the semi-structured in-depth interviews were conducted and recorded by the researcher (Patton, 2002).

While editing the research, the researcher had to show intellectual creativity and flexibility in structuring the research sample, and skills to execute the planning of qualitative and quantitative research, to balance the methods' shortcomings. The main challenge facing the researcher was to find the golden path between distance and analytical control and involvement and sense of empathy (Maykut & Morehouse,

2003). In the current study, the researcher integrated various research methods that provided this educational research, a broad data base on a practical educational tool. The data acquired overcome the disadvantages that occur when mixing research methods.

During the pre-program interviews, the researcher began to weave trusting relationships with participants who were important to the research continuation (Hossain & Scott-Villiers, 2018). From their initial acquaintance with the researcher, as expected, participants showed suspicion and found it difficult to respond authentically because in the pre-program interviews, they were asked to reveal their feelings, express their emotions, speak their personal thoughts. The fact that the researcher also served as the group facilitator contributed to strengthening trusting relationships and encouraged participants' emotional-intellectual openness, and therefore, the post-program interviews conducted by the researcher herself were extremely important to the research, because participants exposed their internal worlds to her without excessive inhibitions.

During the research, the researcher witnessed complex emotional circumstances while wearing the two hats of different roles, researcher and facilitator, and therefore when processing and analyzing conclusions, she had to separate these two roles. Research reliability is measured by examining two layers: the first, methodology – researchers' approach, research tools, maintaining and paying attention to research procedures, applying initial hypotheses, the second layer – researchers' confidence in their interpretation of the findings while creating the research narrative

In summary, combining information sources with diverse features is a difficulty because sometimes data contradicts itself. Here the role of researcher as a "conductor" commences, which allows diverse voices to be heard. Nevertheless, it is his/her responsibility to create a rich and wide-ranging musical creation containing all the voices.

### **Chapter III: Findings**

#### **Quantitative Research Findings:**

The findings reveal that parents have a clear feeling that they can influence their children's behavior, be role models for the children and thus achieve what is important to them as parents (Statements: "Things I do influence my child's behavior" , "I try to be a role model for my child", "I have an influence on ,my child's behavior", "I can

achieve what is important to me"). The findings show that they feel ineffective in their attempts to calm their children when they are angry and realize that their children's behavior is does not only depend on them. From the findings we learned that there is a certain duality in the feelings of parents, on the one hand they admit that they do not know how to behave in front of the children during a crisis and on the other hand, they claim to some extent that they are well aware of what they should do to positively influence their children's behavior.

### **Qualitative Research Findings**

#### **Main Findings Emerging from Research Question 1:**

##### **Theme: From Rejection to Acceptance first stage**

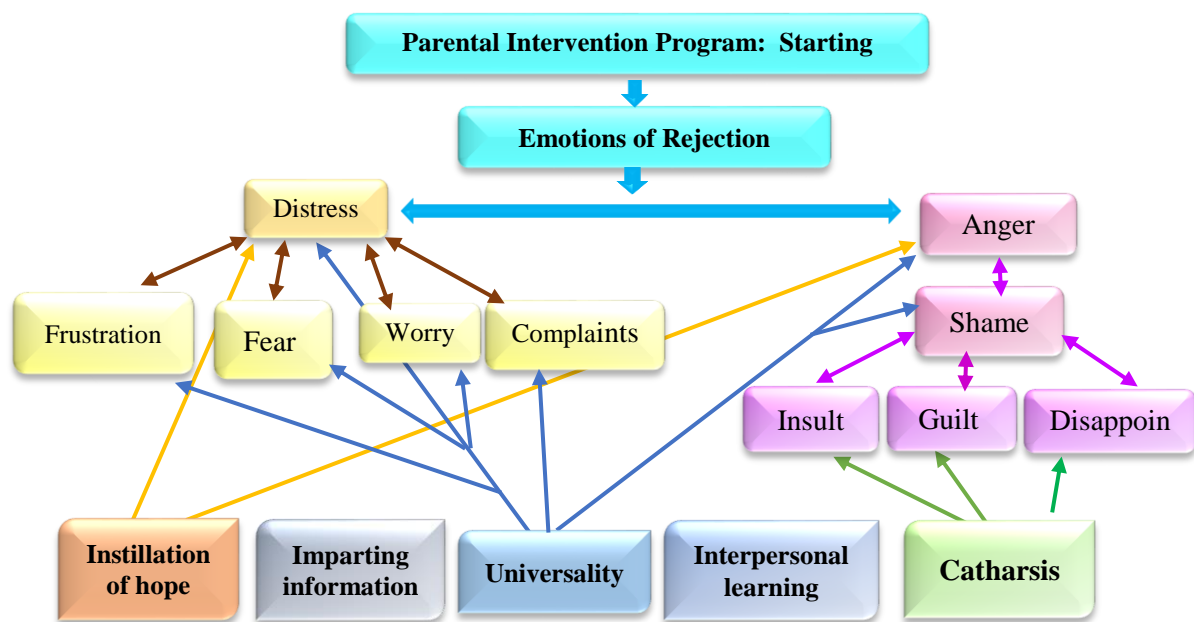
**Distress:** participants' evidence revealed the noticeable sense of distress accompanied mainly by a sense of helplessness in the face of their children's inappropriate behaviors, because they lack the tools and means to help them cope.

**Anger:** the sense of anger revealed in participants' testaments are seen by them as damaging their abilities to function optimally and appropriately as parents because the anger sabotages their children's view of their parental role.

**Blame/Guilt:** parents who participated in the program's sessions raised their sense of guilt at the start of the sessions, but from the evidence it is noticeable that there is no single emotional-perceptual source for this sense of guilt, it derives from various sources.

**Shame:** feelings of shame among parents who participated in the program were strong. This sense of shame derived from the fact that their children's behavior and noticeable difficulties in their conduct had made them stand out in relation to their friends without ADHD.





**Figure 2: links between the feelings revealed by parents who participated in the program**

The figure describes the links between the feelings revealed by parents who participated in the program. In the initial stages they described distress with regard to their difficulty establishing positive interactions and appropriate relationships with their children. Parents moved from a sense of distress to feeling constant anger in light of the problems and tensions they felt. These feelings nourished each other.

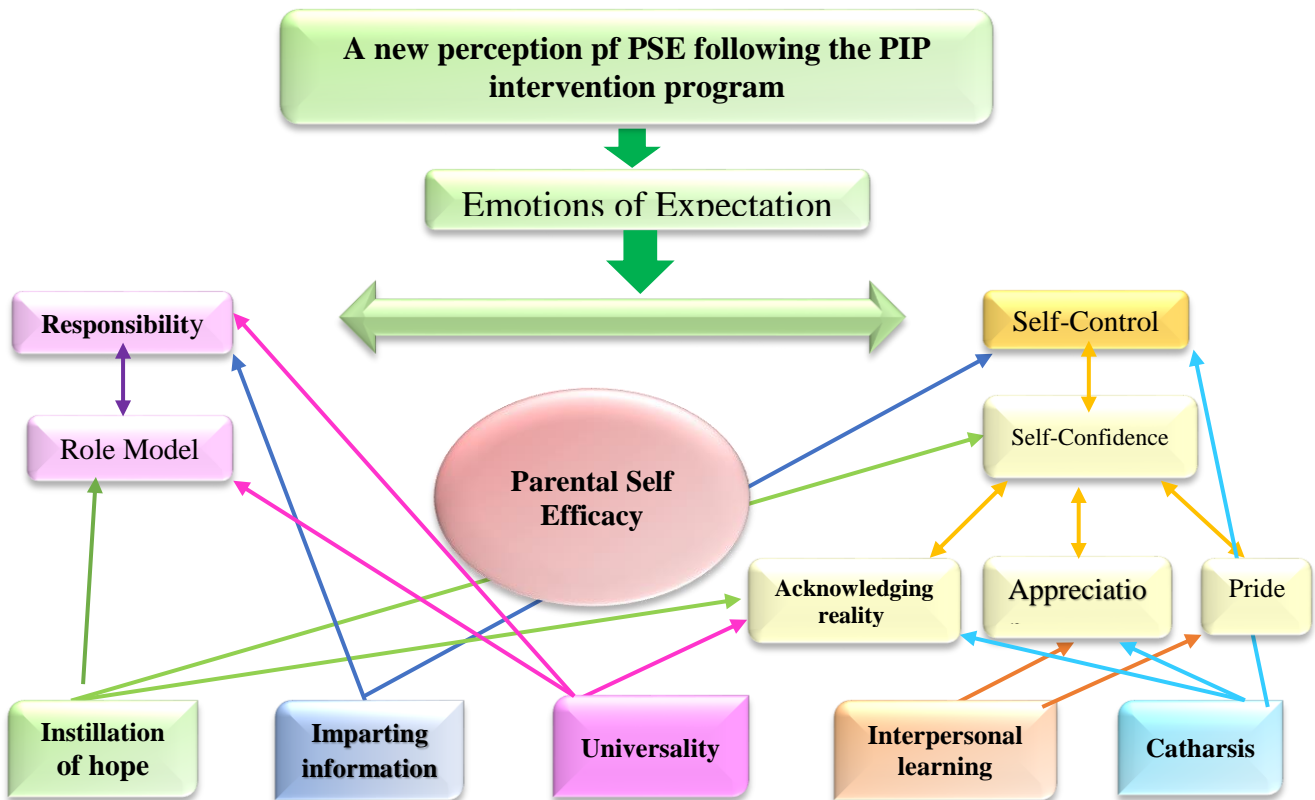
### **Theme: From Rejection to Acceptance -Second stage**

**Responsibility:** content analysis revealed that the change in participants' perception of the essence of their parental role began with their awakened sense of parental responsibility for their children in every aspect of life.

**Role Model:** the participants understood that following the process they experienced in the program, it is their responsibility to be positive role models for their children, and within the framework of their role as parents it is an integral part of their parental role and therefore, they must act optimally.

**Self-Confidence:** from the evidence after program participants' process in which they understood that they have the responsibility of being role models for their children, they felt a sense of self-confidence in their parental functioning.

**Self-Control:** from the evidence and content analysis, it is noticeable that after participating in the process that occurred in the program, most group members underwent a similar process of learning to exercise self-control in the parental functioning.



**Figure 3: A new perception of PSE following the PIP intervention program**

The figure portrays the sequence of the process that occurred in the program. The initial stage focused on **taking responsibility** for how participants functioned as parents, which made the desire to create change in their parental approach accessible. In light of this, parents began to experience small achievements and successes in coping with their relationships with their children, which led naturally to a sense of **pride** in the children. Thereafter, they began to **recognize** the difficulties their children with ADHD have and that this needs to be considered and actions adapted accordingly. After changing how they conducted themselves as parents, adapting themselves according to the characteristic problems of children with ADHD, they began to **appreciate** their ability to create an optimal space for parent and child. Appreciation led to understanding that they are role models for their children, and they must examine how they conduct themselves as parents. Seeing the importance of their influence, through their conduct in their parental functioning provided them with a sense of **self-confidence** in their actions as parents.

## **Main Findings Emerging from Research Question 2:**

### **Theme - Low Parental Self-Efficacy Preprogram- first stage**

**Instillation of hope:** in light of the scarcity of findings in this category, which was only mentioned by two interviewees, as well as the content of this evidence it can be seen that there is a sense of hopelessness about the nature of their relationships with their children.

**Catharsis:** reaching a situation in which there is a sense of confidence in a therapeutic group enables a process of catharsis based on the testimonies presented in this category. There interviews occurred before the program and even before a similar process started.

**Containment:** it can be said that it is noticeable in every interviewee who testified pre-program that they felt impatient including not wanting to deal with their children. **Communication:** from the testimonies provided it is noticeable the communication employed by all interviewees who participated is fundamentally similar and characterized mainly by anger and stress.

**Trust:** it can be said that from the evidence presented, interviewees had a lack of trust in their abilities and therefore difficulties were revealed in their parental functioning.

**Motivation:** it can be said that interviewees' testimonies demonstrate a lack of motivation to conduct relationships with the children as an absence of patience described as an absence of physical strength.

### **Theme - High Parental Self-Efficacy Post Program -second stage**

**Instillation of hope:** it is remarkable that in all testimonies given by interviewees there is a sense of hope and optimism, and their words show an atmosphere or willingness to deal with what is to come in the relationships with their children.

**Catharsis:** in each piece of interviewee evidence, it is noticeable that the emotion that drove them before and during their participation in the program was fear and trepidation in the daily coping and a sense of failure in their ability to function optimally in the role as parents.

**Containment:** based on the testimony of interviewees, that changes occurred in containment abilities in various ways and at different levels.

**Communication:** it is noticeable that in the process undergone by interviewees there was a turning point in how they communicated with their children, and they even described how the turnaround started with them, and later the process caused a change in their children's means of communication.

**Trust:** interviewees each described different aspects in the process of self-belief each experienced and its contribution to how they conducted their relationships with their children.

**Motivation:** all the evidence provided by interviewees reveal a scenario that when they achieved the goals, they set themselves in their interaction and relationship with their children, relying on experiences of the process's success, led to an increase in desire and motivation to continue to make optimal advancing changes in their relationships with their children.

## **Chapter IV: Conclusions and recommendations**

### **V.1 Factual conclusions deriving from research question 1**

What happened in the process that caused the parents to feel a sense of parental efficacy in dealing with their children with ADHD?

On the factual level, the findings that emerged from the research show that the improved sense of self-efficacy among parents of children with ADHD is concealed in parents' ability to develop strategies to cope with the frequent changes in their children's behavior. It seems that parental self-efficacy emerged from this research as an advanced strategy that is necessary for coping with difficulties in raising children with ADHD.

Additionally, the ability to control their reaction in a state of anger, as a result of their children's behavior, can increase when they have psycho-emotional-educational tools to cope with their sense of self-anger and containing it. Therefore, parents can undergo a teaching process which evokes the "tool-box" in-order to be able to examine and choose appropriate reactions. An intervention program designed for parents that participate in an existential psycho-emotional process, may put the suffering parents through a move of accepting the difficulties of ADHD.

Another aspect of the reason d'être of the existential character of the intervention program, is the assumed necessity for the parents to have time for themselves. this is a time to defuse tension and emotional pressure diminishes their life quality. This strategy was found as having an effective therapeutic feature to "recharge batteries" and for the parents to be able to continue to cope with all behavioral and emotional demands.

Taking a step to improve personal life quality testified that there was an improvement in their sense of parental self-efficacy as occurred as a result of the process of the existential psycho-emotional process intervention program.

Parents who experienced a process in which they successfully achieve parental goals, increased their recognition of their ability to cope with difficulties and challenges. This stage of the process provided an accessibility to the increasing of the sense of parental self-efficacy.

Responsible parental conduct with emotional commitment provided their children with worthy role models, which provided them with the foundations to test their abilities and cope with life's tasks. Moreover, the existential process and mutual life story, was found as a powerful psycho-emotional tool for the participants that were exposed to progressive strategies that strengthen their sense of parental responsibility for their children. High self-control was found to be one of the most essential elements needed to create parent's worthy of being role models. As demonstrated in the findings, exposing the participants to the effects of the components of low self-control, produced a common "tool-box" for self-control, and made the increasing of this ability accessible to the participants as a result of the process of the intervention program.

## **V.2 Factual conclusions deriving from research question 2**

In what ways does the program effect the relationship between parents and their children having ADHD in terms of communication, trust, and containment?

As a conclusion immerging from part of the findings, parents of children with ADHD could be benefited by having the ability to conduct parenting flexibly with intellectual creativity. That means, to set consistent behavioral lines to cope with their children's reactions. This ability was developed as a process of the intervention program by instilling means of coping creatively, through "out of the box" thinking, as an ability that developed during the acquisition of various strategies.

Parents lacking a figure they could learn by in their childhood, formulating an appropriate model for themselves, had difficulties creating the foundation of principles for a best parental model. This deficit was found as a common component that united the participants. The existential character of the psycho-emotional intervention, alongside with the intentional use of group gathering, was found as a powerful psychological mean to enable the participants to structure appropriate parental models.

The cathartic process was found to be essential to create a progressive and optimal group therapy process. Catharsis was observed to occur in a group therapy

environment, when the group provided its participants a sense of trust, as well as a sense of emotional safety to be able share and expose complicated mental contents.

The ability to empathize and contain emotional behavioral problems characterizing the conduction of children with ADHD, increases the level of parents' tolerance of these mentioned problems. Furthermore, the group intervention provided a practicing field for the required progressive means of communication including listening, sensitivity and containing their children's poor expressive difficulties, and building bridges between parents and their children, as reported by the participants in the interviews.

Instilling a sense of optimism and hope, can be a tool for increasing sense of self-efficacy. Universality brought proof to the participants by being exposure to the testimonies of their group members. Having that, it elevated their acceptance to the suggested tools to cope with the challenges in their parental role.

Interpersonal learning can be utilized as an essential therapeutic factor in a group. This factor encourages the accustoming of emotional self-control including containment, adaptation and acceptance. Elaboration on the phenomenon, is one of the strategies to be used in such intervention program to achieve these capabilities.

Recognizing reality as a fully transparent confrontation is a difficult emotional process found to require support. The therapeutic steps make accessible recognition of abilities to bring about change and practicing scenarios, to a desired and better route with parents and their children. Participants in an intervention program such as suggested in this research, who experienced in their past a process of 'scraping away' the truth, may feel a sense of relief after confronting group members sharing their "secret".

Flexible parental behavior required to the enhancement of life quality of both parents and ADHD children, can be achieved by, among other, understanding the elements of the phenomenon called ADHD. Effective and progressive communication depends on parents' level of emotional awareness. Their ability to contain and empathize their children's difficulties, allows them to make their rigid approach to them. Using advanced communication strategies addressing ADHD difficulties sensitively and understandingly, contributes to creating effective communication platforms between parents and their children. Intervention program such as described here, was demonstrated to raise parents' emotional awareness.

### V.3 Conceptual conclusions

The findings of the current research enabled the development of a model for the therapeutic intervention program targeted to the enhancement of parental self-efficacy, among parents for children diagnosed with ADHD. Figure 18 represents the model developed for this research.

The model's chart presents the all the components of the intervention program. It was constructed in view of examining the effectivity of the intervention program being the center of the current research. The use of Yalom (1980,1995) therapeutic factor of group therapy, and Bandura's (1986) term of self-efficacy, through examination of both among parents having children with ADHD took place as the main inquiry of this research. The process of integration of both approaches made it possible and promoted a development of a new therapeutic method for other targeted populations. The original model, since it ones a holistic feature, incorporates attribution to most aspects of human personality. Social aspects, psychological aspects and mental concepts that are crucial to every parent participated in the current intervention program. That is to say that the model is an integral model attributing to the whole person with all its internal components: Its difficulties, sources of happiness, and its roles.

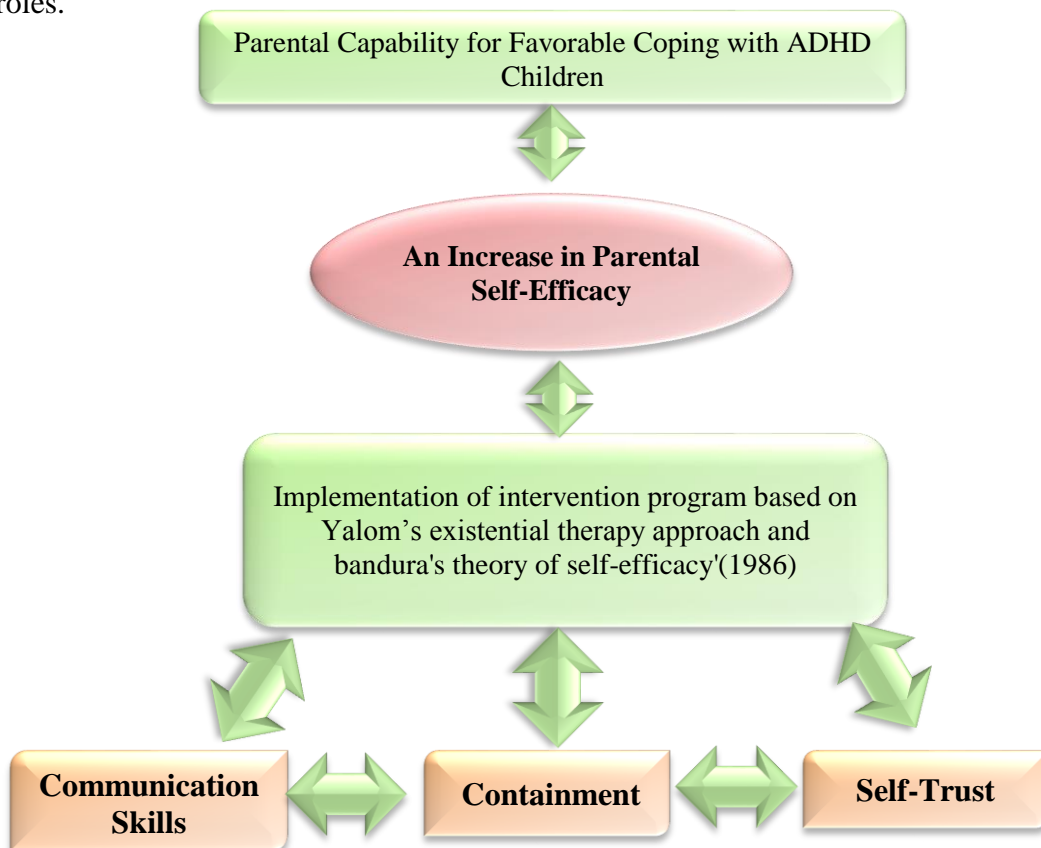


Figure 4 : The intervention program's model

The model does not only focus on the person as a parent but finds the parent as an individual with the variety of complexity of his/her personality. Since the model is integrative, it links between three disciplines: the therapeutic, the educational and the psychological. In the educational aspect the model is concerned with educational cases in-order to enhance intra-personal processes that may be beneficial to the improvement of social skills. One of these skills refers to communication. The communication skills become the basic foundation of the model. The model contains a targeted and well aware education attribution to the importance of communication skills that have the power to bring about a progress in parents-children relationship (not only for children with ADHD). By conduction of respectable discourse containing all proper components of conversation such as listening, acceptance, non- judgmental attitude, eye-contact, respectable language, pleasant tone of voice etc.

In the therapeutic discipline, the model lays on part of group psychotherapy principals of Yalom's existential therapy (1980,1995). That is through instilling a sense of hope and self-trust and elevating the participants ability to cope with parental existential difficulties and with a formation of respectable mutual group arena. This action encouraged the progress of therapeutic long-term processes in a relatively short time of nine meetings.

In the psychological discipline the participants shared secret and hidden feelings thanks to a process of catharsis that became a norm in the group arena. The participants exposed and "peeled" the "Shells" that they hid for many years. The very discussion and the comments of the group members in a containing non-judgmental manner, caused a sensation of relief among the speakers. This process incorporated the main part of the psycho-emotional enhancement process.

The value of the current model raises also from its effectivity, due to the fact that it is constructed in a modular method. That means that it is possible to separate and adopt parts from it. All of the basic foundation can be implied separately and construct different kinds of intervention programs based on it. Every basic foundation can be implied on different population owing a mutual problem. In-spite of that all foundation together have a significant contribution to the enhancement of parental self-efficacy thanks to the dynamic processes in all parameters of the model.

#### **V.4 Actual Implications and Recommendations**

As for today the Israeli education system normally focuses on coping with the adaptation difficulties of children with ADHD. In this conduction the education system



achieves only partially its socio-educational goals for these children. That is because it does not connive the parents as a factor to whom the system has to instill beneficial tool for the purpose of coping with the children together.

In the light of this it is recommended for education systems to change their policy and provide treatment and support for parents of children with ADHD in-order to improve school's atmosphere as well.

Since the education system is capable, it owns the resources and has the mandate to produce parental intervention programs, it is recommended to intensify the sense of prophecy required to enable to intervene for the benefit of discovering methods of coping with the challenges that the parents are confronting daily. The current research estimates that the education system will benefit from supporting the parents, the children may come to school more relaxed and will be having the goodwill to study and integrate socially. The parent's obligation to the educational process and recruiting them to become partners for the educational pathway, will elevate the probability of the success of the educational process of children with ADHD.

The establishment of informative groups for parents and such, derives in many cases from economic considerations. It is an action that demands low budget of resources and man-power. That is due to the fact (among other facts) that the information is transferred to a number of participants at the same short time. The current research confirmed that the group was essential for producing a therapeutic process. In-order to apply the suggested model of the intervention program, stake holders of education systems must demand the operation of existential intervention program for the parents in schools.

## **V.5 Research limitations**

**V.5.1 Limitation Connected with the Research Tool:** The researcher found a limitation in sense that interviewees tend to please the interviewer. It may produce a kind of bias harming the neutrality of the data.

**V.5.2 Limitations in Relation to the Researcher's Position:** the researcher is an involved subjectively. That fact may form a disadvantage. The researcher knew what to ask the participants in-order to discuss difficulties they experienced.

**V.5.3 Limitations Connected to Containment Ability:** This research was lacking number of participants. Since that, the amount of information that can be gathered is low. In contrary to this fact, the therapeutic group cannot be extent more than ten participants.

#### **V.5.4 Limitations Concerning Language and Culture Differences**

This research was done primarily in the language spoken in Israel: Hebrew. therefore, it may cause differences between what was said exactly and what is written in the English translation.

#### **V.6 Contribution to the Theoretical Knowledge:**

This research suggested an intervention program in which it can contribute by its nature to the world knowledge in the area of parental self-efficacy of parents to children with ADHD. The intervention program made use for the term self-efficacy taking Bandura's (1986) theory and mixed it with Yalom (1995) psycho-therapeutic theory of group existential therapy. By combining both approaches the researcher managed to cause the participants to trust themselves and by that to increase the level of their parental self-efficacy feeling. The suggested model is original and therefor it sums some of the gap on knowledge in this area.

#### **V.7 The contribution to the practical knowledge**

The suggested model in the current research is pragmatic and may be used as a format of group leadership for everyone who attempts to form an intervention program designated to treat parental self-efficacy for parents of children with ADHD.

Through the use of therapeutic principals of Yalom (1995), and Bandura (1986) perceptions about self-efficacy and its wide influence on many life spaces, the researcher succeeded to turn the combined approach and form a "self-help" group. That means, she managed to formulate a change of perspective and turned informational group into a group of existential therapy. This process was planed in advance being aware of the short and the long-term occurrences and processes that would be the behavioral outcome of the intervention program. These processes are important in education since we constantly confront situation in which parents are in a state of distress. the system will benefit by improving family relationship that will improve both situations of parents-children at home and in school.

#### **V.8 Further Researches**

In order to confirm the knowledge in the discipline, the current research raises issues that are worthy of further researches. Since the intervention program was limited to nine sessions, another research needed to examine the contribution of a more extended intervention program on the parental self-efficacy and on other psycho-emotional aspects of parents facing the same problem. Further-more researches on the influence of such intervention may expand the understanding and the knowledge about

the change in parents' management in various arenas of life. Further research may put forth some other goals deriving from the choice of different parameters of parental self-efficacy set by the current research.

The second research assumption was confirmed only partially, since it examined only one side: the conduction of the parents without the influence of this change in daily conduction on the children behavior. Further research as an outcome of the current research may examine the influence of the achieved change on the children's daily conduction. It is possible to assume that as much as it is calmer at home, it would be calmer at school. That may lead to better social assimilation of children diagnosed with ADHD.

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## Appendixes

### 1. Self-Efficacy Questionnaire

Dear Participants,

Here is a short questioner designated to collect data for a research that I intend to conduct. The research is being done for my doctoral studies that examine the connection between parenthood of children diagnosed with ADHD. **This is an anonymous questioner.** All the information retrieved with this questioner remains for research purposes alone. Nothing else will be done with it.

Thank you for your cooperation,

Melina Hayoun

**Gender:** male/female

**Age :**

**Personal status** 1. Single 2. Married 3. Divorced 4. Widower

**Professional occupation:**

- 1- Totally disagree
- 2- Disagree
- 3- Neutral
- 4- Agree
- 5- Totally agree

### Questionnaire of parental self-efficacy

	Totally disagree	Disagree	Neutral	Agree	Totally agree	Comments
1. have to do with my child	1	2	3	4	5	
2. I am capable to do things that can improve my child's behavior	1	2	3	4	5	
3. In most cases I know what I have to do in-order to maintain my child's bahavior	1	2	3	4	5	
4. Things that I do have an influence on	1	2	3	4	5	

my child's behavior						
5. I have influence on my child's behavior	1	2	3	4	5	
6. When my child confronts a problem at school, I go with him/her immediately	1	2	3	4	5	
7. I do not know how to react to my child in time of crisis	1	2	3	4	5	
8. I do my best to be a model of behavior for my child	1	2	3	4	5	
9. I find the way to calm my child in situation of anger	1	2	3	4	5	
10. I understand that my child's behavior is not depended on me solely	1	2	3	4	5	
11. I can achieve what's important for me	1	2	3	4	5	

1. Please describe your reaction when your child disappointed you in performing a task you set for him/her
2. How do you feel when your child reacts in a way that you did not expect? Especially when you face a repetitive behavior that you talked about and came to agreements.



## 2. Semi-structured interview

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

The interview questions were as following:

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 on the routine morning what did you feel after it all happened?
4. Could you give me an example of "a morning scene"?
5. Are there other kind of "mornings"?
6. Please describe a situation when your child is given assignments. What were his/her reactions?
7. Can you please detail something about your interaction? What kind of communication exists 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, in what intensity? Do you sense discomfort or frustration?
9. What drove you to join the program?
10. Please elaborate on your feelings after every group meeting ( this question was only asked after the program )