


1-2001

## A Psychoeducational and Support Group for Parents of ADD/ADHD Children

Kenya Gilmore

Follow this and additional works at: <http://csuepress.columbusstate.edu/pil>

 Part of the [Curriculum and Instruction Commons](#), [Online and Distance Education Commons](#), [Scholarship of Teaching and Learning Commons](#), and the [Teacher Education and Professional Development Commons](#)

---

### Recommended Citation

Gilmore, K. (2001). A Psychoeducational and Support Group for Parents of ADD/ADHD Children. *Perspectives In Learning*, 2 (1). Retrieved from <http://csuepress.columbusstate.edu/pil/vol2/iss1/7>

This Research is brought to you for free and open access by CSU ePress. It has been accepted for inclusion in Perspectives In Learning by an authorized editor of CSU ePress.

## PERSPECTIVES IN LEARNING

Volume 2: pp 27

### A Psychoeducational and Support Group for Parents of ADD/ADHD Children

By K. Gilmore

#### Introduction

The purpose of the group for ADHD parents is to (1) educate the parents on the symptoms of ADHD, (2) teach the parents some behavior management techniques, (3) help the parents to understand the ADHD child so that they can manage them, (4) provide a safe place for disclosure and support for the parents. The group will be set up as a psychoeducation / support group because it will be held in an educational setting with its main goals to educate parents and to provide a source of support to these parents.

#### *Theoretical Literature*

"The term ADD has gained popularity among the general public, in the media, and is even commonly used among professionals (Jaksa, 1998). ADHD is mentioned so often in the counseling classes centered on school aged children and the education literature that it operates as a buzzword. We hear these terms so often, do we really know what it means to the parents who deal with this disorder on a daily basis? Parents focus on the symptoms and the pain and confusion that ADD / ADHD causes for their families. The DSM - IV characterizes the essential feature of Attention-Deficit/ ADHD as a persistent pattern of inattention and /or hyperactivity-impulsivity that is more frequent and severe than is typically observed in individuals at a comparable level of development" (APA, 1994, p. 78).

Among other descriptives:

1. Inattention is described as not paying close attention to detail, being easily distracted, and not being able to sustain attention to tasks
2. Hyperactivity is characterized by a constant need to be on the go, constantly moving, squirming and/ or fidgeting, and not being able to stay in ones seat,
3. Impulsivity has to do with not being able to control verbal outbursts, often interrupting others, and little ability to wait ones turn

(APA, 1994, p.83-84).

It is understandable that these symptoms can cause problems at school and home and lead to parental stress in managing the children who are afflicted with the disorder. Studies using the Parenting Stress Index (Abidin, 1983) find that mothers of ADHD children report markedly higher levels of stress than parents of normal children, (Goldstein & Goldstein, 1998). Because of the higher levels of stress this disorder can cause parents it is important that they are educated about ADHD and are able to cope appropriately with the behaviors that are manifested because of it. Goldstein & Goldstein (1998) state that:

The importance of seeing the world through the eyes of the ADHD child cannot be overemphasized. Adopting this perspective will assist parents in coping when the daily demands become stressful, and will encourage parents to modify their perceptions and beliefs about the sources of their children's behavior as well as their ability to manage that behavior.

By educating the parents about ADHD it will enable the parents to recognize problem situations and be knowledgeable about how to handle these situations so that they can improve the life of their ADHD child and making parenting that child easier. The support aspect of this group will allow parents to discuss home situations and school situations freely and get feedback from other parents dealing with similar situations. It will help parents realize that even though "some days the struggles seem insurmountable, it's



important for parents to realize that, when ADHD is properly managed, these children and youth can and do turn their liabilities into assets," (Fowler, 1994).

### *Empirical Literature*

Studies published about parent training for ADHD children are abundant, and mostly report in psychiatric and psychology journals. For this reason the studies used in this paper depict parent training from a psychiatric or clinical psychology perspective and not a counseling perspective. Each of the studies supports the training of parents of ADD/ADHD children.

One such study by Harvey A. Weinberg (1999) evaluated a parent training program that used the social learning "philosophy in a group format in which parents are taught basic principles for social learning, with specific emphasis on behavior modification, cues and consequences, reward systems, and related discipline" (Weinberg, p.907). Weinberg further hypothesized that there would be improvements in child behavior as a result of the parents' participation in the training program, that the parents would become more knowledgeable in behavior management techniques, and that the parents would become better able to handle the stress that comes with raising a child with ADHD.

The training program lasted for six weeks, with each ninety (90)-minute session educating and training parents on ways to manage their ADHD child. Pretests and posttests that measured (1) parental knowledge of ADHD (2) behavior management (3) parental stress and (4) the severity of their child's problem behaviors were administered to the parents. The study found that parents reported a significant increase in their knowledge of ADHD and behavior management techniques along with a slight decrease in parental stress at the end of the six week PT (parent training) program (Weinberg, 1999).

Other studies have also shown that parental training on ADHD and behavior management are successful treatment interventions for families with children who have ADHD. Goldstein & Goldstein (1998) report that Strayhorn and Weidman (1991) randomly assigned eighty-nine families to a minimal treatment, extensive parent training, or control group. The extensive parent-training group demonstrated "significant parent-reported improvement in daily management of children's behavior" (Strayhorn and Weidman, in Goldstein & Goldstein, 1998, p. 621).

Erhardt & Baker (1990) report improvements in parents' confidence in their child management ability and knowledge of behavioral principles, ratings of hyperactivity, and parent child relationships for parents receiving a ten-week child management parent-training program for children with ADHD, combined with a number of follow-up sessions. One year later these authors followed up their study with the same population. At this time child achievement test scores and parent ratings showed no differences between the non-treatment and treatment groups. However, teachers who knew nothing about the interventions rated experimental children as significantly superior to controls with respect to ADHD symptoms (p. 621). This study suggests that the parent-training program was responsible for the differences observed between the treatment and non-treatment groups. Furthermore "the extensive intervention produced significantly more improvements in parents' ratings of children's symptoms of ADHD as well as symptoms of internalizing problems" (Goldstein & Goldstein, p.621.)

The stress of raising an ADHD child has also been studied and studies using the Parenting Stress Index (Abidin, 1983) find that mothers of ADHD children report markedly higher levels of stress than parents of normal children (Abidin, 1983 in Goldstein & Goldstein, p.618). Baker (1994) found that "fathers of children with ADHD experience levels of parenting stress similar to those experienced by mothers, although mothers may be somewhat more likely to perceive child characteristics as more stressful" (p. 49).

This is important because the majority of previous studies done on parenting stress usually refer to maternal parental stress. Fathers should also receive training and support when dealing with ADHD children. The behaviors that ADHD children exhibit can cause



frustration and confusion in both parents if they are not knowledgeable about this disorder. Parents of children with ADHD experience numerous stressors that can affect family functioning (Baker, 1994). By providing parents with a support system, some of the stressors characteristic of ADD / ADHD families can be significantly reduced.

#### ***Goals of the Group***

The goals of the group will be:

1. To provide parents with knowledge about ADHD and its symptoms
2. To help parents understand the reasons why children misbehave
3. To teach parents behavior modification techniques
4. To reduce parental stress
5. To provide a place for parents to discuss their difficulties and successes in dealing with ADHD

#### ***Site and Selection of Group Members***

The counselor will compile a list of the parents of students diagnosed with ADD/ADHD. He / she will draft a letter to these students' parents telling them about the program. A questionnaire will be included in the letter. It will consist of questions about the behaviors their children are exhibiting, how the parents are currently handling these behaviors and a list of available meeting times for parents. The group would consist of eight (8) to ten (10) parents of children with ADD/ADHD. If more parents express an interest in the group a second group may be established to run concurrently or later on in the school year. The group meetings will be held in the library of the school due to the abundant media resources available here. The group will plan to meet once a week for eight weeks. The sessions will last for an hour and fifteen minutes. The group will be closed for the sake of privacy and to allow trust to form between members, as well as to ensure that everyone is receiving the same information at the same time.

#### ***Screening Group Members***

After the questionnaires are returned the counselor will have a special meeting with the parents interested in the group and the teachers of the students. We will determine at that meeting which parents are most appropriate for the group through a process of discussing issues of recent diagnoses, crisis intervention, or special needs circumstances. All group members must be parents of children who have received a formal DSM-IV diagnoses of ADD/ADHD.

#### ***Equipment and Resources***

Paper handbooks that cover information about the disorder will be used. They will be designed by the counselor and guidance committee for the parents. The handbooks consist of lessons for each week and blank pages at the end of each lesson for notes. An overhead projector will be used for transparency presentations. Outside consultants, i.e., a psychiatrist-practitioner, will be invited to the group for one or more discussion topics.

#### ***Group Funding***

This type of group is part of a comprehensive developmental guidance and counseling program because it addresses the social, academic, and personal development of the children in our schools. The funding for the group would therefore come from the monies allocated to the counseling office for the resources needed to run the school-counseling program.

#### ***Additional Concerns***

The group will consist of both mothers and fathers of the children, and every attempt will be made to make the gender mix even. Scheduling for the group will be after work hours (4 pm to 10 pm) ; final time selection will be based on availability times reported on the parent questionnaires.

#### ***Content Review***

The design of this group is original in its format, however, implementing the two sessions on behavior modification will involved the use of handouts from a training



manual for parents of defiant children (Barkley, 1997). The training focuses on fostering compliance from children and on the use of effective disciplinary methods.

### **Session Content**

#### **Session 1: Introduction**

- Objective:** Introduce group members / group leader, develop rules for the group, pass out Parent Training Workbooks, administer the Knowledge Index and Stress Index (Weinberg, 1999) and Home Situations Questionnaire (Barkley, 1997) pretests.
- Materials:** Construction paper, easel pad, markers, pencils, pretests, workbooks, refreshments.
- 25 min. School Counselor introduction, answers questions, administers pretests.
- 10 min. Counselor generates group rules with group members. Group members formally adopt rules. Confidentiality rule is established. Counselor presents group with group goals / discussion.
- 15 min. Warm-Up activity: Counselor directs members to write their names on construction paper with an adjective to describe themselves that begins with the first letter of their name. Group members introduce themselves with what they have written on the paper and tell the group something they enjoy doing for fun.
- 10 min Break
- 25 min Group breaks to form dyads. Members discuss what it is they wish to learn and take from this group. Members come back to large group to discuss expectations.
- 5 min Counselor provides a summary of session, gives homework assignment from workbook, and prepares participants for next session.

#### **Session 2: Define ADHD**

- Objective:** To provide parents with a knowledge of what ADHD is and its symptoms. To help parents understand what an ADHD diagnoses means for their children and themselves. To discuss the symptoms parents have seen in their children and how they have handled the symptoms.
- Materials:** Workbooks, pencils, Overhead projector, transparencies, easel pad, refreshments.
- 5 min. Brief overview of established rules. Counselor and group members discuss what happened in last meeting. Counselor prepares group for this meeting.
- 25 min Counselor presents information on ADHD and the symptoms of ADHD. Counselor addresses the challenges parents face in dealing with the symptoms.
- 15 min Q & A session regarding materials presented. Discussion of homework assignment.
- 10 min. Break
- 25 min. Group members discuss the challenges of ADHD and how they have handled the challenges.
- 10 min. Counselor and parents summarize the group session. Counselor assigns homework for next group and information about next session's activities and guest speaker. Group members discuss how they feel about the group's process at this juncture.

#### **Session 3: The Medical Model**

- Objective:** To provide parents with information on the medications currently being used to treat ADHD. To provide parents with the effectiveness of these medications and some of their known side effects. To encourage parents to share / learn from others about the successes and failures they have experienced using the medical model to treat their children.



- Materials:** Workbooks, pencils, local Child Psychiatrist as guest speaker, overhead projector, transparencies, refreshments.
- 5 min Brief review of previous sessions by counselor/group. Counselor prepares group for session and introduces guest speaker.
- 25 min Psychiatrist presents information on ADHD medication. Psychiatrist gives parents information on the effectiveness of medication and the side effects of the medications.
- 15 min. Q & A session on medications and discussion of homework assignment about medications.
- 10 min. Break. Psychiatrist leaves the group.
- 30 min Group members discuss the use of medications for their children, their selection process, the medication(s) its effectiveness / adverse reactions, etc.
- 5 min Counselors / group members summarize the session. Counselor assigns homework for the next week and gives members information for next week's activities.

#### **Session 4: Why Children Misbehave**

**Objective:** To teach parents the goals of misbehavior, so that they can better understand the underlying reasons of their child's misbehavior. To give parents the opportunity to discuss problematic child behaviors and receive some feedback from others on how they handle similar situations.

- Materials:** Overhead projector, transparencies, pencils, workbooks, refreshments
- 5 min. Members and counselor have review of previous session. Counselor prepares group members for session.
- 25 min. Counselor presents information on why children misbehave. Counselor gives information on the goals of misbehavior.
- 15 min. Group has Q & A session on material presented by counselor. Group has discussion and review of homework assignment.
- 10 min. Break
- 30 min Counselor asks each member to identify one situation in which their children have misbehaved and what they feel the goal of that behavior was. Group members and counselor discuss different problematic behaviors the children present and the parents' reactions to the behaviors.
- 5 min. Counselor / members summarize the session. Counselor gives homework assignment and gives members information on the next session.

#### **Session 5: Behavior Management Strategies/ Techniques, Part I**

**Objective:** To teach parents strategies or techniques of behavior management that may assist them in affectively managing their ADHD children. To give parents the opportunity to discuss what works for them or has not worked for them in managing the behavior of their ADHD children. To foster parental discussion on what parents have learned in this group. To investigate if / how the group is benefiting members.

- 5 min. Counselor / members discuss the previous. Counselor prepares group for session
- 15 min Counselor presents information on effective behavior management techniques and interventions that assist parents in managing their ADHD children.
- 15 min. Members have Q&A session over behavior management techniques presented by counselor and discussion and review of homework assignment on behavior management.
- 10 min Break
- 20 min Counselor / members discuss what has or has not worked for parents in managing the behaviors of their ADHD children. Parents discuss what has caused the greatest deal of stress in managing their ADHD child's



7 min	behavior and how they have handled the stress.
13 min.	Counselor breaks group into dyads to discuss what group outcomes and / or how benefits of participating in the group.
5 min.	Members complete a group round on dyads discussion.
	Counselor / members summarize session. Counselor assigns homework for next session and informs the group members of next week's topic / activities.
<b>Session 6:</b>	<b>Behavior Management Strategies/ Techniques, Part II</b>
<b>Objective:</b>	To teach parents strategies or techniques of behavior management that may assist them in effectively managing their ADHD children. To give parents the opportunity to discuss what works for them or has not worked for them in managing the behavior of their ADHD children.
<b>Materials:</b>	Workbooks, pencils, overhead projector, transparencies
5 min.	Counselor and group members discuss the previous sessions and what was covered in them. Counselor prepares group for session
25 min	Counselor presents information on effective behavior management techniques and interventions that can assist parents in managing their ADHD children.
15 min.	Members have Q&A session over behavior management techniques presented by counselor and discussion and review of homework assignment on behavior management.
10 min	Break
30 min	Counselor and members discuss what has or has not worked for parents in managing the behaviors of their ADHD children. Parents discuss what has caused the greatest deal of stress in managing their ADHD child's behavior and how they have handled the stress.
5 min.	Counselor / members summarize the session. Counselor assigns homework for next session and informs the group members of next week's topic / activities.
<b>Session 7:</b>	<b>Communicating With Your Children's School Personnel</b>
<b>Objective:</b>	To give parents the information on whom they need to contact about their child's school performance. To give parents information on whom they need to contact if they have a problem that needs to be addressed or questions that need to be answered. To provide parents a safe place to discuss any roadblocks that they have experienced in communicating with school personnel and how they negotiated the roadblocks.
<b>Materials:</b>	Workbooks, pencils, overhead projector, transparencies, refreshments.
5 min.	Counselor / members discuss the previous sessions and what was covered in them. Counselor prepares group for session.
25 min	Counselor gives parents contact information for school personnel. Counselor presents information on appropriate contacts for answers to specific questions. Counselor advises parents on the importance of communicating with school personnel.
15 min.	Counselor / members have Q&A session on communication with school personnel. They review and discuss homework assignment on topic.
10 min	Break
30 min	Group members discuss roadblocks to communication with school personnel and any successful outcomes. Members share specific problems they have experienced and the solutions they generated.
5 min.	Counselor / members summarize the session. Counselor tells the members what they will be doing in the next session. Homework assignment given for next session.



**Session 8: Time Out for Caregivers**

**Objective:** To provide parents with information on ways in which they can relax and take time for themselves. To practice some relaxation techniques with one another. To provide members with a safe place to discuss ways in which they take time out for themselves and how this helps them.

**Materials:** Workbooks, pencils, CD-Player, CD with nature sounds, aromatherapy candles, microphone, and floor-mats.

10 min. Counselor /group review information discussed in last session and discuss homework assignment. Counselor prepares group for session.

15 min Counselor discusses importance of caregiver "time-outs". Group members complete a round about what they do to relax when they are stressed/what they enjoy doing for fun with other adults / how often they engage in these activities.

40 min Group breaks into dyads to complete three relaxation exercises. One will be a massage administered by their partner. The other two will be meditating exercises; one with music and the other without music but with aromatherapy candles and voice instructions given by leader.

10 min Break

10 min Group members discuss relaxation techniques and how they feel at this very moment.

5 min Counselor /group summarize session. Counselor reminds group that there is only one session left. Counselor discusses what will happen at next meeting.

**Session 9: Closing**

**Objective:** To prepare the members for the ending of the group. To address any unanswered questions the members may have about the group. To administer the Knowledge Index and Stress Index (Weinberg, 1999), and Home Situations Questionnaire (Barkley, 1997) posttests. To administer an evaluation on the overall effectiveness of the group and the counselor. To give the members the opportunity to discuss what they have learned in this group and how they feel they have benefited from participating in this group. To give the members the opportunity to say goodbye.

**Materials:** Workbooks, Post-tests, pencils, refreshments

10 min Counselor and members review what has been discussed in previous sessions

Counselor prepares group for session.

10 min Counselor /members participate in a questions and answer session about the group as a whole.

25 min Group members participate in a round in which they identify what they have learned from the group and how they feel they have benefited from participation in the group.

10 min Break

30 min Counselor Administers posttests and group evaluation form.

10 min Counselor and Members close the group and say goodbye in a group hug. Refreshments and Conversation. Members have the opportunity to exchange phone numbers and other contact information with one another.

**Preparedness of the Leader**

The school counselor will be responsible for providing the group with up to date information on the topics for each session. Therefore the counselor needs to research the overall topic in order to be able to answer any relevant questions the group members may mount. The counselor will need to update his or her training in Behavior Management techniques, as well as the use of medication to treat ADHD, through reading or continued education in order to present this information to the parents.



## Evaluation

A group evaluation form designed by the counselor will determine (1) whether the member felt the goals of the group were met (2) whether the member got out of the group what he or she expected (3) whether the member felt the counselor was knowledgeable about the material presented and (4) whether the counselor was effective in leading the group and keeping the group on task.

The degree to which goals of the group were met will be measured by the pretest and the posttest of the Knowledge Index and Stress Index (Weinberg, 1999), and Home Situations Questionnaire (Barkley, 1990) pretests. These tests will measure the differences in the parents' perceived knowledge of ADHD, level of stress, and descriptions of problem behaviors that happen at home respectively, (Weinberg, 1999).

## References

- American Psychiatric Association. (1994). Diagnostic and statistical manual of mental disorders (4th ed.). APA: Washington.
- Baker, D.B. (1994). Parenting stress and ADHD: A comparison of mothers and fathers. Journal of Emotional and Behavioral Disorders, 2, (1), 46-50.
- Barkley, R.A. (1997). Defiant children (2nd ed.): A clinician's manual for assessment and parent training. Guilford Press: New York.
- Fowler, M. (1994). Attention deficit hyperactivity disorder. Document Type: Briefing Paper. ERIC Document # 378 729
- Goldstein, S., & Goldstein, M. (1998). Managing attention deficit hyperactivity disorder in children. Wiley: Canada.
- Jaksa, P. (1998). Fact sheet on attention deficit hyperactivity disorder (ADHD/ADD).  
<http://www.add.org/content/abc/factsheet.htm>  
[www.add.org/content/abc/factsheet.htm](http://www.add.org/content/abc/factsheet.htm)
- Weinberg, H.A. (1999). Parent training for attention-deficit hyperactivity disorder: Parental and child outcome. Journal of Clinical Psychology, 55, (7), 907-913.

Kenya Gilmore is a masters student in the Department of Counseling & Educational Leadership in the School Counseling Program. Her research interests include ADD/ADHD and Parent Involvement to enhance wellness.

