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How Interpersonal Skills of Caregivers Affecting the Process of Caring Children with Attention Deficit Hyperactivity Disorders

Sub-title: Caregivers of children with ADHD perceptions of their interpersonal skills

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ABSTRACT: Nursing children with Attention Deficit Hyperactivity Disorder (ADHD) requires interpersonal communication to ptovide proper and optimal care for the recipient. This study was conducted to define and analyze how interpersonal skills influence the process of caring of children with ADHD using six categories of Heron's framework. We utilised an earlier instrument developed by Burnard and Morrison's findings to examine which type of Heron's categories that owned by most caregivers of children with ADHD. Our findings shows that caregivers of children with ADHD perceived themselves to be most skilled in supportive and prescriptive. The least categories they perceived were catalyctic and cathartic. Discussion upon how caregivers perception function the most were offered. These findings could add new perspective to provide information of caregivers perceptions who provide care for children with ADHD.

INTRODUCTION

Interpersonal communication is communication between a communicator and a recipient. This type of communication is considered the most effective in terms of efforts to change a person's attitude, opinion or behavior, because it is dialogic in

nature, in the form of conversation and direct feedback [1]. The communicator knows the recipient's response at that time, when the communication is launched [2]. The communicator knows for sure whether the communication is positive or negative, successful or not.

There are two skills that a person must have so that they are able to carry out interpersonal communication well, namely: cognitive skills and behavioral skills [3]. Cognitive skills include empathy, social perspective, sensitivity, knowledge of the situation, and self-monitoring. Behavioral skills include interactive involvement, interaction management, behavioral flexibility, listening skills, and social style [4]. The main focus in caregiver and patient communication is how to apply therapeutic communication carefully but also not take a lot of time [5].

The use of simple and concise language is an example of effective communication that can be used in nursing practice [6]. A caregiver should be able to go straight to the point of what she wants to ask or want to convey to the patient without having to beat around the bush. For example, avoid using repetitive questions such as "Is hitting a friend a good thing? Don't you want to be friends with them?". These two questions actually have the same direction, which is to find out the relationship problems of ADHD children with their friends who are fighting. Instead of asking repetitive questions, open questions give caregivers the opportunity to ask once, but are able to get more answers [7]. Caregivers can do this in order to speed up the assessment process for patients to use open questions, question sentences can be increased by using the word "how". Then give the patient the opportunity to answer and provide a response. Giving instructions should also not be too complicated and methodical [8]. ADHD children cannot accept complex knowledge at one time [7,9].

Interpersonal communication is a communication that is in the process of development [10]. Interpersonal communication varies depending on the level of relationship between the parties involved in the communication, the message communicated and how the message is communicated [11]. Communication develops from the beginning of a deep introduction then develops into a deeper and deeper, but it is not impossible to break up and forget each other [12]. Interpersonal communication is an active activity. Interpersonal communication is not only communication from the sender to the recipient or vice versa, but also reciprocal communication between the sender and recipient of the message [13]. Interpersonal communication changes each other. Through interaction in communication, the parties involved in the communication can give each other inspiration, enthusiasm and encouragement to change thoughts, feelings and attitudes that are in accordance with the topic being discussed together [1].

The problem of how caregivers provide good positive communication services to patients has emerged for a long time up until now in nursing patients with heart disease [4,14–16]. This theory was then developed for the dyadic process of nursing other physical illnesses and so on until it spread to congenital mental illness [17]. Children with ADHD are not aware that they have a disorder. Therefore, caregivers of children with ADHD must have good communication skills and determine what aspects of intervention they need to provide [9]. This needs to be studied further because children with ADHD, like most other children, also have their own uniqueness [18]. For example, there are ADHD children who like to be taught through visual displays about self-discipline, how to eat, and toilet training [19]. However, on the other hand, there are ADHD children who are more receptive to new knowledge through direct examples from their caregivers [20].

Some findings in earlier studies found that caregivers tend to have their chosen intervention based on how they reflected on the children as patients [7,21,22]. Ashmore & Banks offered their integrated theory based on Burnard & Morrison's research on examination of nursing in students nurse perceptions of their interpersonal skills [23–26]. They re-examined Burnard & Morrison's findings regarding the six interventions. Critics on how Heron's categories can only be chosen by popularity rather than clinical effectiveness also appeared and Nelson-Jones put up partial analysis toward it and suggested to combine Heron's theory with Davidson and Dunn [27–29].

This research attempted to replicate the findings of published article by Burnard & Morrison and Ashmore & Banks [23,26]. This paper reported caregivers perceptions on intervention they performed during nurturing children with ADHD. The author provided comparative analysis of their findings with previous research regarding Heron's six intervention categories of interpersonal skills.

Theoretical framework of heron's six intervention categories

Heron's work has in-depth theoretical framework to provide the means of understanding interpersonal relationship between caregivers and care recipients. The framework can also be a tool for caregivers a range of possible interventions between

themselves and their care recipients. Six categories intervention analysis developed by Heron is related to how caregivers build the relation during care process [30]. Heron stated that "intervention is verbal/non-verbal behaviour that is part of the practitioner's service to the client" [4]. In some tacit consent, there is agreement between caregiver and care recipient such as in relationship between parents and children. The six intervention categories are presciptive, informative, confronting, cathartic, catalyctic, and supportive [30]. A prescriptive intervention mend to direct behaviour to another. An informative intervention has suggestion, and information, knowledge provided for the patient. A confronting intervention aims to provide help fot the patient to analyze inconsistency in themselves by giving particular thoughts or behaviours. A cathartic intervention seeks to identify and facilitate patient's expression. A catalyctic intervention attempts to draw out self-perspective of patients to promote better understanding of themselves and how to properly treat their condition. A supportive intervention aims to reassure and give positive affirmation that lead to self-acceptance of the patients toward themselves.

The six intervention categories are further divided into two partial categories, which are authoritative and facilitative interventions [4]. The authoritative interventions consist of presciptive, informative, and confronting interventions. The facilitative interventions consist of cathartic, catalyctic, and supportive interventions. The two broad groups distinguish the center of the intervention revolved around. The authoritative interventions are based on caregiver perspective and how they perform care to direct care recipient's behaviour. In example, caregiver of a child with ADHD observes the child drawing on the wall and offers a drawing book. The action is taken by the caregiver. The facilitative interventions put the care recipient as the center of interventions as caregivers only position themselves as facilitator. In example, a child with ADHD break things and throw their toys and the caregiver asks how to overcome the messy room. The caregiver then provide guidance and console as the child starts to collecting the pieces. Heron stated that it is importand to effectively choose the intervention based on how care recipient behaves [4]. One might not be the same with another. Interpersonally skilled practitioners can use each intervention according to the particular condition and adapt to the patients appropriately [23].

Earlier research

Sloan & Watson found that Heron's six-category intervention analysis can be used as a framework to investigate the interpersonal competence of nurses, particularly mental health nurses, requires investigation [31]. This, in turn, would provide an opportunity to challenge the framework's theoretical standpoint.

Burnard & Morrison investigate 93 nurse's self-perceptions of their interpersonal skills [32]. The nurses were asked to rank order six intervention categories in terms of their perceived level of skills. It was found that a majority described themselves as being more authoritative in their interpersonal style and less facilitative

Tennant & Butler discussed the use of Heron's six category intervention analysis as a framework for the midwife to use in a helping relationship with women [33]. The framework is described and examples of its use in midwifery practice are outlined and current research is explored based on how midwife provide treatment and service before, during, and after pregnancies.

The findings of earlier studies focused on nursing and clinical treatment. However, the same procedure has not been done in caregiver of ADHD specifically. Studies on caregiver of ADHD were mainly conducted on how to see the child as care recipient as subject. When the subject is coveted to the caregivers, research focused on how they cope with the care burden, coping style, and mental health. There is no evidence on interventions performed by caregiver while they provide care for children with ADHD and our literature has not found the replication of findings in research with Heron's six intervention categories of interpersonal skills.

The aim of study

This study folds the intervention categories mainly used by caregivers of children with ADHD. The work of caregivers will be analyzed using Heron's framework to rank orderly based on the six category items to correspond with how skilled they perceived themselves to be while interacting with others. We intend to compare the results with previous reported findings.

Method

Study design

The study was carried out in using descriptive method. Participans were introduced to Heron's six intervention categories and the summaries of protocols to each intervention. They were given time to learn the new information regarding the indicator

of interventions that might be their style or they provided during care process. The form of assistance were provided by the researcher while they responded to the ranks tests. A rank order of 1 denoted "most skilled", whilst a rank order of 6 indicated "least skilled" [24].

Population and sample

Population of this study were caregiver of children with ADHD in Malang, Indonesia. Participants were recruited from nine sites of autism care and family household communities who take care of children with ADHD. Caregiver who were joined and selected to this study have given their availability and willingness to participate in the research (sample, n = 84). Participants have various characteristics from age, gender, and occupation. The range of participants' age was 21 to 58. The sample consisted of 64 (76.19%) female and 20 (23.81%) male. We have gained the approval from ethics committee and participants consent to ask deliberately for their voluntary assignments.

Data Collecting

Data were collected using ranks tests developed by Burnard & Morrison [24]. All participants agreed on the research protocol. The data collecting of rank test responses yielded a 100% response rate. Every sheet of participants' answer was obtained anonymously. Rating scale of this rank tests can be seen in Table 1.

Table 1: Rating scale (Burnard & Morrison)

Interventions	***Not skilled***				***Very skilled***
Prescriptive	1	2	3	4	5
Informative	1	2	3	4	5
Confronting	1	2	3	4	5
Cathartic	1	2	3	4	5
Catalyctic	1	2	3	4	5
Supportive	1	2	3	4	5

Data Analysis

Data from rank tests were analyzed using descriptive and inferential statistic. We attempted the analysis to use Wilcoxon rank sum test to identify differences between caregivers' perceptions of their skills. The determined results were defined based on each intervention categories of Heron's framework.

Results

Our findings supported the previous research done by Ashmore & Banks that validated the rank test developed by Burnard & Morrison [23,24]. Ashmore & Banks found that Burnard & Morrison has not provided test validity and reiliability [23]. Thus, our findings could be the help to defend the rank test's reliability. Table 2 shows the results of rank tests analysis using Wilcoxon sum test.

There were significant differences that were found in data analysis. Based on the categories, all categories have significant differences between caregiver of children with ADHD perceptions of their skills in each of the six categories except the following relations: 1) prescriptive and informative and 2) prescriptive and confronting. These findings show that the two insignificant relations were mainly chosen by respondents in the ranks sheets.

Table 2: Results from Wilcoxon sum rank tests

	Prescriptive	***Informative***	***Confronting***	***Cathartic***	***Catalyctic***	***Supportive***
Prescriptive	-	Z = 1.65	Z = 5.64	Z = 4.84	Z = 6.78	Z = 1.32
	-	P = > 0.1*	P = > 0.85*	P = < 0.001	P = < 0.01	P = < 0.02
Informative	-	-	Z = 4.86	Z = 3.21	Z = 4.56	Z = 2.05
	-	-	P = < 0.001	P = < 0.001	P = < 0.002	P = < 0.02
Confronting	-	-	-	Z = 6.20	Z = 6.64	Z = 1.24

	-	-	-	P = < 0.001	P = < 0.001	P = < 0.001
Cathartic	-	-	-	-	Z = 3.52	Z = 3.52
	-	-	-	-	P = < 0.02	P = < 0.001
Catalyctic	-	-	-	-	-	Z = 1.32
	-	-	-	-	-	P = < 0.001
Supportive	-	-	-	-	-	-
	-	-	-	-	-	-

*Not significant

The mean scores of each interventions categories found that caregivers of children with ADHD perceived themselves as most skilled in the use of prescriptive (mean = 3.84, rank order 1) and supportive (mean = 3.67, rank order = 2) interventions. The least skilled interventions the caregiver perceived were cathartic (mean = 2.84, rank order 5) and catalyctic (mean = 2.72, rank order 6). Meanwhile the other two interventions, informative and confronting has the same mean (mean = 3.36, rank order 3 and 4). The scores represents the possibility of skewed interpretation because there were differences of coping style, support system, care duration, caregiver's self-burdensome, caregiver's mental health, and caregiver's resilience when proving care for children with ADHD.

In comparison with previous studies by Burnard & Morrison (1991) and Ashmore & Banks (1997), there were slightly different position of each interventions categories [23,24]. Table 3 shows the comparison of rank tests results.

Table 3: Comparison of the result with earlier studies

	Research Author					
	Burnard & Morrison (1991)		***Ashmore & Banks (1997)***		***Dianti (2025)***	
Categories	Mean	Rank	Mean	Rank	Mean	Rank
Prescriptive	3.75	3	3.54	2	3.84	1
Informative	3.94	2	3.38	4	3.36	3
Confronting	2.39	6	2.96	6	3.36	4
Cathartic	2.81	5	3.40	3	2.84	5
Catalyctic	3.30	4	3.28	5	2.72	6
Supportive	4.32	1	3.67	1	3.67	2

Limitation of study

Our study has several limitations. First, we have small number of samples compared to the two previous studies. Biased results might be appeared because participants have different degree of education. Caregivers from first health care and family household are different. Professional healthcares might have applied interventions and hold basic knowledge on how to apply them to each patients as care recipients. Meanwhile caregivers from family household, parents and other family members, might not have proper knowledge to adjust their inteventions toward children with ADHD they provide the care for.

DISCUSSION

Heron's analysis offers a starting point for training and research into interpersonal skills. Like all theoretical frameworks, it remains open to revision in the light of experience and research. lt is also important to note that Heron's category analysis is not a behavioural analysis in the sense that it breaks down interpersonal skills into microskills. Instead, it aims at identifying people's intentions when engaging in interaction. This analysis of intentions must pose difficulties when attempting to quantify people's views of what they are doing when they engage in human interaction [9,14].

Emotional care is no less than the unseen floor, walls, and ceiling of social life itself. So it is worth understanding the obstacles to the acts of giving and receiving it. One obstacle is appreciation starvation. Care of an emotional sort often remains underappreciated. This is apparent when one looks at the various jobs held mostly by women in which emotional support plays an important role. Often the pay and status associated with caring work is not commensurate with the training it requires [34].

In summary, clinician/patient interaction is an important factor to consider when attempting to explain adherence to treatment regimens. There appears to be significant promise in continuing to study such interaction, and we generally agree with the stance that more research needs to be done on "the role of the clinician in effecting compliance" or on how the health professional's behavior influences patient cooperation, rather than continuing to simply analyze the effect of patient characteristics [35].

Self-efficacy often plays an important role in individual's perceived ability to perform a specific skill, is a significant factor in predicting whether a particular skill will be performed [36,37]. There would appear to be a number of benefactors affecting clinical nursing performance and self-efficacy is one of them. In relation to interpersonal skills, these include: levels of assertiveness among practitioners that make caregivers as individuals feel supported emotionally and professionally [22,38]; their beliefs and attitudes towards communicating with the care recipients [39]; their beliefs about the benefits of the communication for the care recipients [40]. This relationship between self-efficacy and self-perception creates an attempt to suggest further research to help caregivers to determine their interpersonal skills and explore the factors and risks that block skillfullness of caregivers.

Being in practice of caring to children with ADHD might be different theoretically with Heron's framework. Despite the wide acceptance of Herons's work as representative of health practitioners' perceptions of their interpersonal skills, breaking down which intervention category that lead to defining most skilled a caregivers can be is a not a realistic task to conduct. Longitudinal research is needed to maintain and observe caregivers' perceptions until the care recipient, children with ADHD, are fully capable of doing their chores in the future. The pattern of interpersonal skills based on Heron's interventions categories are discussed below.

Prescriptive and supportive interventions

Caregivers of children with ADHD in Indonesia have skilled in prescriptive and supportive interventions because these are 'play safe' attempts toward symptomps that might appear during the care process. Children with ADHD is difficult to observe in stagnant point of views. Caregiver will choose to provide suggestion (prescriptive intervention) rather than challenging children with ADHD to behave appropriately when they punch their friends (cathartic intervention). Despite the 'play safe' method, children ADHD often make a room messy with drawing on the walls and the floors and caregivers tend to give supporting action by enabling their doings and direct them to clean the drawing after consolation (supportive intervention).

Cathartic and catalyctic interventions

Cathartic and catalyctic interventions are from facilitative intervention. These interventions are care recipient-centered. While proven to be effective in mother in pregnancies, cathartic intervention is difficult to perform for children with ADHD. Caregivers must have extra-assertiveness to put a catalyst in children with ADHD behaviour. Burnard stated that catalyctic intervention needs role-playing [32]. According to symptomps of children with ADHD, lack of focus and easy to lose interest, we suggest that role-playing can help to behave the children because they directly involve in the process of changing behaviour.

Informative and confronting interventions

Social skills rehearsal is a part of informative intervention and caregivers of children with ADHD in our study agree on that topic. Confronting intervention seeks the answer of already performed behaviour and caregiver often do that to aim the better understanding of why the children with ADHD do something againts the positive social skills. Informative intervention is often to do too because caregivers find it easy to deal with the witty children. Despite its wide application, informative intervention is probably the least effective intervention because children with ADHD do not like being lectured. Further research on this topic is needed to get more evidence.

CONCLUSIONS

We recognise that the study has different results from the previous research under the same framework. Caregivers of children with ADHD in Indonesia have skilled in prescriptive and supportive interventions. There are only few caregivers who state that they master cathartic and catalyctic interventions because those skills are more difficult. Caregivers who choose to have skilled in informative and confronting interventions are in average percentage. Our study offers the first step of affirmation toward Heron's framework in providing care for children with ADHD. Further study on the relationship between self-efficacy and self-perceptions of caregivers is needed.

Contribution of Authors

The first author Meilina Ratna Dianti created the pilot conceptual research blueprint, designed the research instrument and evaluation, and applied them to the research performance.

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