



## Psychodramatic group psychotherapy as a parental intervention in attention deficit hyperactivity disorder: A preliminary study



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### ABSTRACT

It is already known that clinical attention deficit hyperactivity disorder (ADHD) is affected by some negative parenting variables. The aim of this study was to investigate the effects of psychodramatic group psychotherapy (PGP) on parenting variables. The study group included seven mothers whose children had been diagnosed with ADHD and were attending a special education and rehabilitation center. Twelve PGP sessions, one per week, were conducted with these mothers. Participants' statements were recorded at each session, and these statements were evaluated to indicate basic parental variables, namely: parental psychopathology, negative parental cognitions, negative parental attitudes, family functionality–marital conflict, and parental stress. The statistical study revealed that statements indicating parental psychopathology and negative parental attitudes showed a statistically significant negative correlation with time. Qualitative data indicate mothers stigmatization, self-stigmatization and harsh punishment toward the children. Parental psychopathology and negative parental attitudes are two parental factors that are known to have a negative impact on the clinical status of ADHD, and PGP might be effective in improving these two factors.

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### Introduction

Attention deficit hyperactivity disorder (ADHD) is one of the most frequent pediatric disorders; its symptoms (including inattention, hyperactivity, and impulsivity) appear before age seven (American Psychiatric Association, 2000). It has a worldwide prevalence of 5–8% and a national prevalence of 8.1% Turkey (Biederman, Newcorn, & Sprich, 1991; DiScala, Lescohier, Barthel, & Li, 1998; Ercan, Doğan, Doğan, & Sümer, 2004). It has been found that children with ADHD are prone to psychical injuries, including bicycle accidents, head trauma, or injuries to multiple body regions, as well as psychiatric comorbidity such as specific learning disabilities, conduct disorders, and mood and anxiety disorders (Biederman et al., 1991; DiScala et al., 1998). It is also well known that ADHD affects many aspects of the child's life, exacerbating academic

difficulties and social problems that persist into adulthood in as many as 30–60% of cases. Such individuals might experience problems like being fired from jobs, more frequent divorce, and a significantly increased risk of and drug and substance use (Johnston & Mash, 2001; Harpin, 2005). For these reasons, ADHD should be discussed comprehensively.

Genetic factors have an important role in ADHD etiology. Family, twin, and adoption studies have shown that it is highly heritable (Stergiakouli & Thapar, 2010). However, considering that monozygotic concordance rates of ADHD do not approach 100%, and up to 50% of children with ADHD do not show the biological abnormalities that are assumed to be inherited. Johnston and Mash (2001) have indicated that environmental factors can also cause a predisposition to this disorder. Researchers have observed that familial risk factors may increase and maintain the symptoms of ADHD; however, a responsive and sensitive family environment provides an opportunity for the child to develop self-regulation skills, and might help in reducing or even eliminating the symptoms of ADHD, even for children with a genetic predisposition to this disorder.

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A literature review reveals that the basic parenting variables that are known to be associated with the clinical course of ADHD have been researched in relation to major topics including parental psychopathology, negative parental cognitions (NPC), negative parental attitudes (NPA), family functionality–marital conflict (FF–MC), and parental stress (Chronis, Chacko, Fabiano, Wymbs, & Pelham, 2004; Modesto-Lowe, Danforth, & Brooks, 2008; Wells et al., 2000).

#### *Parental psychopathology*

There are numerous findings for depressive symptoms of parents of children with ADHD (Chronis et al., 2004). These parents have increased rates of anxiety disorders, stimulant/cocaine dependence, drinking problems, and childhood ADHD relative to parents of children without ADHD (Chronis, Lahey, Pelham, Kipp, Baumann, & Lee, 2003; Tzang, Chang, & Liu, 2009). Regarding the genetic nature of the disorder, it is not surprising that up to 25% of children with ADHD will have a parent suffering from ADHD (Faraone & Biederman, 1997). It has also been reported that parent-training programs might not be effective on child ADHD when mothers display substantial levels of ADHD symptoms (Sonuga-Barke, Daley, & Thompson, 2002).

Parent psychopathology might be considered as a factor that could worsen child outcomes, as it is known that parents with psychiatric disorders spend less time with and show less affection to their children, provide poorer supervision, use harsher punishments, inconsistently reinforce rules, and argue with partners about child management issues (Cunningham, 2007).

#### *Negative parental cognition*

Johnston and Freeman (1997) reported that parents of children with ADHD evaluated inattentive-overactive and oppositional defiant behaviors as more internally caused, less controllable by the child, and more stable; furthermore, they had more negative reactions to such behaviors. It has also been indicated that parents of children with ADHD may have trouble accepting the diagnosis of ADHD, have dilemmas regarding that the behaviors of the child may have resulted from a normal developmental period, have concerns about the reliability of medication, worry that the treatment may change the personality of their children, blame themselves for the status of their children, and be anxious about the inhibitory effects of the drugs on the learning ability of their children or the addiction risk of treatment (Charach, Skyba, Cook, & Antle, 2006).

#### *Negative parental attitudes*

Cross-cultural studies have emphasized that parents of children with ADHD have much more parental stress, and as a result, their parenting patterns are characterized by more controlling, disapproving, overreacting, dissatisfied, criticizing, strict, interfering, inconsistent, and less rewarding attitudes. It is also reported that they are more insensitive to the requirements of their children and use psychical discipline methods more frequently. It is claimed that poor parental skills may exacerbate children's self-control deficits and contribute to the development of additional disruptive disorders that worsen ADHD outcomes (Modesto-Lowe et al., 2008).

#### *Family functionality and marital conflict*

Several studies have indicated that parents of youth diagnosed with ADHD in childhood were more likely to divorce and had a shorter latency to divorce than parents of children without ADHD. These findings might be associated with the fact that children's destructive behaviors increase the marital stress of the parents

(Barkley, Fischer, Edelbrock, & Smallish, 1990; Wymbs et al., 2008). The severity of disruptive child behavior (e.g., oppositional defiant disorder/conduct disorder) increases the risk of marital dissolution. It is already known that ADHD may contribute to the deterioration of family functions. It has been emphasized that this deterioration might be associated with the increased housing expenses of families and substantial healthcare and work loss costs (Barkley et al., 1990; Modesto-Lowe et al., 2008).

Marital conflicts trigger anxiety in children. There are sectional studies revealing the biological signs (electrodermal responses, cortisol levels, and sleep quality and duration) of this anxiety. This effect is believed to be mediated by emotional insecurity (El-Sheikh, Buckhalt, Mark Cummings, & Keller, 2007). In addition to this, it has been found that destructive marital conflict is negatively related to children's emotional security and prosocial behavior, as assessed by parent and teacher ratings (McCoy, Cummings, & Davies, 2009). These findings indicate a reciprocal interaction between family functioning and the clinical course of ADHD.

#### *Parental stress*

It is well known that children with ADHD are less compliant with their parents, sustain their compliance for shorter time periods, are less likely to remain on task, and display more negative behaviors, leading their parents to be vulnerable to more parental stress (Wells et al., 2000).

Psychodrama is a method for exploring psychological and social problems by having participants enact the relevant events in their lives (taking roles) instead of simply talking about them (Blatner, 2000). It may be defined as a way of practicing living without being punished for making mistakes. As the personal representation of truth by the protagonist can be eye-opening for someone else watching, J.L. Moreno, who founded psychodrama in Vienna in the early 1900s, described it as a scientific exploration of truth through dramatic method (Tavon et al., 1998). Spontaneity and creativity are necessary for being able to take roles and interact, so a standard psychodrama session begins with a warm-up stage to stimulate spontaneity. After warming up, two of the many techniques that can be used in the action stage are role reversal and doubling. Role reversal occurs when the protagonist of the drama switches roles and positions with a person playing another role on the stage. This technique helps people to develop empathy, a deeper understanding of the situation, and gain insight. Doubling is when one of the group members acts as the protagonist's auxiliary ego and expresses his or her unexpressed thoughts and feelings. Sessions end after the sharing stage, where group members share their feelings about the scene and past experiences related to it (Garcia, 2010).

## **Methods**

#### *Participants*

Samples were collected via an announcement at a special education and rehabilitation center affiliated with The Institution of Social Services and Child Protection. Mothers with children who had been diagnosed as ADHD, were between 6 and 11 years old, and were primary school 1st to 5th class students were included. Among these, seven consecutive volunteers were accepted for the study.

Diagnostic evaluation was carried out by one of the authors, who is a child and adolescent psychiatrist, considering the criteria for attention deficit and disruptive behavior disorders in DSM IV.

The DSM IV based Disruptive Behavior Disorders Screening and Rating Scale (DBD–STS), which has been found to have validity and

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