UNIWERSYTET IM. ADAMA MICKIEWICZA W POZNANIU

Parent Resources of Adolescents with ADHD: analysis of the narrative

GRANIT BOBLIL

February 2021

UNIWERSYTET IM. ADAMA MICKIEWICZA W POZNANIU

Zasoby psychiczne rodziców adolescentów z nadpobudliwością psychoruchową: analiza narracji

GRANIT BOBLIL

Luty 2021

Disclaimer

I, the undersigned, declare that this research paper was prepared and written by me,

Supervised by Professor Hannah Kubiak.

Signature: _

Zrzeczenie się

Ja, niżej podpisany, oświadczam, że niniejsza praca naukowa została przygotowana i napisana przeze mnie pod kierunkiem prof. Hannah Kubiak.

Podpis: ____________________

Acknowledgments

First, I would like to take this opportunity to thank **Professor Hana Kubiak** for her professionalism, caring, and endless patience. I am thankful for her comments and clarifications, without which this work would not have been complete.

I also thank the **parents** who participated in this research study, for their openness and desire to participate and share. I thank them for opening for me a window into their lives and their daily coping.

I next thank **Orit Hayun-Heller**, for her support and accompaniment.

I thank **my dear family: my children Amichai, Shira, and Dvir,** for their support and endless love, and **my sister Shirit**, for her encouragement and listening. A tremendous thank you goes to **my dear husband, Issachar**, who encouraged, empowered, and emotionally and materially supported me in the entire process. Without him, this would not have happened.

This work is dedicated to my dear mother Alice Levy-Kabara, whose proud gaze has accompanied me in all my educational activity throughout all my years of work.

May you have peace and joy and good health.

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Abstract

Adolescents with ADHD cope with many emotional, social, behavioral, and academic difficulties. They are found at increased risk of the development of behavior disorders, use of addictive substances, youth delinquency, and dropping out from the school. These children frequently pose a challenge for their parents, who are subject to considerable emotional load and stress and find it difficult to function as parents.

This qualitative research study collected data from three groups of parents, when in each group about seven parents participated. For the most part, the participants were mothers from a traditional background and intermediate socioeconomic situation. Every group held ten meetings, once every two weeks, when before the group meetings the interviews of the parents were held. The research data was collected from the interviews and the parents' stories in the group sessions. The groups addressed emotional insights, emotional support, and self-awareness. In the group meetings the parents were encouraged to research their feelings about their child, to examine the systems of relationships influenced by the ADHD, and the way in which they perceive their parental role. The aim was to develop awareness and insights and to make behavioral changes. These processes were undertaken in a supportive and attentive environment. The research hypotheses were that the creation of a support space that allows the parents to share their experiences from the care of adolescents with ADHD will help them improve the parenting experience, cultivate the parental sense of efficacy, and lead to a positive influence on the interaction with the adolescent who has ADHD. The group processes included hope, universality, social cohesion, interpersonal learning, and inculcation of information that enable the individual's processes of change (Yalom & Leszcz, 2005). Because of the psychodynamic characterization of the intervention program, the work processes in the group were not structured but enabled the parents to share experiences, emotions, and thoughts, but nevertheless maintained the focus through films, stories, and treatment cards that encouraged sharing and focus on the discussed topics.

The research findings reinforce what is written in the literature about the coping difficulties of parents who have adolescents with ADHD and the harm as a result of the daily coping in the systems of relations in the family, the extended family, and the community.

This coping harms also the parents' sense of efficacy and they tend to be judged by society as not good enough parents. This group, unlike many groups of parents in the research literature that are directed at assistance for the adolescents, is directed at the empowerment of the parents and the cultivation of their sense of efficacy. The conclusions that arose from the research study found that the parents of adolescents with ADHD feel more than once social and emotional isolation since they deal with the disability that is transparent and it appears to the outside observer that the parents do not know to educate well their adolescents, since they do not impose boundaries. The parents are judged for their parenting. The research study also found that the teachers and the parents lack knowledge about the disorder and they tend to accuse the adolescents of laziness or insolence. These conclusions are commensurate with the research literature on the topic. After the parents' participation in the groups, it was found that the groups in the counseling-narrative model contributed to the improvement and cultivation of the characteristics of effective parenting, helped positive outcomes in the perception of the efficacy and the parental functioning, and improved the interaction between the parent and the adolescent with ADHD. It was further found that the participation in the group has a contribution also to the cultivation of additional systems of relations in the family and with the education system. The parents indicated therapeutic factors such as universality, cohesion, instilment of hope, and inculcation of knowledge as greatly helping and improving the parents' ability to deal with situations in a more effective manner and contributing to a better parenting feeling. The parents found the group to be a source of strength and a resource that gives them the strength to cope. The understanding that they are not alone, that they are not the only ones who are dealing with adolescents who have ADHD and feel powerless at times, gave them the strength to share in the group, from the assumption that they would be understood and not judged and enabled the parents to remove the defenses and deal with the difficulties through the giving of advice, reinforcement, and support by the other parents in the group.

Streszczenie

Młodzież z ADHD boryka się z wieloma trudnościami emocjonalnymi, społecznymi, behawioralnymi a także dotyczącymi osiągnięć akademickich. U adolescentów z zespołem nadpobudliwości psychoruchowej stwierdza się zwiększone ryzyko rozwoju zaburzeń zachowania, używania substancji psychoaktywnych, przestępczości oraz przerwania nauki. Dzieci te często stanowią wyzwanie dla rodziców, którzy są narażeni na znaczne obciążenie emocjonalne i stres. Napotykają oni znaczące trudności w pełnieniu funkcji rodzicielskich.

Do realizacji badania, którego głównym celem było zrozumienie doświadczenia rodziców młodzieży z ADHD , wybrano jakościowy model badań. Badanie prowadzone według metodologii jakościowej ma na celu pogłębione zrozumienie analizowanych zjawisk i sytuacji, dotarcie do indywidualnych znaczeń nadawanych im przez badanych w szerszej i głębszej perspektywie indywidualnych historii życia.

Wybór konstruktywistycznej metodologii jakościowej był w tym przypadku najbardziej odpowiedni ze względu na jej potencjał dogłębnego wyjaśnienia zagadnień, umożliwia obserwację tego, co dzieje się w analizowanym procesie oraz, jak zaznaczono, badanie wewnętrznej rzeczywistości badanych. W niniejszym badaniu jakościowym zebrano dane, uzyskane podczas zajęć grupowych dla rodziców, przy czym w każdej grupie uczestniczyło około siedmiorga rodziców. Większość z nich to matki, które dorastały w tak zwanych „tradycyjnych" domach. W Izraelu istnieją różne rodzaje zaangażowania religijnego, osoby z poszczególnych grup można nazwać "ultraortodoksyjnymi, religijnymi syjonistam oraz tradycyjnymi". Rodziny, które uczestniczyły w badaniach to "tradycyjne rodziny"; wierzą w Boga, ale przestrzegają tylko niektórych przykazań. Większość z nich charakteryzowała się średnią sytuacją socjoekonomiczną. Każda grupa odbyła dziesięć spotkań, raz na dwa tygodnie, przy czym przed spotkaniami grupowymi przeprowadzono wywiady z rodzicami. Dane badawcze zostały zebrane, jak wspomniano, podczas sesji grupowych, a dodatkowo odbyto indywidualne wywiady dotyczące między innymi historii rodziców.

Zajęcia poświęcone były analizie emocji rodziców, dostarczały im także wsparcia emocjonalnego. Podczas spotkań grupowych, rodzice byli zachęcani do badania swoich

uczuć związanych z dzieckiem, systemów relacji, na które wpływ miało ADHD, oraz sposobu, w jaki postrzegają swoją rolę rodzicielską. Celem było także rozwinięcie świadomości oraz wprowadzenie zmian w zachowaniu wobec dziecka, jeżeli było to korzystne z punktu widzenia procesu wychowania. Interwencje te były podejmowane w atmosferze wsparcia i uważności. Założono, że stworzenie przestrzeni wsparcia, która pozwala rodzicom dzielić się doświadczeniami odnoszącymi się do wychowania nastolatków z ADHD, umożliwi wzmocnienie rodzicielskiego poczucia skuteczności i będzie prowadzić do pozytywnego wpływu na relację z młodymi ludźmi z ADHD. W procesachy grupowych uruchomione zostały takie wartości jak nadzieja, uniwersalność, spójność społeczna, uczenie się interpersonalne i przekazywanie informacji, które umożliwiają jednostce proces zmiany Praca w grupie nie była ściśle ustrukturalizowana, ale umożliwiała rodzicom dzielenie się doświadczeniami, emocjami i myślami. Prowadząca utrzymywała ukierunkowanie na cel między innymi wykorzystując filmy, opowiadania i karty terapeutyczne.

Wyniki badań potwierdzają to, co dotąd opisano w literaturze przedmiotu, poświęconej rodzicielskim problemom dotyczącym radzenia sobie z pierwotnymi i wtórnymi objawami ADHD u dzieci, a także tym wynikającym z trudności w relacjach w rodzinie, także dalszej i szerzej rozumianej społeczności. Owo zmaganie się z problemami wpływa negatywnie na poczucie skuteczności rodziców. Miewają oni poczucie bycia ocenianymi przez społeczeństwo jako „niewystarczająco dobrzy rodzice".

Wnioski, jakie nasunęły się po przeprowadzeniu badań, wskazują, że rodzice adolescentów z ADHD niejednokrotnie odczuwają izolację społeczną i emocjonalną, ponieważ mają do czynienia z zaburzeniem, która jest niemożliwe do prostego zaobserwowania- można o nim jedynie wnioskować. Zewnętrznemu obserwatorowi wydaje się, że rodzice nie potrafią dobrze wychowywać adolescentów, na przykład dlatego, że nie stawiają im granic. Badania wykazały również, że nauczyciele i rodzice nie posiadają wystarczającej wiedzy na temat zespołu nadpobudliwości psychoruchowej i mają tendencję do oskarżania nastolatków o lenistwo lub bezczelność. Wnioski te są zgodne z literaturą naukową na ten temat.

Udział rodziców w grupie prowadzonej w modelu doradczo-narracyjnym przyczynił się do kultywowania „pozytywnego rodzicielstwa", pomógł uzyskać pozytywne rezultaty w postrzeganiu skuteczności oraz poprawiły interakcje między rodzicem a nastolatkiem z ADHD. Stwierdzono także, że uczestnictwo w grupie ma znaczenie również z punktu widzenia kształtowania relacji w rodzinie i relacji z instytucjami edukacyjnymi. Rodzice wskazali czynniki terapeutyczne, takie jak uniwersalność, spójność, zaszczepienie nadziei i wiedzy, jako bardzo pomocne i poprawiające zdolność do bardziej efektywnego radzenia sobie z trudnymi sytuacjami. Rodzice uznali grupę za źródło siły i zasób, który daje im wsparcie w radzeniu sobie z problemami. Zrozumienie, że nie są sami, że nie są jedynymi, którzy mają do czynienia z nastolatkami z ADHD i czują się niekiedy bezsilni, dało im siłę do dzielenia się w grupie doświadczeniami, z założeniem, że zostaną zrozumiani, a nie osądzeni. Umożliwiło to rodzicom zrezygnowanie z mechanizmów obronnych i udzielanie rad innym, wsparcie ich i – z drugiej strony- przyjęcie wsparcia.

Słowa kluczowe: ADHD, rodzina, rodzice, młodzież, narracja, terapia grupowa.

Introduction

ADHD (Attention Deficit Disorder with Hyperactivity) is a persistent neurodevelopmental disorder. The primary core characteristics of the disorder are attention and concentration difficulties, hyperactivity, and impulsiveness. The disorder has extensive functional implications on the quality of life of the child and his family, and many parents in these families experience higher levels of stress than do parents of children without ADHD, alongside a feeling of failure in the filling of their parental role (Siperpal, 2018). This difficulty is intensified when the child reaches adolescence, and the parents experience a feeling of powerlessness in the coping with the difficulties. Adolescence (ages twelve to nineteen) constitutes a formative stage in the person's development and is characterized by many physiological and psychological changes that influence the person and his environment, in the process of the transition from childhood to youth to adulthood. In this stage, the adolescents begin the development of the personal identity, which includes skills of self and independent management and development of fields of interest, when in the background there is dominant investment in the positioning of their social place as well as the search for experiences that will enable the formation of their identity (Erikson, 1987). This period is characterized by the adolescents' coping with the changes that occur to them personally and in parallel with the requirements of the environment. Among adolescents with ADHD, in addition to this coping there are challenges of the implications of the disorder. These may be expressed in different areas in the adolescent's life in the personal, academic, and social functioning and influence the everyday functioning. The challenges that the parents of adolescents who have ADHD cope with and that are expressed in this research study are attachment, everyday parenting function, difficulty identifying sources of support in the family and in the community, organization of the daily agenda, dealing with the system of couple relationships and other systems of relationships, and feeling of social isolation.

While the research literature has greatly addressed ADHD, few research studies have examined the coping of the parents of adolescents who have ADHD and their feelings and their influence on the feeling of parenting efficacy. Most of the research studies that addressed the topic of the coping of parents with children who have ADHD examined the issue from the perspective of didactic instruction and inculcation of tools in the parents for

the cultivation of their children Many times the parents came to the groups so that they could receive guidance and tools for dealing with their children. A limited number of research studies examined the factors that influenced the ways of coping of the parents from their subjective viewpoint. The purpose of this study is to understand the difficulties and feelings of parents dealing with adolescents with ADHD. The intervention groups in the study will aim to understand the parents and allow them the ability to deal with the helplessness that sometimes accompanies dealing with an adolescent with ADHD and cultivating a sense of parental ability.

A review of the professional literature in the field reflects the topics expressed in this study. The first chapter addressed the topic of the family and examined the development of the concept of the family over the years, the characteristics of the family, the system of attachment between parents and children, and the family life cycle that integrates the changes that occur in the different periods of the family life. To understand the research topic, the parenting styles and their influence on the parents' feeling of efficacy in the coping with the adolescents were reviewed.

The second chapter in the review of the literature addressed adolescents and their development in social and emotional aspects. The research literature emphasizes the main role of the children during adolescence that is expressed in the search for self-identity and the development of the self-image. At this age, they examine their beliefs and values and aspire to autonomy in choices and making decisions. The search for the identity sometimes leads the adolescents to situations of risk, mainly adolescents who are characterized as having ADHD.

The third chapter examined the research literature on the topic of ADHD: the definition, characteristics, and etiology of the disorder. In addition, risk behavior among adolescents with ADHD was reviewed, as well as the coping of families with the characteristics of the disorder in social, emotional, behavioral, and academic aspects and ways of coping with the disorder.

The fourth chapter reviewed the different theories of group therapy and their historical development. The review broadened the structure of the psychodynamic group, the

contribution of the group work, and the ways of establishment of the treatment group alongside common problems with establishment and therapy in groups.

The fifth chapter clarified the contribution of the narrative therapy chosen for the model of the conversations in the group sessions. This chapter expanded the knowledge about the narrative approach and the background to its development, the principles of the approach, and the ways to perform it during therapy sessions.

Based on the literature review this study seeks to add knowledge about the sources and ways of coping of parents who have an adolescent with ADHD and the contribution of intervention groups to empowerment and improve the sense of parental ability.

The research hypotheses that arose from the review of the literature addressed the following areas:

1. The parents' experiences related to the adolescent with ADHD and expressed in personal experience, systems of relationships in the family and with friends, in the school, and in the community.
2. The coping of the parents with the factors of ADHD: emotional, behavioral, academic, and social factors.
3. Change and growth: The participants' expectations from the instructor and the group, the contribution of the participation in the group to the participants, and the contribution of the instructor and the participants to the group members.

The research population included three groups of parents, about seven parents in every group, most of them mothers. The groups of the parents held ten sessions, once every two weeks. The initial relationship with the parents was carried out through the school, which offered the intervention program and the parents came from personal choice. The fact that all the parents in the group came out of free choice to the sessions indicates the parents' desire to invest their time, their involvement, and their aspiration to better understand their adolescent. The instruction and the group sessions were based on the narrative approach that addresses the person as an expert in his life. The narrative theory gives meaning to the events in the persons' life through stories. The person's life story always fits into the social and cultural context in which he lives (White & Epston, 1990). In the relationship with the

parents, it was important to convey that the group constitutes an opportunity for the individual to tell her story and to share with the group her feelings and the way in which she copes with the adolescent who has ADHD and with the sense of parenting efficacy that accompanies the difficulties that accompanies the raising of a child with ADHD over the years. However, it is important that they will know that they will not be judged about their parenting and that it will not be decided for them whether they are good parents or neglectful ones. Moreover, I see the parents to be experts of their child and the role of the group to enable them to feel that their difficulties are understood and they are not alone with their feelings. I honor the parents for their participation in the instruction groups.

The research conclusions indicate the extensive contribution of the counseling group to the parents that is expressed in the feeling of social support and alleviation of the sense of loneliness that sometimes accompanies the parents who cope with a child with special needs. The strengths that the parents received in the group constituted a main component in the parents' ability to cause a change in the patterns of the systems of relations on the basis of the strengthening of the knowledge and sense of parenting efficacy. Another contribution of the research was expressed in the understanding of the need for the establishment of centers that provide the parents with an address for nonjudgmental inclusion, providing information about the disorder and ways of treatment and cultivation of the parenting efficacy as meaningful to the development of the adolescents and the optimal holistic coping.

Personally, I would like to honor the parents who participated in the research study. In the three intervention groups I got to know loving and caring parents who considered it important to improve the different systems of relationships in their family and in particular the system of relationships with the adolescent who has ADHD, to learn about the tools and ways for coping, and to bravely share with their fellows in the group about their weaknesses and strengths. I learned from them about the meaning of the parental presence, which is not lofty words and is not complicated thinking about parenting but simple actions that make the parents' love, concern, and caring for their children present in their relationships with their children. They strengthened in me the belief that my ability to love my children is the strongest component in my relationship with my children, a healthy love that is expressed in

actions from the understanding of the child's needs contributes to the child's emotional, behavioral, academic, and social development.

This research study has two main contributions. The first contribution is on the theoretical level. I believe that the research will add new knowledge to the sources and ways of coping of the parents who have a child with ADHD. The second contribution is on the applied level. The research findings can be used to serve the educational and treatment factors and the shapers of the policy in the direction of the practice of the education systems with reference to the parents' empowerment and involvement. The research results will help professionals improve their relationship with the parents and change their perception regarding the parents' place and involvement in the educational framework in which their child is found. The research offers us, the professionals, an opportunity to examine the issues of involvement, empowerment, social support, and satisfaction from the parents' viewpoints and this is its uniqueness. We hope that it will constitute a platform for the parents to make their voice heard.

1. Review of the Literature

1.1 The Family

1.1.1 The Development of the Concept of the Family

The first description of the concept of family appears in the Bible in Genesis: Adam and Eve and their two children. The anthropologist Murdock (1945) defined a nuclear family as a unit of a married man and woman and their offspring and included four basic functions of a family: sexual, economic functioning, fertility, and education. According to Turner (1970), a nuclear family is a unit composed of a man and a woman associated with a recognized marriage and their adopted natural children. The Central Bureau of Statistics of Israel defines the nuclear family: parents and their children who live under one roof and maintain a common household. The definitions accepted today by sociologists are more flexible in defining the boundaries of the family, and they enable the inclusion of new models in the family and models that in the past have received little legitimacy, such as single-parent families, couples living without marriage, According to Meshunis (1999), a family is a social group of two or more people associated with blood, marriage or adoption, usually living together. The engagement in the question of the definition of the family is at the focus of the reference of many researchers. The social changes that have occurred in the past decades have created a situation in which the sociological definitions of the family that were accepted in the past have lost their validity, and it appears that today it is difficult to attain one agreed upon definition (Sharlin, Katz, & Lavee, 1992). Bar-Yosef (1996) maintains that the sociological research of the family is found in a theoretical crisis, whose significant indications are doubts about the importance of the family, deliberations about its boundaries, and transition from precise and clear definitions of the family to definitions that are more open and vague.

Despite the difficulties, over the recent years attempts have been made to reach modern definitions of the family. Peres and Katz (1991) maintain that the definition of the family accepted in most industrialized countries is the “post-nuclear family system”, which has the following main characteristics:

1. The individuals who belong to the family are more autonomous and less reciprocally dependent.
2. The place of values of conformity and obligation towards others is replaced by values of self-fulfillment.
3. The stability of the family is lessened.
4. There is the transfer of functions from the family to other social systems.
5. The values of equality penetrate into the family and become unaccepted relations of authority and dominance both between the sexes and between the generations.
6. Alongside the conventional family pattern there are now alternative family patterns, for example dual-career families, single-parent families, same-sex families, and so on.

These modern definitions are steadily gaining momentum in many places in the Western world. Gradually the traditional definition has been abandoned as the exclusive definition of the family (Tseng & Hu, 2018).

Bar-Yosef (1996) holds that the modern definitions attempt to disassemble the classic model of the family into three components, which may overlap to different degrees: the couple relationship, parenthood, and the household. Regarding the couple relationship, the modern definitions attempt to provide room for all the different couple arrangements and to describe a reality in which there is a continuum between different forms of couple relationships, ranging from the formal and institutionalized pattern to couple relationships devoid of all commitment and lacking stable and clear boundaries of time and space. Bar-Yosef notes that this raises questions about the necessary and sufficient conditions for the definition of the couple relationship. The definitions in the definition of parenthood are related to the differentiation between two types of parenthood, genetic and functional, and to the dissolution of the connection between the couple relationship and parenthood, which in the past was perceived as necessary. In addition, modern fertility technologies have given rise to a new constellation of problems with the definition of parenthood. The reference to the component of the household in the definition of the family is also today in doubt, when the couple relationship and parenthood do not necessarily obligate a life together, and thus

questions are raised regarding the nature of the continuing relations between adult individuals and regarding the way in which they can be defined (Hill, 2017).

Most researchers share the opinion that the changes and developments in the structure of the family and in the research of the family are closely and reciprocally related to the social changes (for instance, Amato, 2005; Bales & Parsons, 2014). Albeck (1990) summarizes the main social processes influencing the changes in the family and in her opinion causing it to weaken under the two titles: (1) processes of industrialization and urbanization and (2) change of social values and the rise of the values of secularization, democracy, and liberalism-individualism. She maintains that the processes of industrialization and urbanization led to the reduction of the function of the family and the broadening of its relations with factors outside of it and its dependence on them. In addition, the promotion of the woman's status, the postponement of the age of marriage, and the reduction of the birthrate have lessened the social roles of the family and made it into a unit that relies primarily on emotional relationships and expectation of happiness. The trends of secularization and democracy led to the weakening of the supervision on the part of the religious institutions and moral norms and the emphasis of the individual's happiness and liberty at the expense of the adjustment to the traditional life demands of the family. Ideals of innovation and change and the future orientation of modern society also contribute their part to the weakening of the status of the family that is related to the awareness of the past, tradition, and continuity. Like the family is influenced by social changes, the changes that occur in the family influence society at large. In light of this mutual dependence, the argument is raised that every analysis and definition of the family needs to be undertaken with the consideration of and reference to the social and cultural context (Diomon, 1995; Hill, 2017; Parke, 2004).

Different authors address the question of when the family life actually starts. Articles that discuss in principle the changes that occur in the family life in the Western world and in Israel address the phenomenon of cohabitation and express the recognition that couple and family relationships may exist even before or without marriage ceremonies (for instance: Bar-Yosef, 1996; Diomon, 1995; Sharlin et al., 1992). However, it appears that the topic has barely been researched in Israel. An initial work of Blush (1994) presents a number of data,

on the basis of a sample of fifty (50) couples who cohabited before marriage. The research did not include a control group. The respondents answered questionnaires that examined socio-economic characteristics, attitudes on different topics related to the shared life, and personality needs. The research findings indicate that this is a population of people who originate in a relatively high socio-economic background. The men in the sample were found to be characterized more than the women by a high need for independence, lower commitment, and more liberal attitudes. In general, Bush holds that the cohabitation is not perceived by most of the couples as a substitute for marriage but rather as a trial period, which is supposed to lead to marriage and the establishment of the family.

Another important change that occur in the last decades is changing in bringing up children, while in most OECD countries, number fertility is decrease due to several reasons such as the perceived inability to match work and care commitments because of inflexible labour markets and/or the lack of public supports, the financial costs of raising children, and the difficulty for prospective parents in finding affordable housing to establish a family of their own. This section illustrates the main drivers of trends in family formation and how they vary between countries.

Total fertility rates (TFR) among the OECD countries have declined dramatically over the past few decades, falling from an average of 2.7 children per woman in 1970 to just over 1.7 in 2009. The average TFR across the OECD bottomed out at 1.6 children per woman in 2002 and has since edged up. Overall, the average TFR across the OECD has been below replacement level since 1982. In 2009, the TFR was around the replacement rate in Ireland, Mexico, Turkey and New Zealand, and it was above replacement level in Iceland (2.2) and Israel (3.0) (OECD, 2011). Thus, Western countries have undergone variable economic expansion, marriage is no longer essential to family life, fewer people adhere to religions that encourage large families, tertiary education is more available for men and women and women are now more likely to be employed outside their home (Lutz, 2006; Gauthier, 2007). In addition, another factor that influences fertility rates is the public policies of different countries. Countries have different positions on family-friendly social and health policies, such as support for having children, paid parental leave and easily accessible advanced treatment for infertility (Bjorklund, 2006; Connolly, Hoorens, & Chambers, 2010).

1.1.2 The Characteristics of the Family in Israel

In contrast to other countries, Israel is more “family-oriented” than the countries of Western and Eastern Europe when Israel is characterized according to the following dimensions: a relatively high birthrate, a relatively low divorce rate, and a relatively low number of births out of wedlock (Fogel-Bijawi, 2003; Peres & Katz, 1991). It appears that although the influences of industrialization and modernization have not passed over Israel, the Israeli family has remained relatively stable. Researchers have suggested a number of explanations for this fact. First, the tense security situation and the fact that Israel is a “country under siege” awaken among the Israeli a high awareness of the danger, and this increases the sense of family. Second, a large and increasing proportion of the Israeli population has a Mizrachi[1] origin, and this population is characterized by more traditional patterns of family. Third, the central status in Israel of religion and tradition is expressed both on the level of institutions and on the level of values. Last, Israeli society is relatively restricted and intimate, and this situation serves as an effective means of supervision that increases the individual’s connection to his family (Ben Hur, 2010; Peres & Katz, 1991).

In the continuation, Safir (1993) asserts that the stability of the Israeli family is supported by patriarchal values, which originate in Jewish tradition. In addition, she directs the attention to the considerable importance placed in Israeli society on the topic of fertility, when one factor is the background of the “demographic problem” and the aspiration to maintain a Jewish majority in Israel. Safir brings a number of examples of the centrality of the family in the Israeli experience: the tendency of Israelis to have their own apartments and to maintain the stability of their residence, generally close to the extended family; the flourishing industry of businesses that work in areas related to the wedding, and the social requirement, directed primarily towards women, to continue to care for their children even after they have left the home and later for their grandchildren and their ageing parents (Sason-Lavi, 1990). These factors influence mothers’ tendency to give birth and to raise children

[1] Mizrachi, from the Hebrew word for east, refers to Jews whose origin is the countries of the Middle East and North Africa (the east), as opposed to Ashkenazi Jews, who are Jews whose origin is the countries of Europe.

since by doing so, they feel they fulfil their social role of being mothers. This role is strengthen by social, cultural and religious motivations (Halperin, Sarid, & Cwikel, 2015).

Although the Israeli family is relatively stable, in the past decades there has been erosion of the family patterns and changes have occurred. These changes are not dramatic but are rather consistent and are expressed in the increase in the divorce rate, the increase in the number of births outside of marriage, the increase of the age of marriage, and the decline in the birthrate. In addition, the new patterns of family and lifestyles have taken their place alongside the traditional family model. There has been a significant increase in the percentage of single parent families and in the percentage of the second marriage that create families called "complicated" or "unusual". There has been a significant increase in the percentage of single-parent families, the percentage of second marriages, Same sex marriage and the percentage of couples who cohabit without marriage or as a preliminary stage before marriage (Ben Hur, 2010; Katz & Peres, 1996; Sharlin et al., 1992). The mass immigration from the countries of the former Soviet Union and from Ethiopia has also contributed to demographic changes associated with the structure of the family and its problems and has considerably increased the number of single-parent families in Israel (Katz & Peres, 1996; Sharlin, Katz, & Lavi, 1991). There is room to hypothesize that the changes in the structure of the Israeli family will continue and that the family will grow closer in its characterization to families in industrialized and modern societies around the world. However, it appears that against the trends of modernization operating on the Israeli family there are also contradicting trends of religious and national conservatism, and thus the expectation is that the family will continue to remain relatively stable (Katz & Peres, 1991; Sharlin, et al., 1992).

Like the Israeli family has experienced over the years changes, the sociological research of the family has changed. Katz and Peres (1986) performed a comprehensive review of research studies on the topic of the family in Israel from the 1950s to the 1980s. In their opinion, the researches of the 1950s and 1960s tended to adopt a perception according to which the family reflects needs that are both personal and social and they engaged in topics such as the family on the *kibbutz*[2] and the merger of the different Jewish communities

[2] The *kibbuz* is a collective community with a communal lifestyle in Isr
ael, traditionally based on agriculture.

through marriage. Later researches tended to address components inside the family, such as the struggle for equality between the sexes in the family, the increase in the single-parent families, and the influence of the mother's work on the family. Other changes in the family organization include changes in gender roles due to the increase in women's participation in the labor market, changes in the organization of work within the household, changes in parental and child relations, and a decline in parents' authority (Ben Hur, 2010). According to Katz and Peres (1986), this trend indicates that over the years the Israeli research steadily drew closer in its areas of interest to the research of the family in the Western world.

Alongside the engagement in the shared life before marriage, there was also some research references to aspects related to the preparation for the marriage and family life. Bental (1996) examines the contribution of the partners' shared experiences to their adjustment to their life as a couple. She compared between 34 couples who travelled together abroad and 30 couples who did not travel together and found a higher level of adjustment to the couple relationship among couples who went on a trip together. In other words, shared experiences before the marriage may contribute to the adjustment to the life as a couple. However, it is necessary to take into consideration that shared trips of young couples characterize secular culture. In this context, Frishman (1991) compares between the Ultra-Orthodox population and the secular population, when he examines the attitudes and beliefs of 65 Ultra-Orthodox girls and 65 secular girls towards marriage and family life. In his opinion, the findings of his research study indicate essential differences between the two groups. The Ultra-Orthodox girls expressed outlooks according to which the main objective of marital life is the birth and care of children. According to the viewpoints of the Ultra-Orthodox girls, this objective defines the woman's role, contributes to the strengthening of the family circle, and dictates the girl's manner of preparation for the marriage. The centrality of this objective makes the outlook of the Ultra-Orthodox girl regarding marriage homogeneous and consistent. In contrast, the

group of secular girls expressed less homogeneous outlooks. The birth and rearing of children were not mentioned as main objectives in marriage, while views were expressed about the development of the woman's self and independence and the importance of the system of relations between the partners. These studies imply that Orthodox families are

more likely go give birth to more children in comparison with Secular families. It seems that children are in the center of family perception in the Orthodox and traditional perception of Israeli families (Fogel-Bijawi, 2003).

1.1.3 The Characteristics of the Zionist Religious Community

At the center of the present research study, there is the religious Zionist community, and especially the relationships in the family in this community. Therefore, in the present chapter I will discuss at length the unique characteristics of this community.

The religious population in Israel includes two groups : (1) National religious Zionism and (2) Ultra-Orthodox society. Despite the differences in principle between the two societies, primarily in their view and attitude towards the State of Israel and its institutions, the common denominator between them is that people who belong to these two communities hold in the personal dimension, to some extent or another, the belief in God and at least in some of the religious practices. In this important characteristic, they are different culturally from the secular population.

The national-religious stream is an ideological stream in the Zionist movement that draws its Zionist views from Jewish religious thought. Religious Zionism sees the support of the Jewish nationalism and the establishment of a country for Jews as an obligation that derives from the Torah[3] of Israel. In contrast to the prevalent attitude in the Ultra-Orthodox public, according to which the redemption of the people and the land will occur only when the Messiah comes, religious Zionism supports active human deeds to achieve Jewish sovereignty through the assimilation of the integration of the Torah of Israel, the people of Israel, and the land of Israel (Cohen & Harel, 2004). Most of the spiritual fathers of religious Zionism, and at their head Rabbi Abraham Isaac Kook, strived for cooperation with secular

[3] Torah is the central reference of Judaism. The word has a broad spectrum of meanings. It can most specifically mean the first five books of the Jewish Bible, and it can also include the rabbinic commentaries. It can mean the entire narrative of the Jewish Bible, and it can mean the totality of Jewish teaching, culture and practice, whether derived from these biblical texts or from later rabbinic writing. The common denominator of all these meanings is the reference to the origin and history of the Jewish people and their covenant with God, which entails following a way of life presented in a set of moral and religious obligations and civil laws (Halacha).

Zionism, primarily for religious reasons, when the national movement was supposed to realize a divine plan of the redemption of the people (Sheleg, 2000).

In general, it is possible to note that in terms of the religious world view there are a number of main characteristics of the national-religious public that distinguishes it from the secular public. The first characteristic is the attempt to maintain the Halacha[4], with minimal distance from the secular world, an attempt that has yielded a model of adjustment and caution in the manner of integration of religion and modernity. According to this model, religion and modernity are two areas that exist in parallel and do not clash. Another perception in the religious Zionism emphasizes that the different aspects in modernity are neutral in religious terms, and therefore it is convenient to absorb them, while other aspects may have destructive influence, and therefore it is necessary to keep a distance from them. However, at the same time religious Zionism calls for partnership with the secular world and with secular Zionism. The second important characteristic in the national religious sector that has been revealed in recent years is the weakening of the sense of identification with the community. Thus, the national religious sector is heterogeneous in the religious tendencies of its members, when there are factions that are more similar to the ultra-Orthodox and hold neo-traditional tendencies, while other factions disapprove of extremism and do not share the tendency to distance themselves from mainstream society. This latter public is called liberal-religious (Cohen & Harel, 2004; Shalmon, 2006). Being Zionist means being with stronger patriot feelings which positively affect motivation to bring up children in order to strengthen Israeli nationalism. Zionist patriarchal structures and the discursive power and reach of Zionist ideology affect Jewish women to engage in increasing fertility. Therefore, Zionist female ideologues link to bodily rebirth of Jewish women as leading to the strengthening of Jewish identities and inevitably the Jewish stock (Mickutė, 2014).

[4] Halacha is the collective set of Jewish religious moral and religious obligations and civil laws. The word derives from the Hebrew root meaning “to behave” or “to walk”, and thus a literal translation might be "the way to behave" or "the way of walking". It guides not only religious practices and beliefs but also numerous aspects of day-to-day life.

1.1.4 Attachment Characteristics between Parents and Children

The development of the child includes both biological variables and environmental variables. Each person has a unique genetic baggage, and the connection between the different effects of development is individual and different. The biological variables include primarily genetic influences and temperament characteristics of children, while the environmental variables are related to life events and parental characteristics. Many changes in human life occur as a result of complex interactions between biological and environmental factors, for example: language development is biological, it occurs when the central nervous system reaches a certain level of development, these are biological factors. But what language will he speak? Will the language be rich or poor? It depends largely on the environmental factors. Most aspects of human development reflect interactions between genetic characteristics and environmental experiences. These interactions will have an impact on the individual, his behavior and development in childhood, school, and adulthood. Already at birth, there are environmental characteristics that directly affect genes, such as the use of drugs or alcohol during pregnancy. Anything the child is exposed to during pregnancy can affect his or her continued development (Bronfanbrunner, 1997). The central importance of many diverse characteristics of the parents, such as their behavior, efficacy, parenting style, parental involvement, and parent relations with the children, is recognized as influencing the development of their children. The quality of the attachment and the building of a system of relations between the parent and the child depend often on the degree of fit between the parent's temperament and the child's temperament; this fit is significant to the infant's and the parent's quality of mental life. As the fit and suitability are more positive, the relationship will be established in a safe manner and there will be and mutual trust (Tzadik, 2001).

One of the most significant and central psychological theories in the research of the relations between the parents and their children is attachment theory. The attachment theory of Bowlby (1969, 1973) is a developmental theory that focuses on the emotional relationships that are formed between the infant and the significant others who care for him (caregivers). The attachment theory is based on the argument that people have a primary and innate need for closeness with protective and supportive attachment figures, so that they can

cope with distresses and environmental threats. This need in particular and the attachment process in general are intensified from the infant's second year of life and are directed towards the caregiver, who for the most part is the mother.

Attachment theory was first developed by John Bowlby (1969/1988, 1973, 1982) as a general theory of the personality. The theory was largely developed in light of the insights and observations of children in orphanages as well as children who lost or were separated from at least one of their parents (Bowlby, 1969/1982). John Bowlby, a psychiatrist by training, conducted beginning in the year 1948 methodical observations, some filmed, of children who were separated from their mothers at the age of two to three. Bowlby noted that the toddlers underwent a number of stages in their psychological adjustment to the loss of their mother. In the first period, in the stage of protest, the toddlers were frustrated and angry and cried considerably. When they were not returned to their mothers over time their behavior changed. This stage was called "despair". The toddlers in this stage gave up the protest and entered a quasi-depressive state in which they stopped playing and refused to eat. Over time, the infants' behavior changed again, a stage Bowlby called "detachment", when in this stage the toddlers recovered apparently and returned to play and eat but continued over time to display a type of detachment and emotional numbness. Bowlby noted that toddlers who were not returned to their mothers in this stage did not show in her any emotional interest. His primary conclusion from this observation was that to realize their full ability and potential, toddlers need the care and close support of their primary caregiver. The response that the daycare centers provided to toddler orphans primarily satisfied their physiological needs but was not adequate to ensure their normal psychological development. In the continuation, Bowlby proposed a new category of instinctive behavior, behavior with the direct objective of creating and preserving attachment relationships. This instinctive behavior is separate from the instinctive behaviors that regulate the individual's physical and sexual needs. This proposal constituted the basis for attachment theory (Mikulincer, & Florian, 1998).

According to the theory, infants are born with a repertoire of attachment behaviors, the goal of which is the search for and preservation of the closeness to the caregiving figures. The search for closeness is an innate mechanism of emotional regulation that aims to protect

the individual from psychological and physical threats and to reduce pressures. The mechanism developed in the process of evolution since it increased the chances of survival of the infants, who are born without the ability to feed and protect themselves (Richards, & Schat, 2011).

Professor Marinus Van IJzandoorn, a renowned expert in research on the psychological structure of attachment, argued in his study that parent sensitivity and responsivity provide a powerful approach to emotional regulation, including normative and atypical development, and offer promising options for prevention and intervention regarding the consequences of disasters. Children who have experienced insensitive parenting develop avoidant or ambivalent relationships with their parents, and children who received sensitive treatment are well connected. Parental sensitivity and responsivity can accurately capture and react to the child's responses quickly and appropriately (Einsworth et al., 1978). A complex and uncertain relationship was associated with one of the risk factors in the development of psychopathology. In 1995, Van IJzendoorn introduced the quantitative model between parent attachments and infant attachment, mediated by a sensitive parental response. She developed an intervention in which she examined video feedback to promote positive parenting. Video feedback provides an opportunity to focus on the baby's signals and video expressions. It also helps parents to improve parenting skills and empathy for their children. This also allows parents to positively reinforce the parent sensitive behavior observed in the video. The intervention program and studies conducted following this program have shown a significant improvement in positive parental skill. It was found that a positive parental environment helps vulnerable children show better performance than less sensitive children who grow up in less positive environments (Jaffer, Marian, Bakermans, Kranenburgand, Van Ijzendoran, 2009).

The attachment theory based on three main assumptions, which largely derive from one another. The first argument is that the infant is born into the world equipped with a behavioral system that has the goal of creating closeness with the caregiver in a time of distress and danger. This system is what creates the different attachment behaviors, such as crying and eye contact and more active behaviors of the search for the caregiver and the staying close to her. In essence, every behavior that has the final goal of achieving closeness

or preserving closeness to another person is behavior with an attachment character. Naturally, these behaviors are more common and prominent in early childhood but can be seen throughout the entire lifecycle (Shaver, & Mikulincer, 2002). The second argument holds that the preservation of the closeness between the infant and the caregiver depends not only on the child but also on the caregiver's availability and her responsiveness and reactiveness to the child's needs. Bowlby considered a main characteristic of the concept of parenting to be to provide a "secure base", beyond the satisfaction of the child's physiological needs. This idea expresses the child's sense of security that the caregiver will remain with him when he needs her and will respond to his attempts to create closeness. The caregiver as a "secure base" regulates the infant's level of tension and anxiety, provides him with support and encouragement, and helps him go and develop from the experience of distress and stress. Thus, the child can come into the world, study it, and be interested in people and in other stimuli, without fearing the loss of the vital relationship. Moreover, in the more advanced stages the child internalizes these relations and establishes in himself internal representations of the secure base that enable him to regulate the distresses that awaken in him autonomously and independent of the caregiver's actual availability. The third argument is that the experiences with the caregiver and the way in which the child perceives her responses are internalized as "internal working models", which are cognitive-emotional schema that include the child's expectations of the other person and himself in the framework of the relationship. The internal working models serve as a prototype of the relationship but they are updated over the person's life and are generalized to the intimate systems in which the individual is a partner over the course of his life (Brumariu, & Kerns, 2010). The newborn's first experiences with his primary caregivers shape his attitudes, emotions, and behavior in the framework of the relationship. Thus, an infant who feels that the caregiver is available and positive will tend to develop a working model according to which he deserves support and love and can receive them. An infant whose caregiver was not available for him and who addressed him inconsistently and neglectfully or even abusively will develop a model that doubts the basic trust in his ability to obtain support and satisfaction of his needs through another person (Hudson, Fraley, Chopik, & Heffernan, 2015).

Bowlby is considered the single inventor of attachment theory. But in 1990 Marie Ainsworth was recognized as the founder of attachment theory. Her contribution to the

theory was to bring empirical evidence; she added to the attachment paradigm the balance between interrogation and security and the concept of parental sensitivity. Many of her ideas came from her work with her mentor and colleague William Blatz. Ainsworth began her career as a student at the University of Toronto, Canada. The use of the terms contributed by Ainsworth to Blatz’s security theory was more important than the design of attachment theory and there are specific parts of attachment theory that are directly related to the theory of the Canadian psychologist William Blatz (Van Rosmalen, Van Der Horst, Van der Veer, 2016). He assimilated the term "human security" and contributed to attachment theory. In the concept of human security lies the intention to focus on the individual, the individual. The term "man first" is a repetitive combination in this context (Rosai, 2014). Blatz assumed confidence as a primary goal of man, but he did not define it as static and safe, but rather as dynamic and crisis-prone. It defines security as a state of mind characterized by peace in the belief in a person's ability to deal with the future. He stated that this is a state of mind accompanied by a person's willingness to accept the consequences of his decisions, and claimed that security was acquired through previous experience (Blatz, 1966). Blatz (1944) stated that the development of security is a process. Children begin to nurture confidence by trusting their parents. When they grow up, the confidence that parents will be there allows them to explore and experiment on their own, and the parent is a safety net. In this way the child will acquire the necessary skills and knowledge in order to be self-assured. Ideally this is an ongoing investigation that will eventually lead to a state of independent security. A child who does not feel confident or who lacks skills will fear to experience and dare to do other things. This child will avoid situations of frustration and grow up to be insecure. These children and adolescents will rely on defense mechanisms such as rationalization, sublimation, and compensation to deal with insecurity, and when these mechanisms do not help them in a situation, they will develop social and psychological problems. There are three main components that were also part of the later attachment theory: (1) a stable figure (parent or substitute parent); (2) q safe basis for experimenting and exploring, and (3) instead of trying to measure the security of a person on a scale, Blatz defined different categories of security: independent security, infantile dependency security, and dependent dependency. Pseudo-security is reliance on security agents. Blatz continued his research after the Second

World War and there is no indication that he was aware that a researcher in Britain was formulating a theory very suited to his ideas, John Bowlby.

On the basis of these arguments, Ainsworth et al. (1978) developed a research paradigm for the identification of individual differences in the quality of the attachment called a “strange situation”. From the rationale posted by Bowlby (1969/1982), according to which the attachment system is survival at its basis and therefore will be fully exposed in a situation of distress and fear, a methodical empirical method for the observation of children in a situation of the separation from the caregiver was constructed. According to this method, an experiment of two stages was performed: first observations were held of infants (76 infants, from birth to age one year) in their homes, for a year, so as to examine the mother’s manner of response to the infant. In the second stage, the mothers and infants were called in for the experiment. The experiment was conducted in a room with a large variety of toys. The room was presented to the mother and the infant by a strange woman, who then left the room. The infant investigated the room, without any intervention on the mother’s part. Then the strange woman returned to the room and went close to the infant, and in parallel the mother left the room. After a number of minutes the mother returned to the room. This process occurred a number of times continuously. During the research process, a number of parameters were examined, including the way in which the infant investigates his environment and the way in which he uses the secure base, if it exists, that his mother gives him. On the basis of these observations, Ainsworth et al. (1978) formulated three types of attachment responses in childhood: secure attachment, avoidant attachment, and anxious-ambivalent attachment.

Secure children (approximately 60%) behave in a comfortable manner both in closeness and in separation from the caregiver. They are secure in the caregiver’s availability and responsiveness. In a time of distress, they search for contact with the caregiver to regulate their distress and to return to a state of calm. They tend to display independence in the distancing from the caregiver for the purpose of investigation and are not deterred by the creation of a relationship with a strange person. When saying goodbye to the caregiver, they exhibit protest but when she returns they receive her happily, go close to her, and initiate interaction.

Avoidant children (about 20%) maintain their distance and emphasize an attitude of self-reliance. They see the caregiving figure as less accessible, and therefore they do not perceive her as a "secure base". Their tendency was to avoid all attachment activity through the performance of competing behaviors. They do not express protest when they separate from the caregiving figure, and they avoid closeness to her when she returns.

Anxious ambivalent children (about 20%) also show lack of security in the access to the mother but respond to it differently. These children make inconsistent attempts to have contact with the caregiver and find it difficult to suffer even a short episode of separation. They tend to search for contact at the expense of the investigative activity and respond with anger, despair, and anxiety in their demand for closeness. In the separation from the caregiver they respond with especially strong protest and distress, and when she returns they exhibit ambivalent behavior that is expressed in attempts at alternate closeness (holding on and staying close) and rejection (anger and avoidance of eye contact). The argument is that the avoidant style and the anxious ambivalent style represent two polar manners of coping regarding the situation of the absence of a feeling of secure base (Mikulincer & Florian, 1998).

In light of these observations, Ainsworth et al. (1978) maintained that the patterns of attachment observed in the strange situation reflect the quality of the relationship between the mother and her children. It was found that mothers of children who were classified as "secure" were characterized by sensitivity and responsiveness to their children. They were warm and close but were not invasive and responded effectively and purposively to their children's distress. Mothers of children who were classified as "avoidant" tended to reject the attempts at the child's closeness and were not sensitive to his signals. They did not respond to the child's needs and behave with indifference and pent-up anger towards him. Last, mothers of children who are "anxious ambivalent" did not tend to reject their children but lack sensitivity to his signals, were inconsistent in the filling of his needs and in the response to the attempts at closeness on his part (Main & Weston, 1982).

The cumulative evidence from the research proved that the consistency of the attachment is great and lasts throughout childhood, adolescence, and adulthood; in other

words, these patterns are considerably stable throughout the course of life (Dykas & Cassidy, 2011). On the basis of the typology system of Ainsworth et al. (1978), Hazan and Shaver (1987) developed a self-reporting questionnaire with which the subjects were classified into three attachment styles in adulthood. The distribution of attachment styles in the samples of the adults was found to be similar to that in the samples of children, when 55% of the adults were classified as secure, 25% as avoidant, and 20% as anxious ambivalent. Research studies in the field of attachment among adults examined how the different attachment patterns are expressed in the measures of interpersonal dynamics. For instance, regarding trust, the research studies showed that those with a secure attachment pattern tended to trust more in the spouse, those with an avoidant attachment pattern tended to achieve control of the system of relations through trust, while those with an anxious attachment pattern tended to achieve confidence in the relationship through trust (Richards & Schat, 2011). It is possible to see that people with a secure attachment style prefer to develop romantic systems of relationships with those with a secure attachment style, a relationship in which the reciprocal expectations of the partners are similar. In contrast, people with an anxious attachment pattern will prefer systems of relationships with an avoidant attachment pattern, in what is like a self-fulfilling prophecy: the expectation (fear) of the anxious people is to be abandoned and it is reinforced and validated through the connection to the spouse with the avoidant attachment pattern, who implements lack of intimacy and lack of trust in the relationship. Those with an avoidant pattern obtain from this relationship the control they search for in the system of relations (Feeney, Cassidy, & Ramos-Marcuse, 2008).

This part indicates that the quality of the relationship between the parents and their children, as expressed in the attachment theory, profoundly influences the perception of children in systems of relationships in the future in many contexts (couple relations, friendships, relations in the work place, and so on). Moreover, it appears that the quality of the relationship between the parents and their children changes throughout the lifecycle, especially with the ageing of the parents and the children.

1.1.5 Family Life Cycle

The family is composed of units of people who are found in interaction. It is a living organism that changes and grows. The family's existence does not depend on the harmony among its members, and it will not fall apart as a result of the conflict between them. The family will continue to exist as long as there is interaction (Burgas, 1926, in Carter & McGoldrick, 1989).

The theoretical model of the family life cycle developed in the 1940s. A group of interdisciplinary researchers presented the first models of the family life cycle theory (Martin, 2018). The model facilitates the understanding of the complexity of normal development, the development of tasks with the family and friends, the recognition of the family pressure in critical periods of development (Duvall, 1988), and the influence of the range of clinical phenomena during the family life. The development of the family occurs simultaneously but in disconnect from the development of the individual in it (Carter & McGoldrick, 1989). The unique point of view of the family development theory (FDT) contributed to the understanding of the family researchers and to their ability to work effectively with the families. For instance, family therapists use the knowledge on the family life cycle to clinically assess normative and functional behavior in families (Carter & McGoldrick, 1989; Duvall, 1988).

Over the years, researchers in the field of the family have established their work on FDT that addresses the stages in the family life cycle (McCubbin & Olson, 1983). Historically, theoreticians of family development assumed that all families develop in the same way. This universal assumption was observed in main models of family development. The main tenets of the models identify a certain number of different stages in the life of families and the timing at which they appear and through which families develop, and the different variations between the models are expressed in the definition of the stages and in the time of the appearance (Duvall, 1957; Duvall & Miller, 1985; Glick, 1989; Hill, 1986).

The theory of Duvall (1957) is the most popular and is widely used. According to Duvall (1957), the family life cycle is defined in eight stages of development:

1. The married couple without children
2. Childhood – the oldest child, from birth until 30 months
3. Families with young children (aged 2.5-6 years),
4. Families with school-aged children (ages 6-13)
5. Families with adolescents (ages 13-20)
6. Launch – from the moment the first child leaves the home until the last one does
7. The empty nest – retirement
8. The aging family – death of one of the partners.

However, this model is based on the traditional nuclear family and does not address a family with a different structure, for example, single-parent families, families when the parents are divorced, and couples without children. Despite the universality and similarities between the families, the tasks, the rites of passage, and the ways of coping change from culture to culture, and the use of the normativity of the traditional nuclear family may therefore lead to error (Laszloffy, 2002).

Duvall (1985) addresses the difference that exists in the structure of the families in her later work, but still bases on the universal assumption. In her opinion, despite the differences that exist between the families around the world and the difference in the family relationships over time, the development of the family is widespread in every place in the world – every family grows, matures, and in the end dissolves. The universality is expressed extensively in the perception of the development of the family (Duvall, 1985). The argument is that all families experience some structured developmental process. However, she does not explain well how all eight stages are reflected universally.

Theoreticians in the field of family development propose other models. Rogers (1962) developed a model of 24 stages (in Laszloffy, 2002). Hill (1986) suggested a model that takes into account the life cycles of different types of families. Hohn (1987) developed a model composed of twelve life cycles and took into consideration the difference that is expressed between the families, a difference that is expressed in the structure and stability of the family, in the circumstances, and in the number of children.

The systemic family development model (SFD) enables the basic development process to be traced, without attempting to define beforehand the specific nature and pressures of the family. It reflects the diversity and recognition of the uniqueness of every family and cultivates theoretical and applied instruments. The SFD model is guided by a systemic perception, a perception that broadens the benefit of the family viewpoint through the emphasis of the similarity and diversity in the family systems. The model recognizes the similarity of the stages of development, but there are many variations in the conditions under which the processes occur (Lazsloffy, 2002). In this model the shared family process that all the families experienced is the phenomenon of stress, which requires the family to change and adjust itself to the situation. Many changes in the family are accompanied by pressure and stress, which is a part of the processes of change and adjustment. When a family succeeds in coping with situations of stress it feels relief, while when it does not succeed a crisis occurs. When there are a number of tasks that contribute to the stress in the family, for example, the birth of a child and the departure of the older child from the family nest, the way in which the family handles the situation is very important. The degree of interaction between the coping resources and their interpretation of events will determine whether the result is crisis or growth (McCubbin & Figley, 1983, in Lazsloffy, 2002).

1.1.6 Changes in the Family in the Critical Periods of Transition

It appears that the developmental processes related to the family life circle have considerable relevance to all that is related to the wellbeing of the couple and the family. Typical family development was conceptualized by several researches. Mattessich and Hill (1987) defined this concept as "the sequence of stages precipitated internally by the demands of family members (e.g., biological, psychological, and social needs) and externally by the larger society (e.g., social expectations and ecological constraints)" (p. 437). They emphasized that family time is the link between family development theory and research and individual life course theory and research. In their view, typical family development links individual biological and social constraints with larger institutional norms. Another influential researcher in this field is Evelyn Duvall. Duvall (1988) formulated a family development conceptual framework involving four major concepts: 1) The family is a system that is relatively closed, boundary maintaining, equilibrium seeking, adaptive, and purposive.

2) The framework uses structure concepts such as role, position, and norms in examining internal occurrences in the family. 3) The framework uses concepts of education and goal orientation to clarify the task-performance and functioning of the family. 4) The framework uses such concepts as stages of development, role sequences, and careers of family positions in the observation and understanding of events over the life history of the family.

Certain periods in the family life, primarily the periods of transition, are delineated as opportunities that demand more resources and confront the family and the couple relationship with difficulties and challenges. The different research studies reviewed previously indicate different variables, interpersonal and intrapersonal, which are relevant to the prediction of the quality of coping and satisfaction in stages, such as the transition to marriage, the transition to parenting, the raising of the children, and the “launching” of the children from the home. In addition, it appears that there are certain patterns of change in the family wellbeing that should be observed in a normative manner. Marcus and Doron (1988) indicate the existence of a trend of decline in the quality of the marriage during the first years of the family. Lavee et al. (1996) direct our attention to the existence of a U-shaped correlation between the circle of the family and the aspects pertaining to couple wellbeing. It appears that all the researchers who have engaged in the topic associate between the need to cope with the tasks of parenting and the decline in the parents’ satisfaction and wellbeing, although it appears that in this topic too it is necessary to differentiate between the sexes, when parenting with its demands is expected primarily to influence the women’s wellbeing.

After marriage comes the turn of the transition in life considered the most significant, the birth of the first child, or as this is called in the psychological literature: the transition to parenthood. The birth of the child is preceded by the period of pregnancy, when a possible engagement in the topic, from a perspective of family wellbeing pertains to the man’s involvement in his partner’s pregnancy (Feinberg, 2002). Researchers indicate that it is possible to divide the involvement of men in the pregnancy into three distinct manners of expression: practical involvement, positive emotional involvement, and negative emotional involvement. A man who is highly involved in one of these manners will not necessarily be involved in the other manners. A certain relationship was found between the perception of the sex role and the involvement in the pregnancy, when identification with the female sex

roles was found to be related to positive emotional involvement. However, the best predictor of the man's high involvement in the pregnancy was the positive perception of the marital relations. We see, therefore, that the period of pregnancy is a significant period in the life of the couple and has implications also on the man's mental wellbeing. Thus, it was found that the quality of the couple relations has influence on the man's degree of involvement in his wife's pregnancy. An interesting issue that should be examined in the future is how the man's involvement influences the quality of the relations and the wellbeing of both partners (Cabrera et al., 2000; Buist, Morse, & Durkin, 2003).

As aforementioned, the birth of the first child is perceived as a most significant event in the life of the couple and the individual. In the Western world, many research studies have been conducted indicating the implications of the couple relationships of the parents and their satisfaction from these relationships (see, for example, Ahldén, Ahlehagen, Dahlgren, & Josefsson, 2012). In Israel, too, treatment factors express concern about the difficulties that the transition to parenthood may pose to the couple relationship of the young parents and propose different manners of intervention and treatment. However, it appears that most of the research on the transition to parenthood engaged separately in the fathers or the mothers and the implications of the different characteristics on the way in which they deal with the challenge of the transition to parenthood (Goodman et al., 2011). To illustrate, it was found that men who have a secure attachment style adjust better to the transition to parenthood, are more involved in the care of the infant, and experience less anxiety and more satisfaction, in comparison to men who have a non-secure attachment style. Regarding women, a relationship was found between the degree of need for and the degree of ability of cognitive structuring and the degree of pressure in the making of decisions that the mothers experience after birth. In addition, differences in the coping of the fathers and mothers during the first month after the transition to parenthood were researched, and many significant differences were found, including women more strongly respond emotionally, express less satisfaction, and adopt more strategies of problem solving and search for support (Luoma et al., 2013).

In the continuation of life, families are characterized by the concept of "launching", or in the other words, the departure of the children from their parents' home and their going

to an independent adult life, generally for studies in the institutions of higher education (Furstenberg, 2010). In this context, Paswell (1995) lists the unique characteristics of the stage of launching in Israel:

1. The time of the adolescents' departure from the home is determined arbitrarily by law and does not depend on their maturity and free will.
2. The departure from the parents' home is only partial, since the soldier comes home for vacations and with the release from the term of compulsory military service many return to live in their parents' home.
3. The military service entails danger and threat to the children's lives.
4. The Jewish family is characterized by a pattern of cohesion and close relationships.
5. Many of the Israeli parents are first or second generation of immigration, some of them are Holocaust survivors, and this may make their separation from their children difficult.
6. There is a division of responsibilities between the parents and the military in all that is associated with the care and concern for the children, and this sometimes entails power struggles and conflicts.

A meaningful event that occurs in a later stage of the family life and it can be assumed has influences on its wellbeing is the retirement of the couple from the work cycle. Research studies that directly engage in the relationship between the retirement from work and variables relating to the quality of life and wellbeing of the couple were not found. A number of aspects relating indirectly to the topic were studied. Research studies found that there is no decline after the retirement in aspects pertaining to the parental functioning such as providing financial assistance and advice and care of children and grandchildren, and aspects pertaining to the couple functioning, such as shared leisure activities and quality of the couple communication (Doiron & Mendolia, 2012).

Another research study (Anson, Antonovsky, Sagy, & Adler, 1993) focused on the attitudes of Israeli men and women regarding their benefits and losses associated with their retirement and the relationship between them and the family situation and the closeness of their residence of the children. According to the researchers' hypotheses, it was found that there is no difference between men and women in the perception of the existence of losses

related to retirement. However, women expressed more positive attitudes relative to the benefits related to retirement. The researchers explain this fact in the resolution of the conflict that many working women experience between their commitment to work and their commitment to their family. According to the hypotheses, it was found that married people expressed more positive attitudes regarding the retirement than did unmarried people. Regarding the closeness of their children's residence, a curvilinear relationship was found, according to which people whose children live in Israel but not near to them express more positive attitudes regarding retirement than do people whose children live very close to them, people whose children live abroad, and people who do not have children. The researchers propose that for these people the retirement indicates a more significant change in their degree of ability to realize their relationships with their children and grandchildren. Anson et al. (1993) note that the coping of people with their retirement from work is influenced by different personality and situational factors, but it is necessary to take into account the influence of family factors both on the woman and on the man. These findings (Anson et al., 1993) direct the attention to the importance of relationships in the extended family framework.

In later stages of the family life cycle, the family constellation is extended, when the family's children are married and have their own children. More than a few research studies engaged in the topic of 'grandparenting' (for example, Bates & Goodsell, 2013; Bates & Taylor, 2013), but without addressing its implications on aspects pertaining to the family wellbeing. It can be hypothesized that a fuller understanding of the family wellbeing over all the stages of its existence needs to be based also on the taking into consideration of intergenerational relationships, including the relationships of grandparents with their grandchildren and with their children's partners. A certain touch upon the contribution of the grandparents to the family's wellbeing can be found in research studies that engage in the role of grandparents as a part of the family's system of support. It was found that grandparents have a moderating and assistive role after the death of the family's father. In addition, it was found that the mothers of disabled children and the mothers of ordinary children perceive their parents and especially their mothers as their primary source of support, both on the instrumental level and furthermore on the emotional level (Luo et al., 2012).

1.1.7 Parenting Styles

To better understand the system of relations between the parents and their children, it is important to examine the way in which the parent addresses his children, or in other words, what dominant parenting style the parent uses.

One of the earliest theories engaging in the parenting styles was the work of Baumrind (1971, 1999). The parenting style is defined as the way in which parents performed normatively actions of control and socialization among their children (Baumrind, 1991). Thus, the parenting style includes two main axes on the part of the parent. The first is the axis of control, the degree to which the parent presents demands and requirements so as to supervise and control the child's behavior when he is involved in dangerous behavior. The second is the axis of closeness and communication, the degree to which the parent responds to the child's need and provides support so as to assimilate skills of self-regulation (Baumrind, 1991). This conceptualization primarily creates the following three parenting styles:

1. Authoritarian parenting style. These parents act primarily from a place of control of the child's behavior. These parents enforce discipline through punishment and expect their children to obey their instructions without argument. Research studies found that authoritative parents do succeed in reducing their children's dangerous behaviors but conversely these children are more dependent on their parents and find it difficult to develop independence in psychological terms (McCormick, Turner, & Foster, 2015).
2. Permissive parenting style. These parents almost never enforce rules and laws, while displaying minimal control of their children's behavior. Thus, situations of unbridled conduct on the part of the children are accepted by the parents in relative silence, and the parents do not attempt to teach the children more appropriate behavior. Research studies showed that these parents attempt more to preserve good relationships with their children than to give them adaptive behavior (Uji et al., 2014).
3. Authoritative ~~a~~ parenting style. These parents are found between authoritarian parents and permissive parents. Thus, on the one hand they attempt to enforce boundaries, but on the other hand they do so through healthy communication with

their children. They use both punishments and positive reinforcement and attempt to balance between these two types of reward. Authoritative parenting, more than the other two styles of parenting, is related to children's good psychological adjustment, higher self-esteem, independence, self-confidence, self-control, social acceptance, and curiosity (Uji et al., 2014).

Alongside this typology of parenting styles, another model of parenting styles developed (Rohner, Khaleque, & Cournoyer, 2005), Acceptance-Rejection and Control Theory. This theory presents parenting styles on a continuum between acceptance (warmth and affection) and rejection (coldness, hostility, and indifference). According to the research studies performed on the basis of this model, parenting of rejection is linked with significant psychological problems among the children. This theory too recognizes the great importance of the parents' warmth in the care of the child and the normal development of the personality, especially in topics of adjustment to difficult situations. According to this theory, parents give the adolescent a sense of security through parental authority, which combines warmth and psychological autonomy and the requirement for adult behavior, responsiveness to accepted rules and laws, and avoidance of harmful actions. In other words, it is possible to see this parenting style to be parenthood that balances between the parents' more rigid and harder sides and their more enabling and softer sides.

Different research studies attempted to examine how the parenting styles in general and the parental authority in particular influence the adolescents' mental development. Research studies that examined the influence of the rigid dimensions of parenting (such as the parent's lack of flexibility or the setting of boundaries without the mediation for the child) showed that parental control encourages a situation in which the parents watch over the child in an extreme manner, which is not necessarily suited to the real dangers he is exposed to during his life. When parents adopt this pattern, they act from the position that their child does not have adequate ability to cope with difficulties and obstacles and therefore their role as parents is to do this *in his stead*. Parents who display this pattern tend to exhibit higher anxiety about their child, difficulty in separating from him, difficulty in encouraging his autonomous functioning, and a high need for follow up after the child and control his responses (Houtzager et al., 2015). Such parenting does not allow the child to develop by

himself a mechanism for the identification of risks in his environment and to develop effective strategies of coping with it. Previous research studies showed that children of parents who adopt this pattern of “excessive parenting” display (1) greater harm to their autonomy, low sense of efficacy, difficulties in solving problems, and low self-direction and external locus of control; (2) high risk of anxiety disorders and depression; and (3) increase in the frequency and intensity of the conflicts with the parents (Segrin et al., 2013).

Moreover, when the parents tighten the supervision and control over their adolescent child, these processes may be experienced in the child as psychological control, in the sense of anxiety for the private space or lack of legitimacy in the parent’s too extreme intervention (Hasebe, Nucci, & Nucci, 2004). Therefore, the blurring of the differentiation between the two types of parental control leads to the harm of the legitimacy of the parenting style and its ability to lead to positive outcomes without causing harm to the adolescent. This becomes particularly extreme when the parent really attempts to control the child’s behavior, when the intention is to the clear rules and laws of the parent that intend to control the child’s behavior (Barber, Xia, Olsen, McNeely, & Bose, 2012).

One of the most challenging periods of being a parent is the critical period in which mother experiences her Menopause period and her children are during their adolescence period. These two parallel periods produce significant stress for both parents and children.

1.1.8 Conflict between the Development of the Sense of Parental Competence and the Care of the Adolescent

The system of relations between the parents and the children takes on a different direction during adolescence. The new adjustments that adolescence brings to the system of relationships between the parents and the child appear when the adolescents begin to spend less time with their parents and more time with members of their peer group (Silk et al., 2017). Nevertheless, the family remains with decisive importance in the adolescents’ development. Although the conflicts in the system of relationships between the parent and the child are for the most part perceived as the norm, Morris et al. (2007) showed that the conflicts frequently diminish throughout adolescence and that many families do not

experience extreme levels of conflicts. Thus, in contrast to the prevalent beliefs, many families successfully navigate themselves through this period of development.

The quality of the system of relationships between the parents and the child is influenced by significant factors such as the frequency of the interaction, trust, and close relationships. Therefore, the parental practices that were characterized by high emotional support of the adolescent had positive influences on his adjustment. In this, a positive relationship was found between the parental support and aspects such as the adolescent's adjustment and mental wellbeing, which are related to academic achievements and integration in the school, and a negative relationship was found with psychological stress (Pinzon & Jones, 2012).

The strong need and desire to feel belonging is a psychological developmental core upon which positive relationships with other people rely. Significantly supportive relationships are critical for the achievement and preservation of flexible adjustment, influenced by positive family relationships and parental support (Luthar et al., 2006). It was found that the development of the adolescent's identity in the stage of the middle of adolescence is related to family factors: the two parents were found to have significant influence on the adolescent's self-esteem, coping, and abilities (Erdem, 2017).

Parents can direct their children during adolescence, but to do this effectively, they could continue to supervise and monitor their child, behave with a degree of control, and at the same time encourage the adolescent to autonomy. The adolescent's striving for autonomy awakens difficulties, since it reduces the limitations that the parents set (Janssens, 2015) and significantly lessens the adolescents' personal exposure to the parents, primarily regarding risky behaviors (Keijsers et al., 2009). However, adolescents who perceived their parents as warm, caring, and communicative (accepting/involved), showed few indicators of internalized problems and externalized problems such as the violation of rules.

It appears that a more positive family environment makes the adolescent more sensitive and responsive to its influence. Lacking such an environment, adolescents tend more to ignore advice and rules determined by the parents (Fletcher, Steinberg & Williams-Wheeler, 2004). From the aforementioned statements it is possible to note that parental

socialization constitutes a significant protective factor in the development of adolescents and that parental practices become especially relevant in times of periods of pressure in the adolescents' lives (Lara et al., 2013).

With the ageing of the parents and their children's entry into adolescence, both the parents and the children undergo essential changes. While the adolescents search for the self-identity primarily in the peer group and less need their parents' closeness, the parents undergo significant processes of the retirement from work and going into pension and the search for meaning and identity more relevant to the period of transition. In this space between the adolescents and the older parents the system of relationships between the parents and the children are characterized by transition that challenges the family members and especially the parents. As a result of the parent's constant worry for the child's wellbeing and as a result of the built-in tension between the parent's needs and the child's needs, many parents tend to develop an anxious response and to suffer from tension, pressure, and distress.

The role of the parent entails many difficulties that sometimes may lead to a sense of increased stress (Berry & Jones, 1995). Parental stress is an important factor in the equation of the relationship between the parent and the child and sometimes is caused as a result of the multiplicity of the parent's roles, when the parent is a professional, a spouse, a caregiver for the children, and at a later stage in life – a caregiver for the ageing parents. Parental stress was found to have a negative impact on the child's cognitive and emotional development (Guajardo, Snyder, & Petersen, 2009). However, these findings are only correlative and cannot indicate cause and effect.

Contemporary research studies also propose another look on the relationships between these variables, so that the relationship with the child is what may constitute a main factor of stress for the parent. Thus, for instance, it was found that as the child exhibited more severe behavioral problems, the parents reported higher parental stress, anxiety, and depression (White & Hastings, 2004). In addition, it is possible that the parental stress is related to the parenting style (Woolfson & Grant, 2006), but the findings on the issue are sparse. In this research study I will examine the relationship between increased parental stress and authoritative parenting style and the parent's feeling of self-efficacy.

Alongside the parental stress, older parents feel for the most part a considerable degree of parental efficacy due to their life experience. Parental self-efficacy is defined as a judgment system and beliefs about the abilities and competence to successfully fill the role of the parent and is perceived as a variable that influences, mediates, and explains the parental ability (Jones & Prinz, 2005). Previous research studies in the field showed that parents with high self-efficacy show great involvement, satisfaction, and enjoyment in their parental role and demonstrate confidence in their ability to acquire and use parenting strategies, which increase the likelihood that their children will display a high degree of social, emotional, and scholastic abilities. In contrast, parents with low self-efficacy may have difficulties with parenting skills when faced with challenging parenting situations and may avoid coping from the beginning, for instance, in cases where the child presents the parents with challenging situations such as behavior problems or social and emotional adjustment difficulties (Jones & Prinz, 2005).

An important measure of parenting efficacy is the ability to address problematic situations in parenting as subject to solution and to feel confidence in the ability to cope with the difficulty. This ability is built through the increase of the sense of parental self-efficacy. The parent's belief that he can influence his children is the basis of parental efficacy and the executor of the parenting strategy (Jones & Prinz, 2005). It is important to note that the stress factors that may derive from everyday difficulties along with cumulative stress measures constitute significant predicting factors of the negative behavior of the parent and the child and the interaction between them (Crnic, Gaze & Hoffman, 2005). Parents who felt a low sense of self-efficacy experienced higher levels of stress while a high sense of efficacy is linked to lower levels of stress (Bloomfield & Kendall, 2012). Moreover, it is possible to view parental efficacy as a protective factor against parental stress, when parents who experienced themselves as having higher self-efficacy in dealing with the challenges of parenting feel less stress (Raikes & Thompson, 2005).

In this context, it should be noted that previous research studies found that as the parental stress is higher, the parent's sense of self-efficacy is lower. Thus, for example Heath, Curtis, Fan, and McPherson (2015) examined the change in the feeling of parental self-efficacy following the participation in a program for the empowerment of the parents. The

research findings showed that the intervention succeeded in lessening the degree of parental stress and strengthening the degree of parental efficacy. Thus, a negative relationship was found between the degree of parental stress and the parental efficacy. Another research study (García-López, Sarriá, & Pozo 2016) examined the relationship between parental stress and parental efficacy among 76 couples in Spain who filled out questionnaires that measure the self-efficacy, positive contribution to their children, and measures of adjustment such as tension, anxiety, depression, and mental wellbeing. The data were analyzed using multi-levelled models, and it was discovered that as the parents felt fewer negative psychological symptoms (anxiety and depression) their level of self-efficacy was higher.

The development of the system of relations between the parents and the adolescents during adolescence is such that for the adolescent to feel confidence in becoming independent he must receive significant support from his parents. Beck (1992) notes that the transition to adulthood in post-modern societies entails many risks and many possibilities. Therefore, the young people need support in the economic, emotional, and practical fields. The support constitutes for them a source of gradual and stable coping and even increases their ability to cope in difficult situations. The absence of support obligates the young person to adjust quickly, which does not allow choice, and isolates him in the coping with the demands of life (Banai, 2008; Wade, 2008). Wade (2008) further notes that for young people with limited family support, the transition to independent life entailed the danger of loneliness and social isolation. He describes that only a few of these young people searched for alternative ways to obtain support. Some did this through the relationship with their foster families, while others attempted to create an alternate significant relationship with partners and sometimes with the partner's family. Some of the young people drew support from the fact that they are parents of children in the new family circle they established. Such actions led, in the end, to a significant emotional relationship and to the family support they expected.

Different research studies that examined the importance of the parental and family involvement in the formation of the adjustment abilities and self-efficacy among adolescents found that their involvement influences the professional, scholastic, and social functioning (Steinberg, Lamborn, Darling, Mounts & Dornbusch, 1994). In the continuation, a number of research works engaged in the relationship between the characteristics of the family and

parenting and the children's adjustment. The research studies indicated two main dimensions: support or parental warmth and control or setting of boundaries (Barber & Lovelady Harmon, 2002; Steinberg, 2001).

Many research studies showed that the authoritative parenting style is related to the adolescent's positive adjustment in the scholastic, emotional, and social fields. In contrast, both the authoritarian and the permissive parenting styles were found to be associated with different problems in the young people's adjustment to the school. In addition, it was found that adolescents who grew up in permissive education are characterized by high levels of violence, dropping out from the frameworks, use of drugs, delinquency, and sexual promiscuity (Steinberg, 2001). Moreover, the level of achievements and the self-image of the adolescents from authoritarian families was found to be lower and the degree of involvement in behaviors of risk and discipline violation among adolescents from permissive families is higher (Lamborn, Mounts, Steinberg & Dornbusch, 1991).

In the continuation, different researchers developed another typology that divides the parental control into two types – psychological control versus behavioral control (Barber, 1996; Steinberg, 2001). Psychological control is defined as parental behavior that disrupts the adolescent's psychological and emotional development through excessive involvement in the processes of thinking, self-expression, and expression of emotions. This involvement is expressed in the attempt to manipulate the adolescent's emotional world and thus harms the adolescent's individuality and harms his independent functioning. Psychological control is defined as a negative form of control, since it expresses disappointment towards the adolescent who does not fulfill the parent's requirements and thus a feeling of guilt and shame is created and the relationship and love between the child and the parent depends on the fulfillment of the parent's requirements. Psychological control does not focus on behavioral regulation but on control of and harm to the adolescent's psychological self (Barber & Lovelady Harmon, 2002). In contrast, behavioral control is defined as the collection of parental behaviors that provide regulation, direction, and supervision of the adolescent's behavior. Behavioral control can be expressed best through the parental behavior that explains how to avoid negative behavior and to adopt positive behavior. However, such control may also harm if it is expressed in verbal or physical violence.

Different research studies found that the best behavioral control addresses a moderate level of control, discipline, supervision, regulation, and direction of the adolescent's behaviors and is associated with optimal adjusted behaviors. In contrast, excessive control or lack of control is associated with behavior problems (Barnes, Reifman, Farrell, & Dintcheff, 2000).

Research studies performed in Israel found that the relations between parents and adolescents in Israel are characterized generally by closeness and warmth (Mayseless, Wiseman & Hai, 1998; Sharf & Mayseless, 2005). In addition, it was found that adolescents of different ages reported relatively high levels of support from their parents and the turning to them in times of distress and need for advice and in essence the level of parental support in Israel is among the highest in the Western world (Harel, Kenny, & Rahav, 1997). Conversely, there is evidence of greater problems in aspects related to the boundaries between parents and adolescents and parental authority (Harel, Kenny, & Rahav, 1997; Omer, 2008). Research studies that were conducted on adolescents in the middle school (Mayseless, 2001) or in the high schools (Scharf & Mayseless, 2001) described a low level of behavioral control on the part of the parents and a low level of gaps in the authority between the parents and the adolescents. Mayseless and Scharf (2009) examined the influence of different characteristics of the relationships between parents and young people in Israel on the young people's functioning in the middle schools and in the high schools in the context of academic, emotional, behavioral, and social adjustment in the school. It was found that only 33% of the young people report an authoritative pattern that is expressed in a warm parenting style that sets boundaries. In contrast, 22% of the young people reported a relationship that is characterized by the parents' over-involvement along with harmful punishment and conflicts with the parents, while about 30% of the young people reported a permissive parenting style that is expressed in a warm relationship with the parent along with the absence of the expectation from his parent for adult behavior and obedience of the laws and conventions. In a minority of the research studies (approximately 15%), the adolescents reported a feeling of a neglectful or harmful relationship on the part of the parents, when the parent does not express warmth towards the child, does not set boundaries and impose supervision, and simultaneously behaves towards him in a harmful and domineering manner that includes severe punishment, psychological control, and conflict. These research studies, which were performed in different population groups in Israel, propose that patterns of

relationships between parents and children discovered in research studies characterize most of the population and deviate from the characterization of the specific population groups.

A study that examined risk behavior among adolescents in the world and in Israel found a high correlation between parental support and adolescent behavior (Harel-Fish et al., 2014). A family relationship serves as one of the most important protective factors for youth from addressing risky behaviors. Youth reporting a strong family connection report low levels of smoking, alcohol consumption, and drug consumption (Blum et al., 2000) and are less likely to deteriorate into violence (Borowsky, Ireland & Resnick, 2002). It was also found that the higher the level of parental support, the lower the level of anxiety and depression among youth (Viner et al., 2012). This topic will be expanded in the next chapter.

1.2 Adolescents

1.2.1 Adolescence

The period of adolescence is a developmental period critical to the building of different tracks of lifestyles that have long-term implications on the building of different tracks of lifestyles that have long-term implications for the physical health and mental wellbeing (Dahl, 2004). According to Dahl, adolescence is an “awkward period between sexual maturation and achievement of roles and responsibility of the adult” (Dahl, 2004, p. 9).

1.2.2 Social Development during Adolescence

The peer group plays a main role in the psychological development of the young person at this age. In essence, this group is considered the factor of socialization second in importance after the family. The time that the young person spends with the peer group enables him to create social relationships, to cooperate with people his age, and to take part in reciprocal and equal relationships (Haralambos & Holborn, 2004). Another role that the peer group fills is the reinforcement of the young person’s values and beliefs, for instance, the reinforcement of the behavior norms according to the sex roles. The impact of the peer group in the person’s different stages of development steadily increases as the young person

displays greater independence and separation in the system of relations with his parents and family. In the preschool and kindergarten, the peer group begins to constitute a reference group, according to which the young person examines his behavior and his place in the social world. This process steadily gains momentum and reaches its peak during adolescence, when the peer group is the focus of the adolescent's social world (Isakson & Jarvis, 1999). The adolescent chooses his clothing, his mode of speech, his manner of behavior, his worldview, and so on according to the social codes of the group. After adolescence, there is a decline in the place of the peer group, and while the person is still subject to the influence of the social group to which he belongs, the degree is less compared to the period of adolescence (Alvidrez & Weinstein, 1993).

The peer group has an important role in the providing of mental-emotional and social support for the adolescent, especially in times of crisis and distress. Different researchers have emphasized the importance of the group for the individual. For instance, Caplan (1974) noted that social support means a relationship between individuals or between individuals and groups, which is intended to improve adjustment skills in the handling of a short-term crisis, transitions in life, long-term challenges, and stress. Social support is also defined as a system of interpersonal relations that protects the person in different situations in life (Jackson, 1992). The common denominator of these definitions is the importance of the relationship and interaction with others for the purpose of coping with different situations of life and especially during the process of maturation that may be filled with crises and transitions. While the support of the family was found to be related primarily to higher academic self-perception, the support of the peer group was found to be related to a higher social self-perception (Tanigawa, Furlong, Felix, & Sharkey, 2011).

It is possible to find in the literature two main approaches that address the way in which the peer group's social support may help the individual overcome challenges in life. The first is the direct effect approach, which maintains that social support influences directly the individual's sense of mental and physical health and adjustment to different situations of life (Hobfoll & Moran, 1981). The second is the indirect effect approach, which maintains that the importance of the social support derives from the fact that it has influence on the negative outcomes that come from the exposure to pressuring life events through the creation

of a psychological barrier between the negative life events and their negative outcomes. This means that social support is effective in situations of great stress and with the absence of such pressures the social support does not have a significant positive effect (Weinstein & Ryan, 2011). This approach is commensurate with different research studies that showed that the social networks are a very significant mediating factor in the relationship between violent events of chronic stress factors and adjustment among adolescents (Ozer, Lavi, Douglas, & Wolf, 2017).

The climate of the peer group and especially the social support that is given by the peer group are found in different research studies to contribute to the increase of the adolescents' ability to endure situations of great stress, primarily through the inculcation of strategies of coping, the increase of the sense of self-worth, and the reinforcement of the feeling of control of the environment (Skinner & Edge, 1998). It was further found that stable and active social networks contribute to higher mental wellbeing and thus the individual's mental resilience is strengthened. The social support in essence helps in that it increases the individual's sense of trust and security in the continuity of the emotional relationships and his sense of control of the situation (Caplan, 1974). This support is especially important for adolescents whose worldview has not yet formed, since sometimes their attitudes are strengthened through the identification with the members of the peer group or with the significant adults in their social world (McGuire, Rutland, & Nesdale, 2015).

One of the important social developments during adolescence is the gender roles. Hill and Lynch (1983) proposed that in the beginning in adolescence, girls and boys face increased pressure to conform to culturally sanctioned gender roles. These pressures come from a variety of sources that convey messages about appropriate gender roles, such as parents, peers, educators, and the media. In the face of these pressures, adolescents are thought to become more differentiated in their gender-role identities, which presumably will be adaptive for their adult roles as women and men. This theory is used to explain an array of characteristics in which gender differences emerge or intensify during adolescence. As such, the concept is intuitively appealing because it so readily explains these systematic changes.

1.2.3 Formation of the Identity among Adolescents

The period of adolescence is a time in which the self-identity becomes more defined, and therefore the development of the identity in this stage is one of the pillars of the development of humanity, which builds a bridge that connects childhood and dependence with adulthood and independence (Bartoszuk & Pittman, 2010). In this period, young adolescents engage in the wondering about the question of "who am I?", which becomes at a later stage "what do I have?" as a part of the building of meaning. In this process, young adolescents tend to assimilate in themselves the opinions of others more than they hold with them relationships, when towards the period of later adolescence there is a developmental change that enables the separation of the self from the others, thinking and re-consideration of other outlooks, without being subject to their views. The content of the identity, the person's interest and values through which he defines himself, may change and alternately remain stable over time, but there is continuity of the way in which the person builds meaning and filters the experiences of life, at least during the years of the middle of adolescence (Kroger, 2007).

The self-identity is built both on the basis of the dictates of society in external terms and on the basis of choice. Thus, all the components of the identity, from the values and attitudes to the belonging to the group of people with a certain area of interest, enable a certain level of choice or adoption of certain characteristics as a part of the "self". In this case, it is possible that the person will have a sense of freedom of choice between the alternatives.

In the literature, it is possible to find three main theoretical references to the definition of the identity, when the three develop Erikson's theory. According to the first model, the person moves from a situation of moratorium to a situation of achievement of identity in a cycle. This model is psychological and internal (Stephen et al., 1992). The second model appears in Cote and Schwartz (2002), who attempt to examine the theory of situations of identity of Marcia in the social-cultural context. Consequently, they reach the conclusion that it is difficult to achieve a situation of moratorium for the achievement of identity and bring up the option according to which the individual ranges from a situation of moratorium to a

situation of diffuse identity in a cycle. Last, Crocetti et al. (2009) present that commitment and in-depth exploration are two intertwined processes in a process of the formation of identity. From the desire to understand how the adolescent builds and changes his identity over time, they add to these two dimensions another dimension: re-consideration of commitment. This dimension addresses the comparison between the present commitment and other possible alternatives, from the effort to change the present commitment since it already is not satisfactory. According to this model, the individual begins from a basic commitment through a process of in-depth exploration that leads to the re-consideration of the commitment. It is possible to say that in the process of the search for the individual's identity there is exploration in-breadth that begins from the evaluation of the present commitment. This is a cyclical process that begins with the commitment, passes through in-depth exploration, and after a period, the present commitment is not satisfactory and the individual continues with broad exploration until the achievement of new commitment, and then te cycle repeats.

The individual's explorative behavior in his environment includes the search, wondering, examination, investigation, discovery, and exposure. This behavior has the goal of responding to questions of self-direction. This process constitutes one of the aspects at the basis of the significant involvement of individuals in the process of the formation of their identity, and it may contribute to an adaptive and beneficial process of development.

It is important to remember that the process of the formation of the identity is a process that strives for autonomy and independence and for the development of personal initiative and a feeling of internal locus of control. Thus, these processes are aimed at the development and growth. Therefore, it is possible to assume that the explorative process, by its very nature, is also related to motivational processes, which are significant in the personal, cultural, and social contexts (Jacobson & Wilensky, 2006; Kaplan & Flum, 2010).

The identity is frequently formed during interactions with the education system in its broad sense (in other words, the school, society, etc.) (Kaplan & Flum, 2010). The supportive educational environment that promotes exploration – in the academic content fields, in skills and sense of efficacy, in emotions, in fields of interest, in social relations, in identifications,

in values, and in experiences in different roles – can promote students who are found in different stages of development and simultaneously awaken and develop adaptive and qualitative motivations for learning (Kaplan & Flum, 2010). A research study that examined the situations of the identity, primarily in Western cultures, found that adolescents who engaged in exploration and succeeded in building their identity were more adaptive in comparison to those who did not engage in this process (Berzonsky & Adams, 1999). These findings indicate the main and constructive role of the exploration in the process of the personal development and the building of the identity.

When the individual is motivated by self-investigation, cognitive and motional foundation stones develop, required for the building of a coherent and authentic self-identity (Flum & Blustein, 2000). This is to build a coherent and authentic self-identity that is commensurate with their system of beliefs and values. However, explorative activity entails also a feeling of vagueness and lack of pleasantness, which sometimes threatens the individual and causes feelings of anxiety. Likewise, Crocetti et al. (2009) describe a theoretical model of the development of identity, which is composed of three dimensions: commitment, in-depth exploration, and re-thinking about the commitment. According to this model, the commitment and in-depth exploration constitute mediated processes in the process of the formation of the identity among adolescents. The explorative process has an adaptive nature in most cases but can have negative implications when the person engages too much in the processes of investigation, examination, and clarification of the commitments he chose.

Banai (2008) explains that while in the period of adolescence the person "chooses himself" in the post-adolescence period he "chooses his place in the world". Practically, until the moment of the establishment of the "family nest" the young person must achieve a number of objectives, including leaving his parents' home, living outside of home of the origin family; choosing a professional track and meeting the conditions of acceptance and the requirements and directing himself to realize the socio-economic status; and realizing his identity that formed during the period of adolescence and coping with the disappointment around this identity. Thus, one of the adolescent's most important achievements during the period of adolescence is the formation of an integrative identity around which he organizes

his life. According to Erikson (1968), the start of the development of the identity occurs before adolescence, when the child internalizes and identifies with significant figures. However, these are partial identifications that may contradict one another. During adolescence, as a result of physiological and cognitive changes and from the social expectations, when the adolescent re-forms his self-identity, the organization of the identity enables the individual to feel stability in his life and he in essence remains the same person even with the passing of different situations and events over life. This feeling enables him in the continuation of the life to commit to the profession, the establishment of a family, worldview, and so on. In contrast, the failure of the process leaves the person with a confused identity on the basis of which he will find it difficult to attain any commitment. Therefore, this period is a critical period in development terms in which to a large extent the individual's ability to cope independently with the challenges in life may be determined.

1.2.4 Emotional Development

Another important aspect of development is the emotional aspect, which influenced by emotion regulation. The concept of self-control is closely related to the self-regulation and describes the person's ability to bypass or change his internal responses, as well as to end undesired behavioral tendencies and avoid acting on them (Tangney et al., 2004). Self-control does not arise on its own but obligates the person to conscious thinking: evaluation of the distortions in the ways of his thinking, belief that his actions can improve his coping, and the expectation that he can create the desired change in the emotion, thought, or behavior (Hamama & Ronen-Shenhav, 2012). Since the self-control involves components such as change and adjustment, it enables the individual to create more optimal adjustment between the self and the world (Tangney et al., 2004).

Self-control becomes a central personal resource of the adolescent (Hamama & Ronen-Shenhav, 2012), during the delay of responses that may arise as a result of psychological processes and pressure that derives from a certain situation (Schmeichel & Baumeister, 2004). While adolescents with self-control are expected to make decisions that lead to maximal benefit, long-term, also at the expense of the satisfaction for the short-term (Duckworth, Tsukayama, & May, 2010), low self-control predicts delinquent and criminal

behavior among adolescents and is a mediating factor in the relationship between family stability and aspects of adjustment, depression, anxiety, and behavior, aggressive behavior, and breaking the law (Malatras & Israel, 2012). Hamama and Ronen-Shenhav (2012) indicated low self-control ability among adolescents from divorced families in comparison to adolescents from families with two parents. Similarly, Malatras and Israel (2012) showed that a chaotic family environment does not allow the adolescents an opportunity to practice effectively and to improve self-control abilities, thus in turn harming the emotional development and increasing the abilities of adjustment. When the stability of the family environment is disrupted, the ability of young people to develop appropriate skills of self-control may be in danger, thus leading to introversion and eternalization of problems.

As a result of turbulent emotional regulation during adolescence, adolescents tend to be involved in dangerous behavior, such as excessive consumption of alcohol, smoking cigarettes, unprotected sexual relations, other violent and criminal behavior, fatal car accidents, which were caused for the most part from dangerous driving or driving under the influence of alcohol (Steinberg, 2008). These risks could be derived from difficulties in emotional regulations. The potential for making dangerous decisions rises in the presence of peers, under the influence of the adolescents' sensitivity to the prominence of immediate social reward, as opposed to receiving feedback as punishment. Greater preference for immediate rewards is seen among adolescents aged fourteen-fifteen, as opposed to adolescents at a higher developmental stage (Chein et al., 2011). Moreover, adolescents are especially expected to avoid the exposure of issues related to the "self" that involve distress and tend to avoid the disclosure of their secrets, since they suffer from the "failure of uniqueness". In this case, they assume that the coping of their peers is better and therefore the disclosure of personal shortcomings is not desired (Frijns & Finkenauer, 2009). Accordingly, the adolescents' reports in the middle of the period of adolescence indicate that they rely on the "self" as a prominent source of influence in the making of decisions in personal issues and in "prudential" issues that have the chance of harming their identity, relative to adolescents at the beginning of the period of adolescence. A research study performed by Hewitt et al (2011) among 601 adolescents showed that the self-representation of adolescents with problems who avoid the disclosure of the problems and the search for help is related to their deficient adjustment. This research study found that "confidentiality"

is a predictor of the avoidance of the search for help following the awakening of the problem (Hewitt et al., 2011).

1.2.5 Self-Image

The "self-perception" describes the "person's attribution to himself", which includes cognitive, emotional, and behavioral components (Pinquart, Juang, & Silbereisen, 2003). The development is motivated by cognitive and physical development and is influenced by the processes of socialization in central areas such as family, friends, and school. During adolescence the self-perception begins to be steadily more dependent on the receiving of a positive attitude from peers, and therefore peers and especially friends become more similar over time. Thus, the importance of this stage is linked to the degree to which young people perceive themselves and the different situations in a logical manner. The self-perception especially has influence on the adolescent's self-fulfillment in the future (Benson, Johnson, & Elder Jr., 2012).

The self-image is largely an outcome of the adolescent's sense of independence. As the adolescent feels greater confidence in his abilities and skills, his self-image increases. For the adolescent to "choose his place in the world", as Banai (2008) defined this, he must acquire towards his going out to independent life appropriate life skills. It is accepted to differentiate between abilities and skills that are tangible or soft and those that are intangible or hard. The tangible skills pertain to things that the young person knows or does not know to do, such as to prepare a meal, to manage a budget, to set an appointment for the doctor, and to search for work effectively. The intangible skills are those that pertain to abilities related to the creation and preservation of interpersonal relations, the making of decisions in situations of pressure, the withstanding of temptations of non-normative behavior, and so on (Jourdan et al., 2010).

In the framework of the acquisition of appropriate life skills, the adolescent must adjust to the realistic life conditions and acquire for himself a sense of self-efficacy. Adjustment was defined in the literature in different terms. For instance, Grossman (1977) defined adjustment as the degree of effectiveness in which the individual meets the standards of independence and personal responsibility expected at his age and in his culture. In the

continuation, Lazarus and Folkman (1984) maintained that adjustment is an outcome of processes through which the individual adjusts himself to different demands, internal or external, when these processes are influenced by the encounter between the internal factors of personality and the factors of the environment. Optimal adjustment occurs generally when a number of cumulative conditions exist, including a realistic perception of life, emotional and social maturity, and a positive balance between external and internal forces that influence the person's behavior. In contrast, when the adolescent encounters situations characterized by difficult life conditions, lack of social support, or inflexible personality traits tacking mental resilience, he may feel feelings of lack of control and a sense of threat.

Alongside the frequent definition of the concept of adjustment that pertains to the individual's adjustment between the external demands of the environment and the demands that derive from his internal needs, there is another definition according to which the regressive behaviors express adaptive behavior. In the framework of the process of adjustment the young person needs deviation and regression in behavior to achieve normal progress and development over time. Research studies in the field show that there are two main variables that facilitate the adolescents' adjustment. The first variable is self-image, namely the way in which adolescents perceive themselves personally, academically, and socially. The second variable is the degree of social support, or in other words, the way in which adolescents perceive the concern and assistance they receive from others (primarily the family, the teaching staff, and peers) (Rutter, 1987).

1.2.6 Risk among Adolescence

1.2.6.1 Anxiety, Depression and ADHD among Adolescents

Young people are found in a critical stage of their development, and in this framework they cope with most significant challenges in the social field, the academic field, and the personal field of the formation of the identity. Therefore, frequently young people are subject to a high degree of stress and tension that may lead to depression and anxiety.

According to the theory of the conservation of resources of Hobfoll (1988, 1989), a situation of stress occurs when there is a threat of the loss or the actual loss of resources or

when the invested resources do not achieve a return. According to this theory, when a person loses resources under stressful or traumatic circumstances, the person may be weakened and thus be more vulnerable to additional stressful events (Hobfoll & Wells, 1998). Consequently, the adolescent may suffer from symptoms of anxiety. Anxiety is in essence a natural emergency reaction of the body to defend against danger. To differentiate from a feeling of fear that is not focused on a certain event, and generally can be coped with, it is harder to define the precise origin of anxiety. Anxiety has psychological expressions, such as paralysis, detachment from the self, and even a feeling or fear of dying or going crazy, and physiological expressions, such as accelerated heartbeat, tension in the muscles, dryness of the mouth, increased blood pressure, blushing, perspiration, diarrhea, frequency of urination, difficulties swallowing, pains in the chest, shortness of breath, and waves of warmth or cold (Elizur et al., 2003; Marx, 1990). In addition, anxiety has cognitive dimensions that include thoughts of despair, catastrophe, and so on. Anxiety can be chronic and continuous but generally it appears and disappears, and every episode lasts from a number of minutes to a number of days (Marx, 1990).

As a rule, it is necessary to differentiate between normal anxiety and pathological anxiety. In situations in which there is true risk or a feeling of threat, the person experiences normal and even desired anxiety, since this encourages him to adopt steps to cope with the danger. If the anxiety appears in low 'doses', it may even improve the person's functioning in the performance of tasks. Normal anxiety appears in threatening situations, and therefore it symbolizes a normal indication of change and growth and reference to new experiences that the person has not yet experienced. The goal of anxiety in this case is to lead to action that will remove the threat or reduce it. When the danger or threat passes, the normal anxiety disappears with them, and the person returns to a situation of calm (Mercer, Crocetti, Meeus, & Branje, 2017).

In contrast, a situation of pathological anxiety is characterize by the fact that the person's response of anxiety is not proportional to the danger that the person experienced both in terms of the symptom intensity and in terms of the symptom duration, and it constitutes in essence a mental response to the inner danger that occurs in him. This anxiety

constitutes a mental response to the internal danger and it is accompanied by a strong and inexplicable fear (Elizur et al., 2003).

Spielberger (1979) maintained it is necessary to differentiate between trait anxiety and state anxiety, while trait anxiety is a personality trait that does not change following the occurrence of a random event. State anxiety is a temporary and transient situation that is accompanied by the awakening of the autonomous nervous system and by the individual's uncomfortable feeling and attempt to end it. However, according to Spielberger people with high levels of trait anxiety will tend to perceive many more situations as threatening and dangerous and therefore will respond to many situations in state anxiety. It should be noted that anxiety in its extreme situations can be accompanied by clinical symptoms and is even defined as a medical problem (Rottenberg, Shen, & Zalsman, 2008).

During the different stages of development, the young people encounter different dangers and threats, some realistic and some imaginary, to which they respond with a certain anxiety (Peleg, 2009). The level of anxious response depends on the individual's personality structure, the support he receives, and the intensity of the crisis (Yinon & Rodniki, 2003). According to Spielberger (1972), the different experiences in early childhood have influence on the interpersonal differences in the level of anxiety. Kliman (1971) asserts that different events in the individual's life have impact on the level of anxiety that he experienced. Difficult social or environmental events can cause people to feel considerable anxiety and even to disengage and withdraw from their social environment. A number of research studies showed that adolescents were found at a high risk in all that pertains to the development of anxiety symptoms (Hale, Raaijmakers, Muris, van Hoof, & Meeus, 2008; Kessler et al., 2005). According to National Comorbidity Survey Replication (NCSR), it was found that the median age for the outbreak of anxiety disorders is the age of eleven, when the most frequent anxiety disorder during adolescence is social anxiety (Kessler et al., 2005).

Therefore, life events during adolescence may be received among adolescents in a way that is not regulated and thus may induce a high degree of anxiety, pressure, tension that may be expressed in an extreme manner in the harm to the functioning.

1.2.6.2 Alcohol and Drugs among Adolescents

Adolescents tend to be involved in risky behaviors such as excessive consumption of alcohol, smoking cigarettes, unprotected sexual relations, violent and other criminal behavior, fatal car accidents, which are for the most part caused by dangerous driving or drinking under the influence of alcohol (Steinberg, 2008). Adolescents are found in the risk group for the development of risky behaviors in different areas of life for a number of reasons. First, the period of adolescence is a period in which the adolescent goes from being a child to an adult, and therefore this period serves as a significant period of search and investigation. In this period, adolescents seek greater autonomy and freedom to make decisions about their lives, and therefore they spend less time with their parents and more time with their peer group, in comparison to childhood. In addition, as a part of the formation of the self-identity, they search to undergo different experiences and systems of relations to examine different types of identities (Klimstra, Hale III, Raaijmakers, Branje, & Meeus, 2010). As a result, adolescents attempt diverse experiences in an uncontrolled way and therefore may endanger themselves and bring themselves to situations in which they will be at significant risk in terms of the use of substances, delinquent behavior, inappropriate sexual behavior, and so on. The intensity of the drives in this period and their aspiration to develop an independent identity from their parents places the adolescents at increased risk of different problematic experiences. In extreme cases, the feeling of the search for identity undertaken in an uncontrolled manner may also lead to patterns of dependence on substances such as alcohol and drugs (Doremus-Fitzwater, Varlinskaya, & Spear, 2010).

Indeed, adolescents are found at risk of the development of behaviors with addictive characteristics. In research studies during the middle of the period of adolescence, the adolescents display high levels of the search for reward, especially high sensitivity towards different types of rewards, and search for excitement (Stephenson, Hoyle, Palmgreen, & Slater, 2003) in comparison to other periods in life. These findings are linked to the decline in the dopaminergic activity in the brain at the end of the latency period and at the start of adolescence (Doremus-Fitzwater et al., 2010; Steinberg, 2008). Therefore, adolescents find emotional regulation to be difficult and display frequently impulsive behavior and a strong tendency to participate in behaviors with high risk, such as wild driving, delinquency, use of

substances, or early sexual relations. The difficulty with emotional regulation at this age can be expressed in the identification of the primary need for regulation and the choice or implementation of the regulated mechanism, and failure in each one of these mechanisms may make it significantly difficult for the adolescent to adjust to the age-appropriate developmental tasks (such as studies, social framework, etc.) (Sheppes, Suri, & Gross, 2015).

The potential to make dangerous decisions increases in the presence of the peers, under the influence of the adolescents' sensitivity to the prominence of immediate social reward, in contrast to feedback as punishment. The greatest preference for immediate rewards is seen among adolescents aged fourteen-fifteen, as opposed to adolescents at a higher developmental stage. Moreover, adolescents are especially expected to avoid the exposure of issues related to the "self" that involve distress and tend to avoid the disclosure of their secrets, since they suffer from the "failure of uniqueness". In the framework of this failure, they assume that the coping of their peers is better, and therefore the disclosure of personal shortcomings is not desired. Accordingly, it was found from the reports of the adolescents in the middle of adolescence that they rely on the "self" as a prominent source for influence in the making of decisions in personal topics and "cautious" issues that they have a chance of harming their identity, in relation to adolescents at the start of adolescence (Keijsers et al., 2009).

One of the central risks in adolescence pertains to the use of dangerous materials and especially the smoking of cigarettes, the use of drugs, and the consumption of alcohol. Cigarettes and alcohol are called psychoactive substances, since they influence in different ways the central nervous system and induce different feelings in the awareness, perception, and mood as a result of active biochemical substances. Alongside the pleasant effects of these materials, the use of cigarettes and alcohol generally entails significant risks to the wellbeing and mental and physical health of people and their close environment. Nevertheless, both in the countries of the Western world in general and in Israel in particular in the past decades the use of cigarettes and alcohol has increased. The consumption of alcohol immediately impacts the ability to perform different motor and cognitive actions. Continuous use of alcohol may cause different chronic diseases, ranging from cirrhosis to alcoholism, or in other words the addiction to alcohol (Harel et al., 1997). In most countries of the world

alcohol is the drug most frequently used. Alongside alcohol, which is harmful only with direct consumption, the use of cigarettes may be harmful both for the direct user and for the environment. The primary health risks of smoking tobacco are associated with circulatory system diseases and are considered one of the main risk factors of heart attacks. In addition, smoking causes respiratory system diseases and especially cancer, particularly lung cancer, throat cancer, and oral cancer.

Research studies on different populations in the world found that the adolescent's sex is significantly linked with the use of psychoactive substances. The use of all types of drugs is higher among boys than among girls. In addition, the perception of the two sexes of their parents and their parents' attitudes towards adolescents in terms of the use of drugs was examined. It became clear that negative attitudes towards drug use characterized adolescents who assess that their parents reduce their attention to them and display less protectiveness; in contrast adolescents who think their parents pay too much attention to them and are domineering express more positive attitudes towards drug use. A comparison between the two sexes shows that adolescent boys perceive their parents as supervising them in an exaggerated manner more than do adolescent girls, and therefore, they tend more to behave with rebelliousness than do adolescent girls (Čablová, Pazderková, & Miovský, 2014).

When the difference between the sexes is examined in terms of the use of drugs and in terms of the attitudes towards the use of drugs, it was found that boys have power and legitimacy to behave in a rebellious manner against the exaggerated protectiveness of the parents more than do girls. Therefore, they can more choose non-normative behaviors, including the use of drugs. It was also found that girls are more attentive to what society expects of them and avoid more than do boys behaviors considered as deviating from the social norm and especially avoid the use of drugs. In addition, it was found that boys use drugs more than do girls since they show less internalization of values than do girls (Whitney et al., 2015).

Research studies performed in Israel regarding alcohol showed that boys drink significantly more alcohol than do girls. In particular, it was found that the percentage of boys who drink beer at least once a month is twofold that of girls who drink at the same

frequency (47.3% versus 19.9%, respectively) and that the percentage of boys who drink wine at least once a month is almost twofold that of girls who drink at the same frequency (29% versus 15.2%, respectively). In addition, it was found that boys drink more servings of drink than do girls (Sheleg Mei Ami, 2009).

Another frequent pathology among adolescence is Attention deficit and hyperactivity disorder (ADHD). The key symptoms of ADHD are inattention, impulsiveness and hyperactivity. In adolescence, increased risky behaviour (early substance use; risky sexual behaviour) may be seen, accompanied by insomnia or feelings of worthlessness. ADHD is often accompanied by other problems as well. For example, there is strong overlap with a range of psychiatric disorders in adolescence, including behavior disorders, anxiety and depression and eating disorders (Lee, N., Park, S., & Kim, 2015).

Poor concentration is a real challenge for young people with ADHD during the build up to school exams at age 16 and 18. As well as having an effect on their attainment, it can contribute to irritability and rebelliousness and difficulties with people in authority. Difficulties focusing, organizing their time, and problems with long-term planning all contribute to the challenges. ADHD in the teen years also affects peer relationships, self-esteem, and group activities such as sports. A disproportionate number of young people with ADHD are involved in the youth justice system. In adolescence, the stakes are higher and the consequences of impulsiveness may be more serious than in younger children. A clear example relates to teen driving. Young people with ADHD are more likely to be involved in road traffic accidents (Vierhile A, Robb A, and Ryan-Krause, 2009; Lee, N., Park, S., & Kim, 2015).

1.2.7 Independence among Adolescents

In the continuation, there is significant influence to the re-discovery of independence among adolescents who may, according to Casey et al. (2010), inspire emotions of shock in light of the change. The adolescent’s tendency to make decisions independently, which derives from his belief that personally it is important to behave like this, does not negate the fact that adolescents who made decisions independently, without parental involvement, reported significantly more behavior problems. This indicates that independent functioning

in itself does not contribute necessarily to the adolescent's personal and social wellbeing. Therefore, the examination of forms of coping of adolescents versus their independence during adolescence is very important (Casey et al., 2010).

These changes in the development of adolescents change the adolescents' abilities and require their adjustment. Without effective processes of self-regulation, these new developmental challenges have the potential to stun the adolescent and lead him into significant pressure and stress (Dahl, 2004). In this context, many researchers maintain that this lengthy period is intended to enable the individual additional psychological development before he assumes upon himself the status of an adult person (Burnett, Thompson, Bird & Blakemore, 2011).

Adolescents cope with significant and diverse developmental tasks (Havighurst, 1953). One of the important foundation stones of adolescence is the beginning of the formation of the individual's self-identity and especially the gradual disconnection from the parents and the achievement of developmental autonomy. Therefore, adolescence is a time in which the self-identity becomes more defined and thus serves as a bridge that connects between childhood and dependence and adulthood and independence (Bartoszuk & Pittman, 2010).

During the period of adolescence, the young adolescents engage in the wondering of "who am I?", which becomes at a later stage "what do I have?" as a part of the building of meaning. In this process, young adolescents tend to assimilate among themselves the opinion of others more than they have relationships with them, when towards later adolescence there is a developmental change that enables self-segregation from others, thinking, and reconsideration of the outlooks of others, with critical thinking ability on their outlooks (Kroger, 2007). While the content of the identity, or in other words, the person's interests and values through which he defines himself may change or alternatively remain stable over time, there is continuity in the way in which the adolescent builds meaning and filters the life experiences, primarily in the middle of adolescence. Meeus (2011) maintains that adolescents enter adolescence with a system of strengths, at least minimal, of commitment in personal and ideological areas, as their identity develops in a continuous process of

reciprocal relationships between commitment, thinking, and re-examination and in-depth investigation.

The entry into adolescence is for the most part accompanied by unprecedented independence from the parents and the adolescent's choice of his own lifestyle. The adolescent's tendency to make decisions independently derives from his belief that personally it is important to behave like this, and therefore the adolescents' decision to share with their parents their private information becomes an essential issue in this developmental transition (Tsukayama et al., 2010). The adolescents' aspiration for greater autonomy is influenced in part by their over-estimation of their friends' degree of freedom, when they believe that their friends receive far greater autonomy regarding moral, routine issues and issues that necessitate the making of cautious decisions. However, the influence of the friends on the autonomy is negated when they feel that they have greater autonomy in the making of decisions in their family. It was further found that adolescents whose parents are divorced attributed greater importance to their autonomy when this pertained to the making of important decisions on their personal lives (Daddis, 2010).

Furthermore, adolescents cope with involvement in different activities outside of the school hours, such as prosocial activity, volunteering, and so on, when these activities provide the adolescent with opportunities to acquire and to develop social, physical, and intellectual abilities, which bring him benefit in a wide range of frameworks. Therefore, volunteering in the community provides the adolescents with opportunities to develop social trust towards broad groups and inspires ideological commitment that bestows meaning and direction to their lives. Moreover, the channeling of the young people's energies, which originate in impulsive behavior, to community activities that offer good mechanisms of socialization constitutes a positive development track (Eccles, Barber, Stone, & Hunt, 2003).

Cigarette smoking is one of the health-related behavior patterns. Smoking can cause many diseases such as cancer, heart and blood diseases, respiratory problems and more. (CDC, 2007). The World Health Organization has determined that smoking is the second most common cause of death and fourth place as a serious risk factor for disease worldwide (WHO, 2007). Adolescence is a vulnerable age for the onset of smoking, with the likelihood

that this harmful behavior will continue into adulthood In recent years there has been a popular increase in hookah smoking among adolescents worldwide, especially in the Middle East and Israel. Studies show that risk behaviors such as smoking and drinking alcohol tend to come along with other risky behavior due to similar etiology. For example, cigarette smoking is associated with drinking alcohol, and teenagers who drink alcohol are less likely to quit smoking (Roberts et al., 2007).

In the next chapter, I will elaborate on risk behavior among adolescents with ADHD.

1.3 ADHD – Attention Deficit Hyperactivity Disorder

We live today in a world in which there are many stimuli and distracting factors, alongside competition and the steadily increasing need for achievement. To survive in this world, the person requires high levels of focus, attention, and control; however, these facets are deficient among people who have attention deficit hyperactivity disorder (ADHD). In recent decades, the research in this field has steadily extended, and the awareness of the disorder has increased. Psychologists and educators have greatly addressed this disorder because of the challenge it poses to people with it and their environment. The treatment of ADHD has become a central issue, both on the theoretical level and on the level of implementation and intervention. However, considerable research is still necessary in this field to reach a broader understanding of the phenomenon and the factors related to it.

1.3.1 Definition

ADHD is one of the common emotional, cognitive, and behavioral disorders of childhood, harming about 5% of the population of school children (American Psychiatric Association, 2013). The symptoms of ADHD generally are identified in early childhood (Barkley & Biederman, 1997) and continue to adolescence. Consequently, there is significant harm to the child's academic achievements, social integration, and self-image, and the life of the whole family is detrimentally influenced (Fischer, Barkley, Smallish, & Fletcher, 2007; Hoza et al., 2005). Boys are two to four times as likely to be diagnosed as having ADHD as girls (Fontan, Vasconelos, Werner, Goes, & Liberal, 2007).

At the basis of the definition of ADHD there is a disorder in the executive function. The harm to the system of management and control, which is related to the ability of inhibition control, causes ADHD (Barkley, 1997). The executive function is a system of management and control of cognitive processes, such as planning, problem solving memory, verbal and visual working memory, organization, inhibition of actions, control, perseverance, supervision, change and cognitive flexibility, goal orientation, regulation, overcoming of habits, and so on. The role of executive functions is to promote, integrate, and regulate other cognitive functions as they are used. They influence academic achievements, social functioning, and emotional regulation (Barkley, 2001; Brown, 2006; Korin, 2009). As a result, ADHD is characterized by distortions in the processes of information processing, difficult in the internalization of social codes, and difficulty with behavioral inhibition. These difficulties lead to impulsive, unrestrained, and unexpected responses to outside stimuli (Barkley, 1997).

1.3.2 Etiology

Many research studies have been performed in the attempt to find the factors and most effective ways of treatment for children, adolescents, and adults who suffer from ADHD. The causes are not understood fully, but there is agreement among the researchers about the most likely causes:

1.3.2.1 Hereditary Factors

In the past thirty years, research studies have been performed that proved clearly that the phenomenon of hyperactivity recurs in families (Derin, 2002). It was found that difficulties in the attention and concentration appear more frequently among first degree relatives of children with these problems. The research of Biderman, Faraone, and Keenan (1990) examined the relatives of children with ADHD as opposed to the relatives of regular children and found that the percentage of relatives with ADHD is high relative to the control group. If a child has ADHD, then there is an increase of 500% in the chance of family members and siblings to have ADHD (Biderman, Faraone, & Keenan, 1990). In addition, a research study performed on pairs of twins found that if one twin has ADHD symptoms, then the chance that his twin has the disorder reaches 80% (Barkley, 2003).

Spenser, Biderman, and Mick (2007) attempted to examine the genes that are inherited and discovered a number of genes and statistical evidence that they are responsible for ADHD, including DBH, DAT, DRD5, and DRD4. The gene DRD4 is related to the personality dimension known as the search for innovations and the gene DAT may regulate the activity of dopamine in the brain. In addition to them, the rest of the genes were found in the research about the degree of their influence on the person with ADHD.

1.3.2.2 Neurological Factors

This refers to the abnormal development or harm to the brain (Barkley, 1998). Lower brain activity was found in the region responsible for the control and regulation of behavior that helps persevere in attention for long periods of time, which is found in the frontal region of the brain in contrast to regular people. As the center of regulation is less active, the symptoms of ADD will be more active (Barkley, 1997). Research works that examined cases of difficulty in the management of behavior found differences in the structure and functioning of the brain. A defect in the frontal lobe harms the restraint of the response, planning, and intellective flexibility (Koob & Vokow, 2010).

Research studies that examined adults after harm to the frontal lobes discovered that they may respond to different situations without appropriate judgment. It was found that the areas that were harmed as a result of the defect in the frontal lobe are restraint of the response, planning, and intellective flexibility. In a child with ADHD, these are the harmed areas. The child with ADHD finds it difficult to know when to stop and when to fix his response (Green & Chi, 2001). In the reviews of brain activity and simulation, evidence was found of a different brain structure among people with ADHD. Small changes were found in the frontal lobe, in the cerebellum, and in the subcortical structures (Spenser, Biderman, & Mick, 2007). These findings are commensurate with the information according to which the frontal regions are involved in ADHD.

There are deficient physiological processes in ADHD. The neurotransmitters dopamine and noradrenaline are created in low quantities by the pre-synaptic cell or are received less effectively by the post-synaptic cell. This contributes to the reduction in dopamine and noradrenaline. This influence is especially seen in the frontal lobes of the brain

and the basic neural circuits. Dopamine maintains the readiness to act and does not let activity from the outside distract the attention. Noradrenaline gives the vital and defensive instinct, enables the focus on what is important and the appropriate response. This assumption is strengthened because of the fact that the treatment with amphetamine medications, such as Ritalin, improves the symptoms of ADHD (Barkley, 2003; Green & Chi, 2001).

1.3.2.3 Environmental Factors

Many research studies have indicated environmental factors that may constitute causes of ADHD. Nicotine and alcohol consumed by the mother during the pregnancy were proved to be reasons for defects in the development in the frontal regions of the brain among children. Barkley (2003) describes a research of Milberger and colleagues who found a significant relationship between the number of cigarettes the mothers smoked during the pregnancy and the risk of ADHD among the children from these pregnancies, even after the history of ADHD in the family was taken into account. Marieke et al. (2009) found that there is a relationship between smoking cigarettes during the pregnancy and ADHD. It was found that an infant whose parents frequently smoked during the pregnancy was at a higher risk of ADHD. However, the research notes that it is possible that there is a relationship between the parent's smoking and ADHD. People with ADHD tend to smoke, and therefore it is possible that the ADHD relies on the genetic basis detailed previously.

1.3.3 DSM-5: Diagnostic and Statistical Manual of Mental Disorders

According to the DSM-5, ADHD is a neurodevelopmental disorder that is defined according to three instances:

- ADHD/I – Inattentive presentation. Characterized by difficulty with the focus of attention, daydreaming, loss of things, confusion, and frequent transition from one activity to another.
- AHD/HI – Hyperactive/impulsive presentation. Characterized by excessive motor or vocal activity and impulsiveness. Difficulty with the restraint of the response, outbreaks, failure to listen to instructions, causing harm, etc.
- ADHD/COM – Combined presentation. A combination of the two aforementioned instances.

To diagnose a child or adolescent until the age of seventeen with ADHD, at least six symptoms need to have occurred in the half year before the diagnosis, of the three categories of lack of attention, hyperactivity, and impulsiveness. In addition, the symptoms need to have appeared before the age of twelve and in at least two environments (home, school, extracurricular activities, etc.) (American Psychiatric Association, 2013).

Types of ADHD

Criteria for the Diagnosis of Three Instances of ADHD according to the DSM-5

1. To diagnose ADHD, six or more of the detailed symptoms are necessary, in each one of the subtypes of the disorder.
2. The symptoms have persevered in the past six months and do not derive from the child's development.
3. The symptoms directly influence the social, academic, and occupational activity.
4. Adolescents and adults (from the age of seventeen) are required to present five of nine symptoms.
5. The symptoms do not derive from oppositional defiance disorder (ODD), from lack of obedience, from hostility, or from difficulty understanding tasks or instructions.

Inattentive Symptoms

1. For the most part fails to dedicate sufficient attention to details and makes mistakes from lack of caring, such as in the homework and at work. Ignores or misses details. The work is not accurate.
2. Finds it difficult to persevere with attention in tasks. Difficulties remaining focused in the lectures and conversations, in prolonged reading and writing.
3. Does not appear to be paying attention when directly addressed, and his thoughts appear to be elsewhere, also in the absence of a clear distracting factor.
4. Does not follow instructions. Begins a task and quickly loses concentration and his opinion is easily distracted. Fails to finish homework assignments or work assignments.

5. Difficulties in the organization of tasks and activities. Difficulties in the continuous management after assignments. Lacks order and organization in work. Poor time management. Does not meet the time schedule.
6. In the homework and the housework is characterized as avoiding, out of lack of interest and affection for the performance of tasks that require continuous mental effort. The adults avoid preparation of reports, filling out of forms, or handling paperwork.
7. Loses things he needs for tasks and activity, such as pencils, books, wallet, glasses, and mobile phones.
8. His attention is easily distracted from external stimuli. Adults are distracted from matters not related to the issue.
9. Frequently forgetful in everyday activity. Adults forget to return calls and forget times of meetings.

Symptoms of Hyperactivity/Impulsiveness

1. Disquiet, drums with his hands, moves his legs, moves when sitting.
2. Generally restless during activity when others sit. He can leave his place in the class, in the office, and in the workplace and in other situations that require remaining seated.
3. Runs about and climbs on furniture in inappropriate situations. Adults feel restless.
4. Speaks out loud and makes noise during play, in free time, and in social activity.
5. In constant activity, behaves as if he is run by a motor. Finds it difficult to be quiet over time in the meetings, at restaurants. It appears to others to be not calm and to find it difficult to be with them.
6. Speaks in an exaggerated fashion.
7. Interrupts discussions, answers a question before it has been finished. An adult breaks into conversations and finishes what people say.
8. Finds it difficult to wait for his turn and to wait in line.
9. Breaks into conversations and interrupts others, pushes into play and activity. Can use others' things without asking for permission. Adults can interrupt and take control over others' actions.

10. Tends to act without thinking. Begins tasks without appropriate preparation or avoids reading or listening to directions. Can speak without taking into account the outcomes or can make important decisions in a fraction of a second, such as impulsive purchase of products. Suddenly leaves a position. Disconnects relationships with friends.
11. Lack of patience to wait for others, acts faster than others, to wait for people to reach the bottom line, accelerates speed when driving, cuts into traffic, overtakes others.
12. Is not comfortable doing things slowly or systematically. Frequently is hasty in activities and tasks.
13. Does not avoid temptations or opportunities, even if this entails taking risks. Plays with danger. An adult can commit to a relationship after a short acquaintance, can begin a business without planning and careful examination.

1.3.4 Comorbidity Associated with Children and Adolescents with ADHD

ADHD has great comorbidity with different disorders, primarily conduct disorders (Biederman et al., 1990) and oppositional defiant disorder (ODD) (Hinshaw, 1987). About one-half of the children with ADHD will meet the criteria of one of these disorders (Thorne, 2002) as well as affective disorders such as anxiety and depression (Jensen et al., 1997). According to Thorne (2002), different researchers describe 15%-25% of the children with ADHD as having disorder in the mood. There is a high frequency of depression, primarily dysthymia, which is described as related to the low self-image of children with ADHD. In addition, attention disorder has high comorbidity with learning disabilities and developmental delays. According to Barkley (2006), among 87% of the children who suffer from ADHD there is comorbidity with the disorder or additional disorder and among 67% of the children who suffer from ADHD there are at least two comorbid situations. It is very important to be aware of the comorbidity in the clinical aspect so as to identify correctly the symptoms and to tailor the treatment.

Children with ADHD have a high tendency to display additional problems in the behavioral and emotional-social fields, in addition to difficulties in cognitive-academic functioning, in contrast to children without disorders (Barkley, 2006; Ozdemir, 2010). ADHD itself does not cause these difficulties, but it increases the change they will appear

(Rief, 2005). About one-half of the children with ADHD suffer from comorbid disorders that create additional problems: psychiatric problems, neurological problems, and specific learning disabilities (Green & Chi, 2001).

1.3.4.1 Difficulties in the Academic Dimension

Many research studies indicate that children, adolescents, and students who suffer from ADHD have low achievements in the academic field in relation to those their age (DuPaul et al., 2004; Frazier, Youngstrom, Glutting, &Watkins, 2007). The assessment is that 25%-50% of the children with ADHD are characterized in addition by learning disability (Mayes, Caihoun, & Crowell, 2000). A similar finding was found also among college students who coped with ADHD and learning difficulties (Fleming & McMaon, 2012). The children who suffer from ADHD were ranked by their teachers in a number of measures of academic deficiencies: low level of performances relative to the students of their class, deficiencies in the learning skills, and low motivation (McConaughy et al., 2011). An empirical relationship was found between the symptoms of ADHD and the measures of academic deficiencies (Gordon et al., 2006), and the severity of the symptoms of ADHD was found to predict low academic achievements in reading, writing, and mathematics (Barry, Layman, & Klinger, 2002; Siperpal, 2012). Weiss, Worling, and Wedell (2003) found a correlation between the academic achievements and the severity of the attention difficulty. Many researches find that the academic difficulty is not localized, as it is expressed among children with specific learning disability, but is a broad range of skills that harm the learning ability. The behavioral characteristics of ADHD and disorder in the executive function contribute directly to difficulties in the academic field. Problems influence the course of the studies and are expressed in the difficulty to manage the home and class tasks successfully, deficient perception and understanding of the learned material, ineffective learning skills, expression in writing and low achievements, hastiness in the performance of tasks, and constant harm to the motivation and perseverance (Raggi & Chronis, 2006). Because of these difficulties, students and primarily adolescents with ADHD are found at a higher risk of dropping out from the school and have a lower risk than their friends of beginning and finishing high school (Barkley, Murphy & Fischer, 2008).

Symptoms of attention deficiencies cause difficulty in prolonged attention and "loss" of information and difficulty with following instructions, transitioning between activities, and completing tasks (Mash & Barkley, 2003; Manor, 2012). Symptoms of hyperactivity or verbal over-activity or excessive movement among children with ADHD are expressed in the difficulty with sitting in the class, considerable touching of objects, and causing noise, and they also make the academic functioning in the class difficult. They may lead to lack of perseverance in the assignment of tasks and the increase of the discipline and the negative attitude from the teacher (Manor, 2012; Mash & Barkley, 2003; Zentall, 1993). Responses of impulsiveness contribute to immediate responses and low responses in tasks that require judgment and long-term planning. Deficiencies in the executive function, such as deficiencies in memory, forgetfulness, problems in organization and time management, difficulties in thought and in planning ahead and in the ability to draw conclusions afterwards may directly influence the development of academic problems among children with ADHD (Mash & Barkley, 2003). Because of these difficulties, students with ADHD were found at a higher risk of dropping out of the school and they have a lower risk than their peers of beginning and completing high school (Barkley, Murphy, & Fischer, 2008).

The difficulties in the academic domain exist because of the harm to the executive function and the difficulty maintaining focused attention. The inability to be helped in meta-cognitive strategies makes it difficult for the child when reading to perform dialogue with the text, with use of internal speech, to understand what he read. Another function harmed because of the defect in the executive function is active memory. Active memory is required for the child in all areas of learning. He needs it when reading to remember what he read. A weak active memory causes poor recall ability, which detrimentally influences the understanding of texts. In mathematics active memory is necessary to preserve information about the stages of the solution of the problem and long-term memory is necessary for the retrieval of basic previous knowledge, such as the order of actions in arithmetic and the multiplication table. It makes difficult the process of writing, in which the student is required to use a number of skills concurrently. A weak active memory will make it difficult for the student to maneuver between the different thoughts that can be put into writing so as to maintain the ideas in the memory over time. It is necessary to have the ability of the retrieval

of the information from the memory and its organization in writing for the idea (Barkley, 1998; Rief, 2005).

It was found that the greatest difficult among students with ADHD and learning disabilities is the difficulty with written expression. Re Pedron and Cornoldi (2007) examined three groups of students at different ages who suffer from ADHD in expressive writing tasks and found that these students attained significantly lower achievements than did the control group. Their mistakes were characterized by four parameters: adequacy, structure, grammar, and lexicon. Writing is not a simple replication of concepts and thoughts; it requires a high level of complex cognitive processes. In expressive writing the student is required to create and organize an idea, and planning before the writing is necessary. A student with ADHD can create many ideas but finds it difficult to organize them as necessary (Re Pedron & Cornoldi (2007).

Learning difficulties are not the only difficulties with which the child who has ADHD copes. The social circle is in many respects a reflection of the academic aspect, with the transition to the school the child's functioning difficulties worsen and lead to difficulties in the social realm (Manor & Tyano, 2012).

1.3.4.2 Difficulties in the Social Dimension

Difficulties in the social domain are one of the focuses of difficulty that ADHD children may develop. Their tendency towards impulsiveness and hyperactivity frequently causes them to interrupt when others are talking, to be disorganized, and to enter the space of their classmates. The common difficulties among children and adolescents with ADHD include the difficulty to control angers, low self-awareness of their behavior and the way in which it is perceived by others, and difficulty with the regulation of emotions and responses (Rief, 2005). Because of the speed of the response, often the response does not fit the situation. It is possible that if they were to wait a moment and to think first, their response would be different. These situations cause them to pay an expensive social price. The rejection of the student with ADHD by those of the same age may cause a decline in the self-esteem and underachievement (Tagansky, 2006). In addition, children with ADHD sometimes miss verbal and nonverbal cues that may inform them that they must regulate

their emotional responses and adjust their behavior (Rief, 2005). For people with attention deficit disorder without hyperactivity the social problem is expressed in anxiety and lack of confidence; they avoid taking social risks. Sometimes they lack the language skills necessary to adjust themselves and instead they choose to preserve silence or to voice inappropriate comments (Rief, 2005).

According to Barkley (1998), generally there is no primary deficiency in social skills but rather deficiencies in performance. The children know what to do and what are the necessary social skills, but they do not succeed in implementing them. Barkley (1998) states that children with ADHD are less capable of sharing with others and cooperating and they find it difficult to make promises and to keep them, when these skills of reciprocity are the center of every interpersonal system of relationships, and it can therefore be understood why these children have few playmates.

At the center of the social problem there is the child's undeveloped sense of time and future. Children with ADHD tend to live in the moment; what they can obtain here and now is most important for them. This means that assignments that require that they wait in line, share, cooperate, and evince interest in others are not perceived by them as valuable. They find it difficult to think about any future implications, and they do not succeed in creating long-term systems of relationships (Barkley, 2003). These difficulties cause harm to their social status and induce low self-esteem.

Many of these difficulties influence the child with ADHD in all the systems of relationships surrounding him. Primarily the difficulty is apparent in the family circle.

1.3.4.3 Difficulties in the Emotional Dimension

The perception of children and adolescents with ADHD and their reference to their disorder differs from child to child, as is the process of the acceptance of the disorder. The feelings that accompany the children include difficulty accepting the disorder, feeling of powerlessness and frustration, feeling of personal and achievement-oriented disappointment, anger, and despair (Kucher, 2008).

Children who suffer from ADHD have a difficulty with emotional regulation more than do other children, and they display emotions of low self-image, anxiety, and sadness (Young & Amarasinghe, 2010). A poor mood harms the ability to recruit resources for coping with challenges and tasks and providing meaning and motivation to attain achievements (Lackay, Margalit, Ziv, & Ziman, 2006). Many research studies have found a relationship between ADHD and many emotional problems, such as depression, anxiety, extreme changes in mood, anger, and behavior inappropriate to the situation (Kucher, 2008; Sobanski et al., 2010). The data of the Association for Psychiatry of the Child and the Adolescent in Israel indicate that 15%-75% of the children with ADHD suffer also from disorders in the mood as comorbidity. For instance, depression was found at a frequency of about 25% of the children with ADHD as opposed to 5%-10% in the regular population (Thorne, 2002).

1.3.4.4 Difficulties in the Behavioral Dimension

Because of the many difficulties that accompany the child who suffers from ADHD, they experience negative emotions in different areas of life. The difficulty is with the regulation of emotions and their ways of expression; they often respond with externalized and inappropriate negative behavior (Eisenberg et al., 2001). The disorder in the restraint and delay of responses and drives as an element in ADHD cause the child's difficulty with the restraint and control of his behavior. The delay of behavior is related to the ability to delay the response, to change it according to the situation, and to filter other interruptions and stimuli that are not relevant. The ability to control the drives enables the child to separate between knowledge and emotions, to internalize past experiences so as to anticipate the future and derive lessons, to disassemble information and assemble it into messages and responses (Siperpal, 2012). A child with ADHD will have great difficulties with these mental abilities (Barkley, 2006).

Children who suffer from ADHD find it difficult to manage conflicts and to regulate their behavior. Many of them develop behavior problems on different levels, to the point of the development of behavior disorder, which appears at a frequency of 40%-60% of the children who suffer from ADHD (Biederman et al., 2007). In Israel, the Association of the

Psychiatry of the Child and the Adolescent reported that about one-half of the children with ADHD were found at higher risk of risky behavior than children without ADHD, as will be discussed in the following section (Lopez et al., 2008; Ozdemir, 2010).

1.3.5 Risk Behavior among Adolescents with ADHD

Many research studies have shown the relationship between adolescents and risk behavior. Irwin (1990) defines risk behavior as voluntary behavior whose direct outcomes are not clear ahead of time but the implications derived from it are negative. Risky behavior includes the consumption of alcohol, the use of drugs, delinquency, aggression, sexual activity, and so on (McNamara, Vervaeke, & Willoughby, 2008). Risk behaviors appear around adolescence and progress in a bell curve, increasing as adolescence advances and then after an apex at the end of adolescence declining with adulthood (Gibbons, King, & Gerrard, 2012). ADHD in adolescence is expressed in impulsive behavior and in harm to the self-image as a result of the experience of repeated failures (Manor, 2012). The problems of adolescence that cause difficulties for adolescents without ADHD, such as identity, social acceptance, courtships, and physical development, constitute another source of demands and pressure for adolescents with ADHD. In this period there may develop low self-confidence, reduced hopes for future success, concerns related to the completion of the studies and social acceptance, sadness and depression – and all these increase the tendency of risk behavior. This behavior caused researchers to define the impulsive making of decisions and the excessive taking of risks as symptoms for the diagnosis of the disorder among adults (Barkley, 1996; Barkley, Murphy, & Fisher, 2008). It was found that adolescents with ADHD display increased risk behavior, which entails potential harm to the individual and/or others in the environment (Byrne, Bawden, Beattie, & DeWolfe, 2003; Farmer & Peterson, 1995). Both as adolescents and as young adults, they are involved more in traffic accidents (Barkley & Cox, 2007; Thompson, Molina, Pelham, & Gangy, 2007), the use of substances (Climans & Lillie, 2001), and gambling (Faregh & Derevensky, 2011). They even report more incidents of risky sexual behavior (Flory, Molina, Pelham, Gnagy, & Smith, 2006).

Previous neuropsychological research proposes an explanation of the tendency to take risks among those with ADHD. Barkley (1997) holds that ADHD is associated with

motor inhibition and deficient executive function, which may lead to impulsive and risky behavior in cases in which adaptive behavior requires the delay in response. This difficulty is related to the process of making decisions in everyday life. It is possible to see in the making of decisions a process of the evaluation of the possible results and the choice of the response related to the best result. However, effective decision making requires complicated calculations of the scope of the compensation or the cost, the duration of the delay between the response and the result, the means required to produce the response, and the occurrences of the different results (Wallis, 2007). The making of decisions among those with ADHD was researched primarily with emphasis on the influence of the wait time between the response and the outcome and the scope of the compensation or cost of the choice (Luman, Oosterlaan, & Sergeant, 2005). The everyday life of those with ADHD are filled with examples of ineffective decision making that does not involve motor inhibition and delayed reinforcement

1.3.5.1 Anxiety

The combination of ADHD and anxiety disorder is common in clinical frameworks. This combination is important for the identification so that appropriate treatment can be considered (Manor, 2012). Anxiety disorder is considered a factor that strengthens impulsiveness; the response to stimulation among children who suffer from both anxiety and from attention disorder is poorer, although dependence was not found in hereditary terms between anxiety disorder and ADHD (Faraone, 1998). Patients with ADHD were found to suffer from disturbing thoughts and a greater number of worries (Abromovitch & Scweiger, 2009). A research that examined the incidence of ADHD among adults who suffer from anxiety disorder found that the percentage of ADHD among adults is high relative to the population, 27.9%, primarily women and single people (Van Ameringen et al., 2010).

It is possible to explain the relationship between the two disorders through a dynamic organic mechanism and an adaptive mechanism. The organic mechanism addresses shared genetics, shared neural conductors that cause the relationship (Manor, 2012). The dynamic mechanism is expressed in a constant experience of tension and stress in an unclear and unexpected world. The person who suffers from ADHD is found in a constant system of lack

of clarity, he tends to make mistakes of lack of attention, impulsive responses, and omission of details that often cause him embarrassment and discomfort. The feeling of lack of control in his world contributes to a constant feeling of anxiety (Manor, 2012). Adaptive mechanism addresses the recruitment of high levels of readiness for the purpose of functioning. The alertness and tension are a way to raise high adrenaline levels to achieve focus; people who suffer from ADD and primarily people who are successful and achievement-oriented tend to recruit at a certain stage high levels of alertness. Sometimes the experience of tension and alertness becomes second nature and is interpreted as anxiety (Manor, 2012). The incidence of anxiety disorder is higher significantly in ADHD, and in addition the group that suffers from the combination of anxiety disorder and ADHD tends to also develop symptoms of depression (Van Ameringen, 2010).

1.3.5.2 Depression

Disorders in the mood include profound depression and bipolar disorder. Today it is known that these disorders exist among children, and the estimate of their prevalence is increasing. Depression is a disorder that exists in 1% of the children, and it steadily increases in prevalence until adolescence. Today the incidence is 6% of the population (Manor, 2012). In a research study that follows up after adolescents until the age of eighteen it was found that the children who suffer from ADHD tend to develop oppositional defiant disorder (ODD) and this predicts in the continuation the development of depression and anxiety (Burke et al., 2005). In other words, attention disorder causes an ongoing experience of failure, of being a person who was not understood and sometimes is also socially rejected. This emotional distress is a powerful factor in the awakening of depression and alongside it the appearance of anxiety for rebellion.

1.3.5.3 Suicidal Tendencies

Recently conducted research studies found a direct relationship between ADHD and suicidal tendencies. Research studies examined criteria predicting suicidal behavior during adolescence and found that children diagnosed with ADHD during childhood were at higher risk for the development of suicidal behavior during adolescence (Chronis-Tuscano et al., 2010; Gal’era et al., 2008). A pilot research undertaken in Israel that examined adolescents

who came to the emergency room after a suicide attempt found that 65% of adolescents who came to the emergency room after suicide attempt had ADHD, and most of the adolescents were not treated for the disorder (Manor et al., 2010).

1.3.5.4 Driving

In the research works that examined the influence of ADHD and impulsive behavior on driving, it was found that young people with ADHD present a difficulty in the performance of driving and not in the understanding of the theoretical knowledge or traffic laws (Manor, 2012). The components required for safe driving are related to the executive functions (Elliot, 2003). Difficulties that characterize people with ADHD are related with executive function and primarily in the context of restraint and the delay of response, control, supervision, and deficient memory (Barkley, 1997; Biederman et al., 2006). Distractions are a main factor in the involvement in traffic accidents. People with attention disorders are more sensitive to distractions that increase the risk of accidents (Lamm, 2002). The findings of research studies show that adolescents with attention disorders were caught more driving rapidly, were more involved in accidents, and receive more traffic tickets (Barkley, 1996; Thompson et al, 2007). Other research studies indicate the relationship between ADHD and different driving disorders, including aggression and anger while driving, taking risks, low level of obedience to the driving laws, and mistakes caused as a result of the disorders in the attention (Barkley et al., 2002; Richards et al., 2002). It is possible to learn about the effectiveness of the medicinal therapy in the improvement of the driving abilities and a decline in the risk of involvement in accidents (Barkley & Cox, 2007).

1.3.5.5 Use of Addictive Substances

Smoking

Many research works address the relationship between ADHD and smoking. The research studies of recent years found that people who suffer from ADHD begin to smoke at an earlier age, when nicotine is a stimulant and constitutes self-treatment that enables them to function better (Modesto-Lowe et al., 2010; Wilens et al., 2008). ADHD in itself is a factor that exacerbates the risk of physical addiction to cigarettes; the risk of addiction increases

with every additional criterion of inattention, hyperactivity, or impulsiveness. A person who presents a large number of criteria tended to smoke at the age of fifteen as opposed to a control group that began to smoke at the age of seventeen (Kollins et al., 2005).

Alcohol and Drugs

Many research studies report the relationship between ADHD and addiction to drugs or alcohol. One of the indicators of this behavior is the use of different simulants, or on the contrary various sedatives as a treatment through self-healing during adolescence. When the availability of the substances increases and primarily with the lack of treatment, the tendency increases among those who suffer from ADHD to search for an independent solution, whether consciously or unconsciously. Because of the tendency to addiction among those with ADHD, the prevalent opinion in the public is that the treatment through medications encourages addiction but in contrast to the stigma it is the absence of treatment that contributes to addiction (Biederman et al., 1999).

1.3.5.6 Sexual Behavior

Adolescents who suffer from ADHD tend to begin to conduct sexual relations at an early age, tend to change partners, and tend to be exposed more to sexually transmitted diseases. Accordingly, young girls who suffer from ADHD are found at a high risk of pregnancy (Flory et al., 2006). A research performed by Barkley (1996) with Fisher found that 38% of those who began to hold sexual relations used fewer means of prevention and were involved in teen pregnancies.

These findings indicate the importance of interventions for children who suffer from ADHD or symptoms of the disorder as one of the effective means for proper coping and prevention of the development of conduct disorders (CD). It is necessary to identify alternative or complementary approaches suited to adolescents with ADHD so as to prevent the use of addictive substances and other risk behaviors (Molina et al., 2013; Webster-Stratton, Reid, & Beachaine, 2011).

1.3.6 Families of Adolescents with ADHD – Emotions, Difficulties, and Ways of Coping

Children and adolescents with ADHD cope with a broad range of difficulties in the academic, social, and behavioral dimensions. In the professional literature it was found that there is a considerable overlap between attention difficulties and learning disabilities. Half of the children who suffer from attention difficulties have learning disabilities, in addition to the comorbidity in emotional and behavioral domains (Barkley, 1988). The symptoms of ADHD and the harm to the executive function contribute to the learning difficulties for many children and adolescents. Because of the difficulties related to executive functions and maintenance of focused attention, the adolescent with ADHD may experience learning difficulties that are expressed in the difficulty in the use of meta-cognitive strategies that contributes to the performance of understanding during reading, difficulties in writing that are require effective planning and combination of skills for the purpose of the expression in writing, weak active memory that causes recall of the reading materials, meeting tasks required in the class and adherence to effective time planning, etc. (Barkley, 2003; Reif, 2005). For this reason, in part of the literature I will address difficulties that accompany adolescents with ADHD and learning difficulties in parallel.

For the parents, the coping and treatment of the child with ADHD presents everyday challenges and difficulties. In comparison to the parents of children without ADHD, they are subject to high levels of stress, experience a feeling of powerlessness and depression, and are anxious about their children's adjustment in the school and their chances of integrating and succeeding in the future (Barkley, Fischer, Edelbrock, & Smallish, 1991; Turnbull & Turnbull, 1986). In addition, there is the blame of the family and the professional staff in the school, which contribute also to the feeling of powerlessness, anger, and guilt of the parents (Plotnik, 2008; Shechtman & Gilat, 2005). Consequently, their parental functioning is detrimentally impacted (Barkley, Fischer, Edelbrock, & Smallish, 1991; Turnbull & Turnbull, 1986).

The behavior of children and adolescents with ADHD is characterized sometimes by impulsive responses, outbursts of anger, excessive movement, and so on. This behavior

causes the parents to accumulate over the years a serious emotional burden, anger, frustration, and disappointment. These feelings lead them in many cases to negative interactions between family members and may lead the child to a situation of lack of belief in himself in light of his parents' steadily increasing disappointment and anger (Einat, 2004; Gilat, 2006; Solomon, Pistrang, & Barker, 2001). These parents, who feel that the control of the occurrences is in the child's hands, are drawn into many struggles with him and thus into the creation of an unpleasant atmosphere at home. Sometimes the parents avoid going to social events or family vacations, since they fear to be publicly embarrassed by the child's behavior (Barkley et al., 1992; Koroloff & Friesen, 1991).

The lack of attention that characterizes ADHD or learning disabilities makes it difficult for those who suffer from the disorder to persevere in the solving of conflicts, in the fulfillment of agreements, in the completion of homework, and in the performance of other commitments. The impulsivity leads to an "agitated" pattern of behavior in conversation and discussion. These characteristics have the potential to cause exceptional family difficulties and to influence the system of reciprocal relationships in the family. Research studies showed that parents of children with such disorders used more negative instructions and were frustrated a large part of the time. Mothers reported that the disorder has a negative impact on the family, its financial resources, and its social life. The children's behavior tends to worsen "when the parents' problems clash with the parents' ability to set rules, to determine clear guidelines, to act according to implications, to solve problems, and to communicate effectively" (Fowler, 2002).

Difficulties with self-regulation, restraint ability, and dealing with frustrations that characterize children with learning disabilities and attention disorders cause a variety of negative behaviors that traumatically and detrimentally influence the child's relations with his parents, siblings, and friends (Green, 2005). According to Green (2005), the parents who feel frustration and embarrassment in light of their child's outbursts require of him a logical explanation of his actions, and this generally frustrates him even further and empowers his negative response. These parents on the one hand are staggering under the burden of their dual role as a source of love and a sense of belonging for their children and on the other hand are recruited to help their children in tasks related to the school. Following this burden, they

themselves need additional social support and personal skills to help their child. They receive less social support and are blamed for their child's problems and failures (Gilat, 2003, 2006).

Research studies have found relationships between the parents' perceptions and parenting styles and the mental wellbeing of the parents and their children (Levin-Gilboa, 2010; Ofer-Ziv & Cohen, 2007; Plotnik, 2008; Yedidya & Reiter, 2002). It was proved that authoritarian parents, who are engaging in the forceful setting of boundaries, and permissive parents, who avoid setting boundaries, report lessened mental wellbeing in comparison to authoritative parents, in their coping with their children's behavior. The use of the authoritative parenting style (not forceful) may improve the parents' coping with their children and thus moderate the influence of the symptoms of ADHD and even prevent their worsening in the future (Levin-Gilboa, 2010; Ofer-Ziv & Cohen, 2007). In this context, the concept of "parental voice" defined by Plotnik (2008) was coined, as "a psychological and developmental occurrence built between the parent and his child over the years of the child's raising and with each child anew" (Plotnik, 2008, p. 157).

Chessner (2005) who addresses children with ADHD attributed great weight to the parenting style as influencing the child's behavior. He maintains that the negative thoughts of children with ADHD regarding themselves and the world steadily intensify in the months and years of friction with the outside environment. In his opinion, there are two parenting styles that do not suit the solution of these frictions:

1. Parents who have been exhausted by the child's exaggerated and infinite demands, to the point that they have no strength left and they stop providing discipline.
2. Parents who decide to adopt great rigidity and to punish their child in an extreme manner for their lack of success in self-management.

In both cases, the child does not develop the feeling of inner security he needs to attain effective self-management.

The parenting style has considerable importance also when the child reaches adolescence. At this age, it is important to examine the adolescents' forms of coping versus their independence in the period of adolescence (Casey et al., 2010). The dramatic changes that occur at this age change the adolescents' strengths and require their adjustment. Without

effective processes of self-regulation, these new developmental challenges will have the potential to shock the adolescent and to cause him significant stress and distress (Dahl, 2004). The regular and normal difficulties entailed by the adolescents' coping in this period are intensified when the adolescents have ADHD. The ADHD interferes with the adolescent's control over the tasks he faces, and he may experience academic failure, social isolation, depression, and low self-image (Barkley, 2003). A research study that compared between adolescents with learning disabilities and adolescents without learning disabilities found that children with a learning disability suffer from lower self-esteem in the academic domain (Mepahil & Stone, 1995). It is possible that the reasons are related to the adolescent's experiences of failure despite the efforts he puts forth and to the stigmas assimilated in the educational frameworks. However, it is also possible that the parents' perception of the child is a factor of influence: the parents' low expectations are conveyed to the child, who consequently lowers his expectations (Stone, 1997). These difficulties influence the family of the adolescent, the parents, and the siblings.

A research study that compared between the types of arguments and conflicts between parents and adolescents with ADHD, as opposed to parents of regular children, reported double the number of arguments and conflicts in the family of adolescents with ADHD. The parents reported conflicts pertaining to the style of dress, the achievements in the school, the complications in the school, their friends, and their disorder, as well as arguments with their siblings. The research reported more conflicts with mothers than with the fathers (Barkley, 2013). The symptoms of the disorder are a significant factor that influences the systems of relationships in the family. The patterns of behavior of the adolescent with ADHD often clash with the rules and laws in the home. The research of Kashdan, Jacobs, and Pelham (2009) on the parental functioning and oppositional behaviors and the relationship to the family functioning found that the children's extreme behaviors caused the parents to lessen their warmth, caused them to be less involved in the frameworks outside of the school, and led them to negative and disproportionate outbursts. The parents, after different attempts to cope with the disorder and to control their child's behavior, feel frustration and despair and are filled with doubts about their parental efficacy (Barkley, 2003; Green, 2001).

1.3.7 Ways of Treatment of ADHD

ADHD has many different characteristics. Accordingly, the treatment must be multidimensional and address all human aspects – biological, psychological, and social – and not just one of them (Levin-Gilboa, 2010). In general, it can be said that the early identification of the symptoms of ADHD and as early treatment as possible of the disorder can minimize the impact of the disorder on additional areas and minimize sometimes the morbidity accompanying the disorder. This understanding guides us to the recommendation of a multidimensional method of treatment.

The main treatments that are supported by controlled research studies are medicinal treatment, because of the basic organic factor that cannot be ignored. However, the need for psychological-educational treatment, which is primarily behavioral, is emphasized (Manor & Tyano, 2010; Siperpal, 2012). Interventions focused on the concomitant functional problems must be tailored to the developmental stage and their goal is to alleviate symptoms (Young & Amarasinghe, 2010) and to improve the overall functioning of the person who is suffering from ADHD (Molina et al., 2009).

1.3.7.1 Medicinal Treatment

Stimulant drugs are the common method of treatment of children who have ADHD (Barkley, 2006) and have been proved to significantly alleviate the symptoms of the disorder among more than 70% of children, adolescents, and adults who suffer from ADHD (Faraone & Buitelaar, 2010; Manor & Tyano, 2010; MTA Cooperative Group, 1999, 2004a; Riddle, 2007). Stimulants raise the level of neural conductivity in the bran and cause an arousing stimulus in the frontal lobes that improves their activity in the performance, such as inhibition of distraction and impulsiveness. In a certain sense, they increase the braking power of the brain regarding behavior (Barkley, 2003; Levin-Gilboa, 2010).

A meta-analytical review that examined 28 research works on the influence of treatment with stimulant drugs of children who have AHDD concluded that medicinal treatment has a significant impact on the symptoms of behavior characterized in the disorder (Connor et al., 2002). A contemporary research review that examined the influence of

medicinal treatment on the behavior of children with ADHD at the time of the task performance and their academic achievements included 43 controlled research studies, with 2210 participants, which compared medicinal treatment and a control group without medicinal treatment or with placebo and reported academic outcomes in the school environment. The findings of the review indicated that medicinal treatment for ADHD has the potential to improve the children's learning and academic achievements. The medicinal treatment was found to be effective in the improvement of the children's behavior during the task. The children invested considerable time (14% more) and completed the academic tasks more accurately and correctly (Prasad et al., 2013, in Siperal, 2013). Research studies show that children who take stimulant drugs improve their ability to obey their parents' and teachers' instructions and to persevere in the performance of tasks over time. The feeling of lack of satisfaction of the parents and teachers lessens and enables improvement of the quality of the relationship (Kushdan et al., 2004).

Medicinal treatment is the most famous and yet controversial means in the treatment of ADHD (Manor & Tyano, 2010). Barkley (2003) brings up in his book "myths" about the treatment of ADHD: stimulants cause addiction like drugs, inhibit growth, etc. He holds that these fears are not founded and that these medications directly treat the weakness of the brain, which is under-activity and causes external symptoms of ADHD. The side effects are generally mild and can be alleviated through the adjustment of the dosage or the time the medication is taken. The common side effects are sleeping disorders, decline in appetite, overstimulation, stomachaches, and headaches. Only 3.6% of the children treated with Ritalin are forced to stop the treatment following side effects (Manor & Tyano, 2010). The parents' opinion is not fully formed regarding the medication. On the one hand, they believe in the effectiveness of medicinal treatment and some even think that it is safe since it is recommended by a physician. On the other hand, they are afraid that it will make their child into a "zombie". In addition, sometimes the feeling is that too many children receive the recommendation to partake medicinal treatment (Dosreis & Myres, 2008). It is important to know that different medications have different influences on the symptoms of behavior of ADHD, and therefore the factor providing treatment must examine every patient and his unique symptoms of the disorder so as to supply the most suitable medicinal treatment (Connor, Steeber, & McBurnett, 2010).

In Israel, expert neurologists, psychiatrists, and expert pediatricians with at least two years of experience in the field of child development who have been certified are allowed to provide medicinal treatment. A prescription for the continuation of the treatment can be given by a pediatrician or family physician (General Circular of the Ministry of Health, 2002).

1.3.7.2 Behavioral Treatment

In addition to the symptoms of the disorder, children who suffer from ADHD also have deficiencies in skills in a number of areas of functioning, and therefore it is not reasonable that treatment focused solely on the reduction of the symptoms of the disorder will provide a solution to all the difficulties (McConaughy et al., 2011; Siperpal, 2012). The strategies of behavioral change are complicated and require considerable time to reach assimilation. In addition, they are less effective in the treatment of the symptoms of ADHD as opposed to medicinal treatment (Anstel & Barkley, 2008). Behavioral treatment is aimed at the treatment of difficulties related to ADHD and especially the reduction of oppositional behavior and in combination with intervention in the school framework it also contributes to the improvement in the achievements (DuPaul, Eckert, & Vikardo, 2012). A review of 46 research works from the years 1996-2006 that engage in behavioral intervention (Pelham & Fabiano, 2008, in Siperpal, 2012) divided the interventions into three types: BPT (behavioral parenting training), BCM (behavioral classroom management), and BPI (behavioral peer intervention). All the types of interventions were found to be effective for ADHD with great positive influence on the children's functioning, thus indicating their importance as initial intervention, in the opinion of the researchers (Pelham & Fabiano, 2008, in Siperpal, 2012).

1.3.7.3 Psycho-Educational Treatment in the Behavioral Approach

Psycho-educational models emphasize the complicated development process that accompanies the disorder, with differentiation between environmental factors and developmental outcomes that may constitute the potential to cultivate preventative interventions (Siperpal, 2012). In the developmental aspect, preschool and kindergarten children who suffer from symptoms of ADHD were found at a high risk of similar problems in the future. Preschool and kindergarten children who suffer from difficulties in executive

function also suffered from problems of attention and hyperactivity at a high level relative to those their age, and the disorder is expressed also in the school grades (Wahlstedt, Thorell, & Bohlin, 2008). The expressions of ADHD at a young age contribute to the worsening of the ADHD symptoms and the increase of the comorbidity with externalized disorders in the future (Biederman et al., 2007; Connor et al., 2003). Early preventative intervention, already in the preschool and kindergarten, which focuses on risk variables for the disorder, has the power to change the way in which the disorder will develop in the future. The effectiveness of the intervention at a young age relies on the fact that the young children have not yet experienced failures in the school, social rejection, and negative responses of their parents about their behavior (Johnston & Mash, 2001). Indirect intervention for parents and young children with ADHD will include the learning of techniques of behavioral treatment with concrete results and tangible recompense, offered near to the behavior and enabling the young child to perceive the relationship between the behaviors and their implications. Such an intervention was found to be effective in the alleviation of symptoms of the disorder and behavior problems among the children and in the reduction of the level of stress in the family and the improvement of the parents' skills (Daly, Creed, Xanthopoulos, & Brown, 2007).

During adolescence, the symptoms can change, especially the component of hyperactivity, which lessens, but the estimate is that most of the children continue to be influenced by the ADHD (Bagwell, Molina, Pelham, & Hoza, 2001). Adolescents face important decisions that will influence their future, and they must function in a less structured and more demanding environment. It is necessary to take into account that in the period of adolescence the peer group has great influence as well as the difficulty that accompanies the adolescents that is expressed in difficulties in the self-regulation. This developmental stage brings with it additional challenges for the adolescent with ADHD and concomitant problems, such as depression, anxiety, antisocial behavior, and use of addictive substances, can appear (Fischer, Barkley, Smallish, & Fletcher, 2002). Intervention found effective in this developmental stage is the cognitive-behavioral model (CBT) and social skills training (SST) directly with the adolescent and intervention for the parents that focuses on the different systems of relationships: relationships between the home and the school and relationships between the parents and the child (Young & Amarasinghe, 2010).

1.3.7.4 Treatment in the Cognitive Behavioral Approach

Treatment in the cognitive-behavioral approach (CBT) focuses on the way in which the child interprets his experiences and how his thoughts in the end influence his behavior and emotions (Reinecke et al., 2003). In the school environment this approach provides a work setting for the development of skills, strategies, and ways of coping that can facilitate the prevention of future problems. CBT interventions aim at the problems observed in the school and the problems that influence the functioning in the school regardless of their source (Allen, 2011). The research works on cognitive behavioral intervention among school students found that the common topics of CBT are problem solving, independent learning, in cognitive terms self-awareness in different situations, in behavioral terms reinforcements through praise and the token economy, interpersonal communication, and ways of relaxation (Cobb, Sample, Alwell, & Johns, 2006). There is evidence that intervention in this approach is effective for adolescents who suffer from ADHD (Young & Amarsinghe, 2010). In research studies that focused on intervention in the cognitive approach that included training in social and communicational skills for students with emotional and behavioral problems, including children with ADHD, they learned about the improvement in emotional, behavioral, social, and academic functioning but an overall influence lasting over time of the intervention was not proved (Barkley et al., 2000; Gibbs et al., 2008; Kazdin &Weisz, 2003; McGoey, Eckert, & Paul, 2002).

A review of the literature of sixteen research studies of the past two decades on cognitive behavioral intervention with adolescents who suffered from behavioral problems or ADHD or learning disabilities showed strong support of the effectiveness of cognitive behavioral intervention. The effectiveness of the intervention was expressed in the reduction of aggressive verbal and physical behavior and in the decline in the percentage of the dropping out from the school. However, the size of the mean effect was moderate in the research studies reviewed (Cobb, Sample, Alwell, & Johns, 2006).

1.3.7.5 Combined Treatment

Treatment that combines medicinal treatment and behavioral interventions that include the parent intervention, the intervention in the class through the teachers, and the

direct intervention with children and adolescents was found more effective for ADHD in contrast to only behavioral intervention (without medicinal treatment) and medicinal treatment without additional intervention. Moreover, children who were treated with combined treatment needed a lower dosage of medications than did children who were treated only with medicinal treatment, so as to reach optimal functioning (Siperpal, 2012). It can be learned that combined treatment has an advantage in extensive improvement in the functioning, like aggressive symptoms, social skills, learning functioning, and parent-child relationships (Jensen et al., 2001; Young & Amarasinghe, 2010).

A research study that examined the relationship between behavioral treatment, medicinal treatment, and combined treatment in the framework of the MTA research and parental behavior and its results in the school environment found that children who received combined treatment (average age 7-9.9) attained a higher level of improvement in the behavioral and social functioning in the school when there was reduction of the use of negative / ineffective discipline by their parents (Hinshaw et al., 2000; Siperpal, 2012). An updated review of research works examining the results of treatment of children who suffer from ADHD showed that the combined treatment – behavioral and medicinal – has better support of the effectiveness of the treatment of at least two different researches that presented combined treatment that lasted an average of one year (Chorpita et al., 2011). Accordingly the National Institute for Health and Clinical Excellence (NICE) published in the year 2009 clinical guidelines for the treatment of ADHD, according to which the use of medicinal treatment of children, adolescents, and adults needs to be a part of a comprehensive treatment program that includes counseling and psychological, behavioral, and educational therapy (in Siperpal, 2012). Pelham and Fabiano (2008) examined methodically the combination of behavioral and medicinal treatment. In their research study they discovered that 2/3 of the students who began behavioral treatment, at an average of seventeen treatment sessions, did not need medicinal treatment, while about 82% of the students who first began medicinal treatment needed in addition behavioral treatment (Pelham & Fabiano, 2008).

1.3.7.6 Group Counseling Intervention – Support Groups for Adolescents

The professional literature indicates the effectiveness of counseling and psychotherapeutic groups for the variety of difficulties of children and adolescents (Riva & Haub, 2004), at least like the effectiveness of individualized treatment (Shechtman, 204) and with preference to group treatment in terms of the cost of the treatments. Support groups enable children and adolescents to research the difficulties, to develop in-depth understanding, and to translate the insights into actual behavior (Siperpal, 2012). In a group with a shared problem there naturally develops support behavior among group members. The need of the patients to share with the group members the experiences and emotions derives from inner motivation and is possible following the treatment contract and group climate (Shechtman, 2010).

A research study that examined the effectiveness of the intervention with adolescents who suffer from learning disabilities or ADHD in the social dimension found the improvement of social competence without difference between learning disabled adolescents and adolescents with ADHD, when the relationship with the therapist was found to be a meaningful factor for change (Shechtman & Katz, 2007). Psychotherapeutic groups that are effective in the developmental aspect enable the re-experience of conflicts in a secure environment (Huth-Bocks, Schettini, & Shebroe, 2001). At the ages of seven to eleven the level of self-awareness and the ability to feel empathy increase among children, and therefore a support group can provide a source of support and serve as a source for the reinforcement of the self-image (Lomonaco, Sciedlinger, & Aronson, 2000; Siperpal, 2012). For adolescents aged 18-22, who are engaged in the construction of the self-identity, the peer group constitutes a source of meaningful support: shared difficulties or problems lead the group members to a universal feeling and enable discussion of emotions and solution of problems (Siperpal, 2012). In addition, it was found that psychotherapeutic groups contribute to the reduction of the emotional distress (O'Connor, 2001). These results support earlier indications of the effectiveness of support groups for children and adolescents with a variety of emotional and social difficulties (Shechetman, 2002: Shechetman, Gilat, Fos, & Flasher, 1996: Shechetman & Pastor, 2005). A document of the recommendations of the psychiatric association noted that although the contribution of group treatment was not proved to be

effective for the treatment of the symptoms of ADHD there is room for psychotherapeutic treatment in the coping with a low self-image, with the child's confusion because of the gaps between his areas of functioning with difficulties in social integration, struggles around the relations with the parents, and so on (Thorne, 2002).

1.3.7.7 Group Counseling Intervention – Support Groups and Parental Instruction

The need to assist the parents of children who suffer from ADHD derives from the emotional and practical difficulties of the parents and from the need of the children to obtain significant and effective support from their parents to increase the chances of their success and the ability of the parents to identify and define the children's needs, and they have considerable influence on their success (Dempsey & Keen, 2008; Siperpal, 2012). A research study that examined the influence of family factors on ADHD found that family distress and relations in the family are related to the increased risk of ADHD (Rohde & Schmitz, 2011). It was found in the research literature that the emotional experience of parents includes feelings of guilt, low self-image as parents, or sense of powerlessness, an emotional experience that may be channeled to negative judgment of the child and lead to the fact that the parents will adopt methods of education that are not consistent and are less tolerant and do not encourage adjustment for their children. This vicious circle is one of the most significant factors of risk (Fabiano, 2007; Halwell & Reity, 1988; Levin-Gilboa, 2010; Manor & Tyano, 2005). Today the prevalent opinion is that the parents are the agents of change and their role is to avert problems among their children and therefore intervention programs for the parents were developed (Blader, 2006; Brookman-Frazee, Stahmer, Baker-Ericze'n, & Tasai, 2006). Most of the programs were developed for behavior problems, and in light of the comorbidity between behavior problems and ADHD they were found to be effective also for parents of children with ADHD.

The instruction of parents constitutes and integral part of the treatment of ADHD and is essential primarily because the parents are those who need to cope with the child and they know him better than any other person. The insight at the basis of the need for the instruction of parents is that it is necessary to dedicate a central part of the treatment to the inculcation of knowledge to the parents and to the causing of a change in their position towards the child

with ADHD (Levin-Gilboa, 2010). Research studies show that the participation in groups of parent instruction contributes to the improvement of parental skills and a feeling of parental efficacy. It provides emotional support and reduces the parental pressure and improves the mothers' wellbeing (Daly et al, 2007; Pelham & Fabiano, 2008). The strength of the counseling group lies in the process of the building of the group and in the structure; the people who participate in the group share their common problems and this unites them, lessens the feeling of loneliness, and inspires an atmosphere of confidence (Spiegel & Classen, 2000). The very presence in the group and not in a personal meeting gives security since the focus is not on the individual, and his emotions become normative in the framework of the supportive group (Danino, 2011; Trotzer, 1999). The expressive support group helps parents change their parenting perceptions, improves the interaction with their child, and leads to effective coping (Danino, 2011; Gilat, 2003). From a research perspective it was found that mutual support from the parents who experienced a similar situation was found to be effective since it provides emotional support, vital information, a variety of possibilities for coping, a sense of control, and the creation of new friendships. In addition, the group enables a process of independent change that includes assertiveness, reduction of the level of stress, reduction of depression, and acceptance of the children with the disorder (Solomon, Pistrang, & Barker, 2001).

In this research study I want to examine the effectiveness of an intervention group in the narrative approach for parents of children who have ADHD.

1.4 Group Therapy

People are social creatures who live in groups. As described in the previous chapter the family is the first group to which we belong, and all our lives we learn, spend time, and work in different groups. The development of every individual's personality is largely determined according to his experience in the different groups in which he has reciprocal relationships, and the opportunities for adjustment and change of his personality are largely influenced by the groups in which he is a part. Sullivan (1953), an American psychiatrist who was a rejected and socially isolated child, grew up to develop a theory that indicates the importance of human relations for the development of a healthy personality. He maintained

that people cause people to fall ill and people cause people to get well. The group is a framework of social belonging in which the individual is shaped through his relationships with others, is influenced by them, and influences them. The basis of the group as a treatment instrument constituted an analogy for the first social group – the family. According to different theoreticians, the group members reconstruct the individual's family relationships, patterns of behavior, and outlooks. The process of therapy occurs through guidance that enables processing of relationships and situations, as they are expressed in the group in projective relationships of transference (Kadosh, 2010).

1.4.1 Group Therapy – Historical Aspects

Groups are a significant part in the fabric of the social life. The meaning of collectives, such as families and tribes, have been recognized for a long time, but only in the past century has the topic of groups been studied scientifically, and theories on the topic have developed (Mills, 1967).

Many theoreticians have attempted to understand the power inherent in the group that causes it to change. Gustave Le Bon (1895), a French psychologist and sociologist who studied the field of social psychology and especially the psychology of the crowd, described the power innate in the group, power that contributes to the change that the group undergoes and that helps the participants change from one end to another. Le Bon called this power "emotional or behavioral attachment". In this situation, the person did not think individually but thinks automatically as the group expects of him. He addressed this power negatively, which causes the deterioration in the human performance.

In contrast, other researchers found groups to have the power and ability to channel it to therapy. MacDougall (1920), a British psychologist, was the first to identify the potential of groups as a means to help individuals change their behavior for the better and published in parallel to Le Bon *The Group Mind*. In this book, he concludes that the group has the power to deteriorate the person to behavior lacking in cultural norms but he saw the power innate in groups over the individual to strengthen desired behaviors and as a means to change behavior for the better. MacDougall notes that the key to the transformation of the power of

the group into positive and effective is the organization and fulfillment of a clear goal and purpose (in Rutan & Stone, 2001).

Sigmund Freud examined the influence of the groups on the individual, when he addressed the larger groups, such as the military. In his opinion, the group needs a feeling of purpose and development of a clear leadership. He identified the relationship and identification between the group members as a result of the libidinal relationships to the leader (Freud, 1921, in Rutan & Stone, 2001).

When the researchers examined the different theories about the influence of the groups on the individual, the clinicians began to attempt the use of groups for treatment goals. Joseph Pratt (1906), a physician of internal medicine in a hospital in Boston, is widely considered the founder of group psychotherapy. He assembled fifteen of his patients, all of whom suffered from tuberculosis, and provided them with information about the disease. He did not engage in group therapy, but his activity represents the first attempt we know of about the encouragement of patients to converse and learn about their shared problems and about the patients' obligation to a system of agreements as a condition of participation. Pratt reported very positive results of the new method of treatment (Rutan & Stone, 2001). Additional clinicians who attempted to examine the effectiveness of the small group for therapeutic aims included Edward Lazell, who was the first to treat mentally ill people in groups in 1919, Trigant Burrow, who treated neurotic patients in groups in 1920, Alfred Adler, whose theory addresses the person as a social creature, began to use groups with his patients already in 1921, Julius Metzl, who was a pioneer in the use of group techniques for the treatment of alcoholics beginning in 1927, Rudolf Dreikurs, who instructed in 1930 private treatment groups, Jacob Moreno, who held psychodrama groups, and Samuel Slavson, who began to treat children with mental disorders in therapy in active groups (Free, 2007; Rutan & Stone, 2001).

In the continuation, two schools of therapeutic groups with different goals developed. One school focused on coaching and the improvement of the personal and group effectiveness of therapy groups in making decisions and performing tasks. This school was led by Kurt Lewin, who believed in the principle according to which it is possible to change

people when they are found in a group as opposed to changing each one separately. Kurt Lewin (1951), a German-Jewish psychologist, assumed that the difficulty with achieving a change in attitudes or behavior derives from the objection to change in the previous beliefs of the individual and of the social environment in which he lives. The second school is headed by Carl Rogers, an American psychologist and a father of the humanist psychology system and father of the client-centered therapy. He focused on the group as a tool for emotional development and personal growth (Rogers, 1970). The reference to the treatment group ranges from focus on the group processes and the use of the group as a means for the understanding of the individual.

1.4.2 Theories of Group Therapy

At the start of group therapy, learning and guidance were performed on the basis of trial and error. The main point of differences among the theoreticians was whether the emphasis is on the individual or on the group. Some of them focused on the individual, while others examined more general group phenomena.

Wilfred R. Bion (1960) in his work in the 1940s instructed a number of psychotherapeutic groups. His writings on his experiences in groups constituted an important and influential contribution on the study of groups. He addressed the group as a whole. His therapeutic goals were to enable people to learn about their earliest problems with authority, to release the individuals from their historical binds through the understanding of their natural ability of integration in the group, and last to enable the individuals to build a system of equal and satisfying relationships (Bion, 1960). Bion’s contribution to the understanding of the unconscious aspects of the group life influenced meaningfully the researchers who use the concepts of the group as a whole.

For the understanding of the unconscious aspects of the group life, Henry Ezriel (1973) who participated in Bion’s first group and did not completely agree with his way of thinking, proposed a theory with the goal of integrating between the theory of object relations and the concepts of the group as a whole. The basis of his theory was the hypothesis that the individuals seek to reinforce the repression and avoid any connection with unconscious fantasies that inspire dread. This reinforcement is achieved through a system of relationships

that helps deny the unconscious fantasies (Ezriel, 1973). Ezriel was one of the first theoreticians in the approach of the group as a whole who paid attention to the individuals in the group and not just to the group itself.

Foulkes, a British analyst, was influenced by Gestalt theory and maintained that the group is greater than the sum of its parts. He noted that the individual always lives in a social system and therefore it is not possible to investigate the individual under conditions of isolation. The initial social structure in which the individual is found is the family, from which the individual obtains his identity and personality. Foulkes spoke about the analytical process – group analysis, in which the individual and the group need the instructor's reference. Foulkes (1975) emphasizes the importance of the group interpersonal communication for the purpose of the processing of the relationships of the past through different levels of expressions regarding transference, resonance, and reflection, processes that occur in the group matric that represents the fabric of the networks (Foulkes & Anthony, 1990; Pines, 1998). Foulkes added also the mutual dimension in the instructor's relationships with the group – the instructor is a part of it, is influenced by its processes and by the group communication, and certainly he influences them.

Whitaker and Libman developed the focused group conflict approach that was first presented by Whitaker and Stock (1958). The main idea is that most of the verbal and behavioral expressions of the participants in the group session can be understood as efforts to resolve the subgroup conflict. A conflict is focused close to the consciousness and explains visible data. The theory holds that as the conflicts are more combined, they are exposed to deeper materials for interpretation and enable participants to learn about themselves (in Rutan & Stone, 2001).

Yalom (1985), who represents the intrapersonal theories, developed a theory of interpersonal learning that occurs in group therapy. He believes that the most meaningful therapeutic change is created in the group reciprocal relationships in real time. The main arena of learning is the treatment group. In his opinion, the correct structuring of the group will develop a social microcosm, a reduced picture that represents the client's social world. Through repeated experiences in the group framework, the participants learn about the

deficiencies in their interpersonal relationships that induce negative or undesired responses in others. Feedback from the group members and self-observation constitute mechanisms that help the participants learn and improve their ability to choose correct behavior patterns. Yalom (2006) considered the treatment change to be a very complex process that occurs through the multifaceted reciprocal play of human experiences.

1.4.3 Intra-Mental Approaches

The intrapersonal approaches that address group therapy emphasize the principles of the intrapersonal mental conflict. Their goal is to translate the psychoanalytical model into a situation of group therapy. The final product is in essence the psychoanalysis of the individual in the group framework. Some of the theoreticians who represented these approaches and wrote about them include S. R. Slavson, Alexander Wolf and Emanuel K. Shwartz, and Scheidlinger (Rutan & Stone, 2001).

Today, most therapists of psychoanalytical groups do not act only according to this model of the individual in the group. Rather, they also address the group dynamics and issues that are relevant to more than one member of the group.

Ludwing von Bertalanffy (1966) in essence established the foundation upon which the theory of the general system was built as a new approach of group psychotherapy. This approach developed as a result of the need raised by many professionals and theoreticians to find a broader theoretical foundation for the understanding of human behavior.

This theory proposes a model for the examination of the reciprocal relationships between the intrapersonal, interpersonal, social, and group as a whole aspects. The assumptions underlying the theory are: (1) all systems have a common structure at their foundation, despite the wide variety of behaviors expressed in systems and (2) there are similarities in organizing processes that are perceived as self-organized and labeled as living structures. The general theory of systems is a theory of growth and change and not of conflict and lack. In the general theory of systems, the reciprocal relationships are seen as crossing boundaries. The nature of these boundaries is of considerable importance in the system of the boundaries (Rice, 1969). The boundaries must be penetrable so that it is possible to enter

inside and create change but not too penetrable so as to provide protection and separation. Group therapists should focus attention on the different levels of boundaries, according to the border at any given moment in the group's life. The therapist's role is to be the guardian of borders and the viewer of boundaries. Therapists supervise the boundaries and intervene at their discretion as to the degree of permeability or impenetrability of the boundaries (Rutan & Stone, 2001).

Agazarian (1989) implemented the general theory of systems in clinical work with groups. She emphasizes the hierarchical nature of the system in which the group is found, and in this framework she conceptualizes it as the basic unit to be researched. According to Agazarian (1989), the main task is to promote the cross-border communication. Communication in and between the borders of the subgroup are at the center of the therapeutic process: "the question how the group communicates is always more important than what they communicate about".

1.4.4 Psychodynamic Group Structures

Integrated Models

Helen Durkin (1964) and Henrietta Glatzer (1953) focused in their research studies on transference and resistance in group psychotherapy, while using reciprocal relationships created so as to clarify these phenomena. They took individual psychodynamic theories and combined them with group psychodynamic theories and thus were trailblazers in the field.

Another combined model was developed by Lowell Cooper and James Gustafson (1979) in "Unconscious Planning in Small Groups", when the name was later changed to the higher mental functioning hypothesis (Weiss, 1993). They proposed a general theory that combines between the individual's behavior and the group dynamics. They asserted that individuals enter a group with conscious and unconscious expectations about the risks they face and the protections they will face. If the conditions necessary to ensure the safety of the individuals in the group are maintained, then they will risk the exposure of information and will adjust themselves to subgroups that will provide them with a sense of security. This model constitutes a model of growth and can be applied to the theories of drive, object

relations, or psychology of the self (Rutan & Stone, 2001). Stone explains the overlap between the psychology of the self and the higher mental functioning hypothesis in the individual's attempt to change through interpersonal experience.

From the starting point of the group as a whole, a number of efforts of integration were undertaken. Kernberg (1975) was influenced by Bion's perception about object relations. He maintained that the interventions of the group as a whole address the pre-Oedipal level of development of the psychopathology while individual transferences and objections are found at a more advanced level of object relations. Therefore, the group therapist must choose the intervention most suited to the level of functioning of the group and the individual.

Horwitz, a student of the group as a whole tradition, changed his initial attitude and proposed a technical combination. In his opinion, the therapist must uphold a hierarchy of the group as a whole in interpersonal or intrapersonal structures. In this way, the therapist must evaluate the abilities of the group member and examine their functioning in the group. According to Horwitz (1977), often the group members can emotionally understand comments about themselves before they can understand the comments related to their relationships to general group topics. The combination is technical, since it emphasizes the need for cooperation and alliance between the group therapist and all the group members. The group as a whole does not sufficiently exploit the importance of the therapeutic alliance (Rutan & Stone, 2001).

The theoreticians of the group as a whole emphasized the relations of parental authority as opposed to the interpersonal theoreticians who more addressed the reciprocal relationships between equals (siblings). People are referred to group therapy because of difficulties dealing with those of authority or with others in the peer group. Therefore, it is necessary to have an integrated conceptualization for the group therapist. Just like in the wide world, the individuals have social systems comprised of leaders, followers, and peers, and every individual in the group is influenced by the group and influences the group in turn. The therapist's task is to address the complex powers that maintain between themselves reciprocal relations, to understand them so as to best help the individuals in the group, They

must muster the strengths in the group so as to effectively cross borders from the focus in the group as a whole to interpersonal and intrapersonal aspects and to utilize the therapeutic force innate in the treatment group (Rutan & Stone, 2001).

The instructor's authority and role changes according to the different models, but in all of them the main goal of the group is to help its members to be more aware of what was not conscious in their behavior. According to the psychoanalytical basis, this is the main point of the healing work, which for the most part is performed through the therapist's interpretations that are presented in different ways (Kadosh, 2010).

In the 1960s and 1970s there was significant development in the use of the development of emotional and personal groups, and the activity of groups was at the center of stormy public arguments (Yalom, 1995). These groups were given many names, including meeting group, T-groups, coping groups, experiencing groups, and so on. This extension was described as a social movement (Back, 1973; Lakin, 1972). These groups have a number of shared characteristics: they include a low number of participants, thus enabling interaction among all the members of the group, there are limits in time, and honesty, openness, expression of emotions, self-investigation, and coping are encouraged. Unlike the first groups established, in groups today there is the tendency towards more structured activity, which includes lectures, practice exercises, group discussions, and behavioral exercises (Forsyth, 1991).

The origin of this movement is with the social psychologist Kurt Lewin, who proposed the fundamental principle according to which it is easier for people to change people when they are found in a group than to change each one separately (Lewin, 1958). Lewin assumed that the difficulty in achieving change in the individual's attitudes and behavior derives from the objection that originates in the individuals' previous beliefs and in the beliefs prevalent in social environment. He asserts that through the use of the small group it is possible to overcome this objection through the creation of a "subculture" in which other standards are accepted. The strength and effectiveness of the group increases when the new culture there will be strong and the group will be more isolated than the general environment. According to these ideas, Kurt Lewin in the year 1946 established the first practice group

intended to coach managers to cope effectively with pressures. Following this group, the T-groups were established, groups whose uniqueness was unstructured and they were focused on the learning of the group dynamics without a defined goal. The personal learning in these groups is created from the experiences of the group to form for himself a structure and feeling of meaning (Sikora & Schloss, 1971).

The T-group created certain innovations intended to increase the effectiveness of the experience in the group and the influence on the individual. Some of the innovations include feedback, compromise, and participative observation (Yalom, 1995). Feedback is a term borrowed from the field of electronics and implemented by Kurt Lewin in social psychology. This term addresses the person's opportunities to obtain information about his behavior from the people around him. Feedback was found to be effective in group interactions. Compromise is a term that addresses the refutation of the individual's previous system of beliefs through the re-examination of the assumptions that the individual holds about himself and his systems of relationships with others, when this examination occurs in a group, with the willingness to reveal the self to empirical examination of perceptions and ideas (Lewin, 1948). Participative observation is a tool that instructors maintained is the best way for participation in the group. The members seek to be involved in the group in the group in an emotional manner and nevertheless to observe the group and themselves objectively. This combination is vital for the participants since it combines between cognitive understanding of the process and emotional experience (Shkedi, 2014).

1.4.5 Sociological Aspects in the Development of Therapy Groups

In the treatment groups there are many psycho-therapeutic groups alongside socio-cultural factors. Different theories of group dynamics were influenced by the culture in which they developed. The word culture entails different concepts. It represents "high art" and also a "way of life". This review will focus on the last definition.

People who turn to treatment come with a personal history and with a different culture and sociological background (Rutan & Stone, 2001). Culture addresses national or international values or ideas the values of subgroups, the family values and moreover the spirit of the period in important political or social influences. These values had influence on

the development of the theory of group psychodynamics in Britain and in the United States. Foulkes emphasized "holistic forces and integration between people from a different background, the positioning of the members in the context of communication and a system of interpersonal relationships and a priori preference for intersubjective than interpersonal interpretation" (Ettin, 1997, p. 45). In addition, Foulkes emphasized aspects that promote growth and encourage hope in the group life and for the most part ignored the destructive forces inherent in them (Nitsum, 1996). According to Eric Van Schoor, group psychotherapy in the United States developed in the context of pluralism, individualism, and self-realization, tradition that tends to differentiate between the individual, the group, and the pluralistic culture. Like in Britain, group psychotherapy developed from the psychoanalytical tradition (Van Schoor, 1997).

One of the fundamental principles of dynamic group psychotherapy is the idea that the members recreated their social situation through group reciprocal relationships and thus it will become a microcosm of their outside lives (Slater, 1966). They bring with them social cultural values and attitudes that influence the reciprocal relationships in the group. The combination of the social and group perspective and the intrapersonal approaches and the reciprocal influence of the personal functioning and life experience influences the atmosphere in the group and creates the culture of the group that influences its members (Ettin, 1994). Group and social forces are found among the friends and outside of them and influence the treatment process.

1.4.6 Contribution of the Group

Groups have always been a way to achieve goals. They help the individual achieve goals and perform tasks that they could not achieve alone. This includes reciprocal dependence on one another for the achievement of collective goals (Jantsch, 1980). Groups contribute also to the creation of a positive social identity (Rosenwasser 1997). In addition, groups help their members satisfy psychological and social needs. The individual who enters the group has three basic needs: the need for inclusion, the need for control and influence, and the need for acceptance and intimacy (Schutz, 1958). These three needs are provided only in the context of systems of relationships between the individual and others. The

dynamics that occurs in the group meeting is created by the needs of the members in it. The recognition that the group members have a common denominator and that they are busy with the same dilemmas creates the feeling of closeness and connection in the group as an initial step for coping and supply of the needs of the individuals in the group. This process is interactive and composed of the conscious and unconscious sides (Rosenwasser, 1997).

The changes in behavior that occur through groups occur as a result of the broadening of the individual's knowledge about his unconscious life and of the learning factors, modeling, and remedial emotional experience (Rutan & Stone, 2001). The theory of social comparison maintains that people are helped in their social environment so as to estimate their abilities and correctness of attitudes (Festinger, 1954). Meetings with people who cope with similar difficulties enable the individual to change experiences, learn about ways of coping and shared characteristics (Wilson, 1995) and form a more accurate self-evaluation, which also enables confirmation and positive reinforcement (Festinger, 1954).

In treatment groups many therapeutic factors act alongside sociocultural factors. Crouch, Bloch, and Wanlass (1994, p. 270) define therapeutic factors as "factors of group therapy that contribute to the improvement of the participant's situations and may be a function of the actions of the group therapist, the other group members, and the group participant himself". Categories of therapeutic factors included the dimensions of interpersonal, intrapersonal, support-insight, and cognitive-emotional (Corsini & Rosenberg, 1955). According to the interpersonal theory of Harry Sullivan, Yalom (1975) developed a list of therapeutic factors based on observations of individuals, their reciprocal relations, and the group system.

Yalom (2006) sees the treatment change as a complicated process that occurs through multifaceted reciprocal play of human experiences that he addresses as "therapy factors". There is an advantage in the ability to approach the whole phenomenon through the fundamental processes that comprise it. Yalom indicates eleven primary therapeutic factors: (1) instillation of hope, (2) universality, (3) imparting information, (4) altruism, (5) corrective recapitulation, (6) socializing techniques, (7) imitative behavior, (8) interpersonal learning, (9) group cohesiveness, (10) catharsis, and (11) existential factors.

1. Instillation of Hope

The instillation and preservation of hope are a decisive factor in all psychotherapy. Hope is required to keep the participant in the therapy process, as well as belief in the therapeutic path. Positive reference is based on the perception of hope as innate in the personal mental ability and as constituting a basis for future change (Kohut, 2005). The primary psychological principles that attempted to define the concept of hope focused on the attempt to understand and explain the person's behavior from the assumption that it is influenced by hope (Gottschalk, 1985). These approaches addressed hope as the person's attempt to receive from his environment positive reinforcement through the learning of new behaviors and to provide basic needs (Yakovi, 1989). It should also be noted that in the continuation as the research on the concept went deeper, the topic of positive reinforcements as a motivator of hope was not eliminated. It was assimilated in the cognitive-behavioral aspect and developed at the end of the 1960s by Stotland (1969, in Levy, 2008) and at the start of the 1990s by Snyder, Irving, and Anderson (2000).

Research studies showed a significant correlation between high expectation of help even before the start of the therapy and a positive therapeutic outcome. It is also important to note data that document the effectiveness of faith healing and placebo therapy, treatments based on the power of persuasion and hope. In psychotherapy there is a greater chance of a positive outcome when the therapist and the participant have similar expectations. A group therapist can utilize this factor in that he will do all he can to strengthen the belief and confidence of the participants in the effectiveness of the group therapy. Research studies show that the therapist's belief in himself and in the effectiveness of the group is of utmost importance (Goldstein, 1962). Frequently when the participant reports improvement or positive coping, he contributes to the rest of the group members, and this is important to them to be witnesses of the improvement. The inspiration that the group members derive from this reinforces their sense of self-efficacy and in many cases makes the group intervention more successful than individualized therapy (Yalom & Leszcz, 2006).

2. Universality

Many participants begin the therapy with the feeling that they are singular in their misery. Their interpersonal difficulties prevent the possibility of in-depth intimacy. They do not have the opportunity to share with others intimate things and in the end to obtain confirmation and acceptance by others. In the treatment group, primarily in the first stages, the refutation of the participant's sense of uniqueness is a meaningful source of relief. Despite the complexity of human problems, there are prominent common denominators among people, and members of a therapy group quickly identify the themes of similarity among them. The group members who cope with a similar difficulty can speak among them from their direct experience authentically and profoundly in ways that therapists cannot (Yalom & Leszcz, 2006).

3. Imparting of Information

Yalom under the header of the imparting of information addresses didactic instruction and direct advice.

Didactic instruction. Most clients learn much during successful group interactive therapy about mental functioning, the meaning of symptoms, personal and group dynamics, and the process of psychotherapy. In the past decade, many approaches to group therapy integrate a formal explanation as an important part in the treatment program. One of the prominent historical precedents for psychoeducational instruction appears in the work of Maxwell Jones (1944). In his work, he lectured to his clients for three hours a week about the structure of the nervous system, its functioning, and its connection to psychiatric symptoms. In addition to the proposal of reciprocal support, these groups generally incorporate a psychoeducational component that proposes an open explanation of the nature of the participants' illness or life situation and examines the participants' mistaken perceptions and their responses that are harmful to the illness. From the beginning he believed in the importance of the psychoeducational component and integrated in his therapy lectures, homework, and even grades (Marsh, 1935). Didactic instruction was expressed in a variety of forms and manners: supply of information, change of patterns of thinking, and finding explanations of the phenomenon. Fear and anxiety that derive from lack of certainty

intensify the distress and make it difficult to find effective ways of coping. Didactic instruction that provides an explanation has a place in the therapeutic toolkit (Fromm-Reichmann, 1950, in Yalom & Leszcz, 2006).

Direct advice on the part of the group members is given in every therapy group. This advice is provided primarily at the start of the therapy group. The giving of advice can reflect opposition to a more intimate connection that is expressed in that the group members attempt to manage relationships instead of connecting. The giving of advice, although it is not beneficial directly to anything, serves the group in that it contributes to the mutual feelings of caring and interest.

4. Altruism

In therapy groups the members produce great benefit from giving, not only in that they are a part of the reciprocal process of giving and receiving but also from the very nature of giving itself. Sometimes participants at the beginning of the process have the feeling that they have nothing of value to offer others and the discovery that they can be a help develops in them self-esteem. Group members in the therapy process offer support, encouragement, proposals, and insights. They involve their friends in similar problems and often also accept their advice more than the therapist's advice, since their advice is from the real world and the feedback is spontaneous and true (Yalom & Leszcz, 2006). Group therapy is unique in that it is the only therapy that offers people an opportunity to bring benefit to others. It also encourages functional diversity in that it obligates the participants to frequently shift from a position of receiving help to a position of providing help (Holmes & Kivlighan, 2000).

5. Corrective Recapitulation

Most of the participants who joined the group come from a background of inadequate experience in the important group in their lives, the family. The therapy group is similar to the family in many respects. In both there are figures of authority/parents, members of the group/siblings, strong feelings, intimacy alongside feelings of hostility and competition. At some stage in the therapy process, the group members address one another in a way that brings to mind the system of relationships in the family. The group provides many diverse

possibilities for the reconstruction of motifs from the past. It is important that the family conflicts be experienced again and that the participant experience them in a corrective manner. The engagement in the problems with the therapist and group members encourages the person to examine new behavior (Yalom & Leszcz, 2006).

6. Development of Socializing Techniques

Social learning, the development of basic social skills, is a therapeutic factor that acts in every learning group. The nature of the abilities and the way in which they are learned change according to the type of group therapy. Often senior members in group therapy acquire social skills – they are attentive to the process, they learned to respond to others beneficially, and they developed methods of conflict resolution. They are less judgmental and can express an opinion and evince empathy. These abilities may serve them in the future and benefit them in future social contact. There are groups in which the social learning is direct, such as in groups for adolescents, and there are groups in which the social learning is less direct (Yalom & Leszcz, 2006). In dynamic therapy groups that encourage open feedback the members may obtain broad information about deficient social behavior and accurate interpersonal feedback (Ormont, 1988). The cultivation of social abilities helps people be more attentive to the process, less judgmental, and more expressive of empathy for others, abilities that will help them in social systems of relationships in the future and in the cultivation of emotional intelligence (Goleman, 2006).

7. Imitative Behavior

In the therapy group the participants are given the opportunity to examine reciprocal relationships, styles of reference, and many difference techniques of problem solving. A large part of the learning in the group, like life, is held through imitation. A fundamental element in the therapy process of learning is included in imitation (Rutan & Stone, 2001). In group therapy the therapist influences the patterns of communication in the group in that he constitutes a model of certain behaviors. The group members learn also from other members in the group how to cope with different problems. Bandura (1963, in Yalom & Leszcz, 2006), who had maintained earlier that it is impossible to explain social learning fully on the basis of direct reinforcement, illustrated in experiments the power of reinforcement as an effective

therapeutic factor. Imitation occurs at the beginning of the creation of the group for a short period of time, and it helps the participant agree to attempt new behavior.

8. Interpersonal Learning

Interpersonal learning as a therapeutic factor is expressed among participants of different and diverse backgrounds, while some of the therapeutic factors have different evaluation depending on cultural background (Fuhriman & Burlingame, 1994). Yalom (2006) sees this component an important and complex factor. Interpersonal learning is the parallel of important treatment factors in individualized therapy, such as insight, work of transference and corrective emotional experience. But there are processes unique to the group context, which form only from the work power on the therapist's part. The understanding of the concept of interpersonal learning is made possible through three other concepts: (1) the importance of interpersonal relationships, (2) remedial emotional experience, and (3) the group as a social microcosm.

From the review of human history, it is necessary to see the person in the framework of his interpersonal relationships. Without in-depth positive and reciprocal personal relationships, the survival of the person as an individual and the survival of the human species would not be possible. According to Mitchell (1988), we live in a complex constellation of reciprocal relationships and it is possible to understand the person in the context of the fabric of relationships in the past and in the present. Bowlby (1980) concluded in his research studies on the previous relationships between the mother and the child that emotional communication is a component that is genetically enrooted and a necessary factor of survival. The lengthy separation between the mother and the infant will have significant implications on the infant's emotional development (Bowlby, 1980). The recognition of the importance of the interpersonal connection and emotional communication contributed to the development of models of dynamic psychotherapy from the Freudian psychology that focuses on the individual and his drives. The improvement of the interpersonal communication is at the center of group treatments of the parents and the children, which were intended to cope with the child's problems of behavior and antisocial behavior. Deficient communication between the parents and the child creates emotions of

powerlessness and lack of effectiveness in both the child and his parents. These emotions cause outbursts on the child's part and destructive responses on the parents' part. In these groups the parents learn to identify the difficulties in the interpersonal circles and to correct them through feedback, cultivation of interpersonal abilities, solving problems, and psychoeducational instruction (Hemphil & Littlefield, 2001).

Alexander Franz described the concept of "corrective emotional experience" as a part of the mechanism of psychoanalytical healing. The therapist's main goal is to lead the client to a corrective emotional experience, which helps him free from the influences of the traumatic events of his past. Alexander Franz, one of the first and esteemed students of Sigmund Freud, the father of psychoanalysis, presented in the year 1946 the concept of "corrective emotional experience", a concept that became one of the foundations of psychological therapy. According to Alexander, the fundamental principle of psychological therapy is to expose the person to emotional situations he could not cope with in the past, when the goal of the therapy is to undergo emotional experience that will correct the traumatic influence of the previous experience. Alexander proposed a new approach according to which the change in the behavioral level in the client does not occur only through interpretations and insights of unconscious contents and conflicts, like Freud asserted, but through the intelligent use of interpersonal relationships that occur in the "here and there", contents, emotions, and gestures that occur all in the current therapeutic system of relationships (Eckardt, 2001; Shefler, 1993).

A group is a framework that advances communication and creates a space of possibilities, including the way to understand whether the message has been transmitted correctly, whether I convey the message openly and truly or in a "clever" manner, how I am perceived by others, what are the factors that motivate me in the relationship with the other person, and so on. These processes facilitate true personal and empowering development. Yalom speaks about the group as a microcosm. In the group it is possible, for instance, to develop social skills through the practice of social skills in the group on a smaller scale. As a social microcosm, the group enables the learning about the "self" through the meeting with "others who are different" and through the observation of the different ways of

communication and the reflection of the experience among the other group members (Yalom & Leszcz, 2006).

9. Social Cohesiveness

Cohesiveness is the parallel, in group therapy, to the treatment relationship in individualized therapy. Yalom in his book defines cohesiveness broadly as a product of all the forces that act on all the members to remain in the group (Cartwright & Zander, 1962). The members of a cohesive group feel warmth and comfort in the group and cultivate a feeling of belonging. They appreciate the group and feel esteemed in it. The group members are not only nurtured passively by the cohesiveness but also generate the cohesiveness through the creation of sustainable relationships (Yalom & Leszcz, 2006). The group members with a high sense of solidarity will protect the group, will persevere in attendance, and will have a higher degree of participation and mutual support than a group with less solidarity. Cohesiveness is defined in the attraction that the group has on its members (Frank, 1957). The members will derive greater benefit from the therapy if they will experience the framework as supportive, as a framework in which they are allowed to feel belonging and security. It is an emotional space for the expression of their feelings and the rest of the group members put forth effort to understand and respond accordingly (Rutan & Stone, 2001).

10. Catharsis

Catharsis, a word that comes from Greek, means purification. Catharsis fills an important role in the therapy process and is entwined in additional therapeutic factors. The process of purification is a part of the interpersonal process and is integrated in cohesion and has increased value in a more advanced stage of the group. Catharsis is an experience of easement from emotional distress through the expression of the emotion in a free manner devoid of inhibitions. The open expression of emotion is essential to the group therapy process (Yalom & Leszcz, 2006). In therapy the person brings up events from his life in the past and in the present and gets to look at them and process them, thus enabling him relief. Catharsis contributes to the reduction of the intensity of the emotion in the feeling of guilt and proposes a new way for observation, relief, and change (Kettles, 1995).

11. Existential Factors

These factors are factors relating to existence, conflict with the human situation, conflict that opens our eyes to the difficult existential facts of life: our finality, our liberty and our responsibility for the formation of our lives, and the person's understanding and learning to take responsibility for his life and the implications of his decisions (Yalom & Leszcz, 2006).

MacKenzie (1997) changed and re-organized these elements into the following four factors:

1. Support. Sense of belonging to the group includes universality, acceptance, altruism, hope. This also includes the support of group cohesion.
2. Self-discovery. Self-exposure and catharsis separated according to the cognitive and emotional dimensions.
3. Learning. Education, instruction, indirect learning, and modeling.
4. Psychological work. Interpersonal learning and insight.

These categories are commensurate with the schema of the development of groups. In the initial stages of development of the group, factors of support and self-discovery are expressed. In addition, every time that the group exists there are elements of factors of learning. Psychological work characterizes the stage of maturation of the group (MacKenzie, 1997). The advantage of group therapy is the opportunity to obtain feedback as a source of learning. Effective feedback generally exists in the framework of positive systems of relationships.

1.4.7 Establishment of the Group

In the principles of the composition of groups there is significant reference to all forms of the treatment groups. The principles of the composition of a group help the instructors understand the process as it occurs in every group and adjust their work to the requirements of every group member.

There are two main theoretical approaches to the composition of the group: the homogenous approach and the heterogeneous approach. At the basis of the heterogeneous

approach to the composition of groups there are two theoretical explanations: the social microcosm theory that determines that the group needs to be heterogeneous to be similar to a real social universe that is composed of people who are different from one another in age, economic status, profession, level of education, and so on. This is so that they will create the most learning opportunities. The dissonance theory also proposes a heterogeneous approach to the composition of the group, but for a different reason: learning or change occurs when a person is found in a situation of dissonance. The feeling of discomfort that is created in a situation of dissonance pushes the person to achieve a more harmonious situation (Newcomb, 1963). A group needs to include members with different and diverse interpersonal styles and conflicts. The fine balance is important; in a situation with too much frustration and challenge and too little preservative forces dissonance will not develop and the person will not change and will leave the group. In contrast, too little challenge will not promote learning and internal motivation of the group for internal investigation.

At the basis of the homogeneous approach to the composition of the group there is the theory of group cohesion. This approach determines that the attraction to a group is the mediating variable that decides the outcome and the initial goal needs to be the composition of a cohesive group with reciprocal adjustment between the members (Yalom & Leszcz, 2006).

The composition of the group influences the individual to the same extent that the individual influences the group. Therefore, it is necessary to address the two viewpoints when a group is created. One of the components that should be taken into account is the goal of the group and the time duration of its activity. In the groups limited in time, emphasis is placed on the members' ability to work in a focused manner, with the use of therapeutic factors of universality and acceptance. These factors will constitute a catalyst in the building of the trust required in the first stage of the establishment of the group (Budman, Simeone, Rilly, & Demby, 1994; Rutan & Stone, 2001). At the start, the therapist must make a number of important decisions about the potential innate in the functioning of the group according to the people chosen to join it.

1.4.7.1 Process of the Establishment of the Group

Initial considerations in the establishment of the group are related to a number of things: the group size, the group life span, the frequency of the sessions, the duration of every session, and the acceptance of new members into the group (Yalom & Leszcz, 2006). The culture and functioning of every group are influenced by the composition of members. In psychotherapy groups, we must direct towards a composition that balances between similarity and difference in involvement and interpersonal behavior regarding authority, emotional association, and task focus. It is essential that the members agree with the values that guide the treatment activity.

Betcher, Maple, and Wallace (1974) formulated variables that should be taken into account in the process of the **CREATION** of the group:

C 1. Choice. The choice of the population

R 2. Reservoir. The reservoir of potential population

E 3. Environment. The environmental conditions, such as room, refreshment

A 4. Attributes of the group members: homogeneity, heterogeneity

T 5. Time. The number of sessions, duration of sessions

I 6. Influence. The factors that influence the establishment of this group

O 7. Objectives. The definition of the objectives of the group

N 8. Number. The number of participants.

Regardless of the population or the framework of group therapy, it is necessary to make a number of decisions and undertake a number of tasks, so as to shape a suitable group and guide it effectively for all those involved. It is necessary to decide how to assemble the group, to think what benefit it produces in the name of the group members so as to plan guidelines and group work and later on for the evaluation of the group effectiveness (Whitaker, 1985).

1.4.7.2 Duration and Frequency of the Sessions

Until the middle of the 1960s, it was thought that the optimal length of the meeting in group therapy is 80-90 minutes. There was the understanding that about 60 minutes of warm up were required to reach the processing of main topics, and after two hours there is a decrease in the therapist's level of interest and ability. The optimal functioning is in the time intervals of 80-90 minutes. The frequency of the meetings ranges from one meeting to five a week, when most of the groups meet once a week. The ideal situation is two meetings a week since this maintains the concentration of the work in the group and it is possible to return to issues discussed in the previous session. It is necessary to avoid time intervals that are too large between the sessions since then it is difficult to preserve the interaction between the participants (Yalom & Leszcz, 2006).

1.4.7.3 Size of the Group

The accepted convention in the research literature refers to the ideal size of treatment groups, which is seven to eight members in the group, when the lower boundary can reach five members, and the upper bound can be ten members in the group. The lower boundary is determined from the thought that a mass of people is necessary to become a group. A large part of the advantages of the group is the opportunity that the group members have to create contact with a wide variety of people. In a group that is too small sufficient learning will not occur and the cohesion necessary for the group success will not be created. The upper boundary of group size is determined from the thinking on the division of time at the time of the treatment, so that every participant will have enough time to express himself. The optimal group size depends on the duration of the session (Yalom & Leszcz, 2006).

1.4.7.4 Preparation for the Group Therapy

The pre-therapy preparation promotes the process of the group therapy. The holding of a preliminary interview with the participants before the group therapy helps the therapist create an alliance with the participant and establish trust in the initial stage of the formation of the group. The pre-group interview is one of the ways for the preparation of the participants. The preparation of the group members is adjusted personally to the needs,

concerns, and fears that arise from the interview. These meetings give the therapist an opportunity to clarify the participant's attitudes and identity and to express willingness to enter his world (Laroche & Maxie, 2003).

The procedure of preparation for group therapy that is effective and valuable is such that provides a logical explanation for the therapy process, describes the type of behavior expected of the group members, forms a contract of attendance, predicts future difficulties, and primarily instills trust in the group therapy and cultivates positive expectations regarding the influence of the group. In addition, preliminary preparation enables the person to make an intelligent decision whether to join the group.

In the process of the preparation, the therapist must address a number of aspects, as follows:

1. To build an initial alliance between the participant and the therapist.
2. To clarify mistaken perceptions, exaggerated expectations, and false fears.
3. To present the group agreements and confirmation that the member accepts them.
4. To supply for the member a cognitive structure that will facilitate effective participation in the group.
5. To anticipate and pre-empt the appearance of problems in the development of the group (Rutan & Stone, 2001; Yalom & Leszcz , 2006).

1.4.8 Common Group Problems

1. Lack of fit in the perception of the objectives. The participant cannot see the fit between the group objectives and his personal objectives.
2. High turnover in the early stages of the composition of the group constitutes a significant obstacle. In the initial stages of the group, irregular attendance creates a feeling of weakness and lack of a relationship in the group.
3. Unlike individualized therapy, group therapy does not lead to immediate relief. A group member may be frustrated by the lack of air time. The therapist must ascertain that the time of the conversation is divided well between the group participants and that each one has time to express himself.

4. Subgroups – the division into small units is a phenomenon that occurs in every social organization. The formation of subgroups is unavoidable and frequently is a disruptive factor in the life of the group.

The intervention program of this study will focus on instructing parents of adolescents with attention deficit disorder in the narrative approach. The research will examine the group's contribution to the cultivation of a positive parental image and better coping ability. Internalization sometimes occurs as a direct result of the participants in the group. The network provided by group interaction helps to create a sense of personal identity (Pines, 1998). A sense of belonging and involvement in the group leads to deep internalization processes (Rutan & Stone, 2001). In the next chapter I will review the narrative approach, one of the approaches to working in group therapy.

1.5 The Narrative Approach

1.5.1 Background to the Development of the Narrative Approach

Different philosophical approaches regarding human nature and essence, the place of rational thought, and the nature of truth have accompanied the development of psychology and shaped in it different approaches. One group developed from positivist thinking and a second group from existentialist thinking.

Until about forty years ago, the most accepted research method relied on positivist philosophy, from which it drew its goals and definitions (Levitzki, 2009). This approach was characterized by measures of objectivity, which addresses the situation freed of value-oriented judgment and the researcher's identity, empiricism, which addresses only the arguments subject to examination, and generality, which addresses the scientific aspiration to achieve generalization (Beyt-Marom, 2001). The goal of science according to Braithwaite (1955, in Beyt-Marom, 2001) is to understand the reason of the individual's behavior, to explain it, to predict future behavior under similar conditions, and to master it. According to the positivist stream, reality is one and only and can be described objectively. The reality relies on only scientific elements and validated facts (Mandelovitz, 2007). The positivist philosophy aspired to find a solid truth that will constitute an appropriate basis for future

thinking movements. According to the supporters of the approach, it is possible to hold an objective position towards the researched phenomenon. The person with his traits and personality is a part of this reality. The essence is more importance than the existence, and therefore they can be described objectively and explained scientifically (Lincoln & Guba, 2000). Main psychological approaches that adopted positivist thinking are the psychoanalytical approach, the behavioral approach, and others.

The first who challenged the traditional approach that believes that it is possible to understand the reality in an abstract and not a personal manner were Kierkegaard and Nietzsche, who formulated each one separately the basic ideas of existentialist thinking (Gottlieb, 2012). In their opinion, the existence is not a product of inference. According to the existentialist approach, there is no truth and there is no reality in itself. The person looks at his life and gives it meaning. The reference is not objective and the person has many possibilities to choose how to look at the world and be responsible for his choice (Sigad, 1981).

The modern model of existentialism arose after World War I, when the lives of many people were destroyed and they struggled with existential issues, including the feeling of isolation and lack of meaning (Corey, 2013). The initial thinkers included Heidegger, Jaspers, Sartre, and others. Existentialist therapy is more a way of thinking or reference in psychotherapy than a practical style of psychotherapeutic treatment; it is not a defined model with special techniques. The best way to describe it is as a philosophical approach that influences the ways of treatment of therapeutic counselors (Corey, 2013).

Historically, Søren Kierkegaard is considered the first existentialist philosopher, the one to lay the foundations for many existentialist ideas (Sigad, 1981). According to Kierkegaard, a person can choose one of two ways to exist in the world. In the aesthetic way, a person lives for himself and his enjoyment. This way is the choice of the existence devoid of meaning that may lead in the end to feelings of despair and lack of control. The alternative way is the ethical way, the way that is primarily interested in the person’s internal world. The choice of the ethical way makes our existence an existence we are committed to and guarantee (Gottlieb, 2012). The ethical person is the person whose life reality is built from a

subjective truth and it creates his world. Kierkegaard believes that the world is subject to personal interpretation and that people see it according to the values in light of which they chose to live. The anxiety that accompanies the person's choices helps him learn about himself (Corey, 2013).

Nietzsche, a German philosopher (1844-1900), like Kierkegaard calls upon the person to take control of his life, to examine his experiences through asking questions about the events he has experienced (May, 1983). He uses the concept of "will to power" as an expression of self-realization, the same power that enables the person to realize his inner abilities and master his life to the extent possible (Gottlieb, 2012).

The idea of self-orientation that Nietzsche addresses constituted the basis for phenomenology, which was developed by Edmund Husserl (1859-1938), a German philosopher. Phenomenology assumes all sorts of recognition are intentional and object-oriented, and therefore the meaning of the phenomena is not relevant but rather the meaning they have in the person's awareness. Martin Heidegger (1889-1976) was influenced by the ideas of phenomenology and determined that the person gives meaning to what exists in his world, and therefore there is no importance to the reality as it is. He maintains that moods, including anxiety, are the way to understand whether we live authentically or we build our lives around other people's expectations. He proposes not to focus on the events of the past but to anticipate authentic experiences in the future (Corey, 2013; Yalom, 1980).

Sartre (1905-1980) describes the person as one who does not think he is but one who seeks to be, as he sees himself after he already exists. The existence precedes the essence, and the essence is the result of the way in which the person looks at the world (Sartre, 1988). Our existence is never permanent or ending; we choose it at any given moment through our actions (Corey, 2013).

Existentialist therapy focuses on the deep questions of human nature and the nature of anxiety, despair, grief, loneliness, etc. It also engages in questions of meaning, creativity, and love (Yalom & Josselson, 2011). The goal of existentialist therapy is to help the client research how he addresses these topics – does he reject them, ignore them, display responsibility and tolerance, and helps research them in-depth so as to lead eventually to

other meaningful alternatives. The client is invited to hold reflection of his life, to know the range of possibilities, and to choose among them. The fundamental assumption of the existentialist approach is that we are not victims of circumstances; we are what we choose to be. The moment that the clients recognize the passive way they accepted their lives, they can begin a new life. The first step in the therapeutic journey is that the clients will take responsibility for their role in the creation of their life and will understand that they have the power to change (Yalom, 2003).

According to this approach, it is necessary to research the person using phenomenological approaches to know the variety of people's subjective perspectives and not to search only for the general. The central psychological approaches that adopted existentialist thinking are the humanistic approach, the existentialist approach, and the narrative approach.

The narrative approach in psychology fits in with the postmodern spirit related to existentialist thinking as mentioned previously.

1.5.2 The Narrative Approach

In psychology and the social sciences related to it, in the past four decades a framework has grown for the new understanding of the person's actions and identity. This framework connects directly to the narrative approach to therapy created by Michael White of Australia and David Epston of New Zealand (White, 2007; White & Epston, 1997). The method was developed from the 1970s. However, already in the first days of the development of the psychoanalytical approach of Freud it included story elements, and clients addressed the past from a subjective viewpoint during the therapy and the therapist identified in the story details through which it was possible to help the person understand himself and his repressed drives. The psychoanalytical perception from its beginning (Freud 2002) sees the individual's identity and personality to be a mental construct that develops during the interactions in his environment. The structure is composed of layers, when a small part of them are found in the conscious and the main part in the unconscious. The main argument explains that the symptom and defect originate in the unconscious. The process of healing will occur when the unconscious is extracted to the conscious, using symbols and

interpretations. Over the years, the classic models of dynamic thinking, in which the individual's mind, drives, and desires are connected to patterns of systems of interpersonal relationships, were broadened (Freud, 2002; Kohut, 2005).

In contrast to the psychoanalysts, who strived towards one truth for the client, from the 1970s the idea developed that there is no true reality and one correct life story of the individual. Rather, there are many different possibilities for the way to interpret his life story. The narrative approach sees the person to be an active creature in his world, who addresses the environment through processes of interpretations. These interpretations are the narrative that comprise his perception and direct his behavior (Freedman & Combas, 1997; Morgan, 2000; Rosen, 1996). White (1992) maintains that people build the meaning of their lives on the interpretation of events and stories that they experience as truth. Thus it derives that the reality is multi-story and it has many facets (Morgan, 2000).

This idea establishes the phenomenon called "rashomon effect": people who see the same event in different ways. One of the emphases of the approach is that the narrative develops in the world and inspires the creation of action. The approach addresses people as experts in their lives and as separate from their problems. Because of the power that the dominant cultural narratives have, people tend to internalize the messages from the conversation and believe in them (Corey, 2013). The narrative approach sees the preferred life story as composed of exceptional events and their meaning for the client on the level of the values, aspirations, dreams, and the intentions important to him (White, 2007). The starting point for White and Epston is that the effort to give meaning to life obligates us to organize the events in our lives in a continuous sequence over time, in a way that will enable us to reach a cohesive description of ourselves and our surroundings. Such a description can be addressed as a personal narrative or as a story. The assumption is that the influence of problems or difficulties in their lives will be reduced through their skills, beliefs, values, and commitment. The narrative approach is based on the understanding that all knowledge is socially constructed, a culturally sensitive approach that illuminates leading social norms in the community in which the clients live (Morgan, 2000). Every argument for a truth becomes sensitive to the dynamics of power that are expressed in the social discourse and in the context in which they occur (White, 2007; White & Epston, 1990). The success of the story

process gives people a feeling of continuity and meaning in their lives and serves as a basis of the organization of everyday life and the interpretation of the coming experiences (Epston & White, 1997).

It is accepted to see the narrative through two dimensions. One dimension is personal, which represents the individual and his mind, and the second is public, which represents the social environment in which the social and value-oriented perceptions accepted in the cultural environment are created. The public dimension appears also in the psychoanalytical references to the social unconscious and is commensurate with the strength of the influence that culture has on the individual (Hooper, 2003; Weinberg, 2008). The narrative therapeutic viewpoint, the dialogue, and the relationship between these dimensions are the key to the understanding of the individual, his behavior, and his difficulties. The gap that is opened between the two dimensions constitutes a way for the development of a new narrative in therapy (Kadosh, 2010). It is necessary to add to these two dimensions a third dimension, the group dimension unique to participants in the context relevant to every group beyond the personal uniqueness of every individual in the group. The group dimension mediates between the personal dimension and the public dimension and constitutes a very powerful therapy instrument with the group processes (Kadosh, 2010) and will be discussed in the continuation.

1.5.3 What Is a Narrative?

In the postmodern era the narrative returns to the forefront of the stage in the different disciplines and research arenas. The clarification of the term ‘narrative’ is important because of the extensive use of it. Frequently the academia addresses data that are not numerical, verbal data, as narratives (Tuval-Mashiach & Spector-Mersel, 2010). Howard (1991) maintains that all thinking, including scientific, and every human communication, spoken or written, is a type of story. In contrast, Riessman and Speedy (2007) think that not every text or conversation is narrative; the story of stories is only one genre for the achievement of objectives. The narrow definition from the field of linguistics defines the concept of narrative as a distinct unit of discourse in which the events are arranged in order and there is a beginning, a middle, and an end (Labov, 1982). A broader definition is obtained from an open-ended question such as “tell me the story of your life?”. This answer is structured as a

narrative (Rosenthal, 1993). Chase extends the definition of the story with the assertion that "the narrative can be oral or written and may be created during a field research, interview, or spontaneous conversation among people. In each one of these situations, the narrative may be (1) a story focused on a certain event and/or certain heroes; (2) an extended story about a continuous and meaningful aspect in the teller's life, such as marriage life, work life, or illness; (3) narrative about the person's entire life, from birth until the present." (Chase, 2005, p. 652).

It is possible to define the narrative as a structure of meaning that organizes events and human actions into a whole and thus attributes importance to the single event according to its influence or relationship to the whole. The narrative is differentiated from the chronicle, which is the simple and chronological statement of events according to their order by time. In the narrative there is reference to the dimension of time but this does not obligate it, but rather the meaning of the events in relation to the plot axis (Omer & Alon, 1997; Spector-Mersel, 2012). According to the narrative approach, the person should be seen as constantly and actively creating a story as he chooses certain events from the infinite events that were, gives them meaning, and links them in chronological sequence, and all this from the infinite possibilities of creating other stories.

1.5.4 Principles of the Narrative Approach

The narrative approach has a number of important principles: the principle of meaning, the principle of multiple stories, the principle of social construction, the principle of shaping language, the principle of equality and sharing, and the principle of DNA.

The Principle of Meaning

A person undergoes many experiences during his life. Frequently he does not have influence on the reality itself; but rather gives meaning to the experiences he has. The giving of meaning is an essential component in the person's mental structure (Frankl, 1970; White & Epston, 1990), and therefore it is important to address the 'story' that the person weaves according to the meaning he gives to his experiences and not to the reality that appears to us objectively. Frequently the interpretation and meaning that the person gives to situations are

taken from the culture in which he lives. According to this perception, the person has the freedom of action to choose the meaning of the event he experienced. When the person creates for himself a story, he chooses which details to insert into it, and some of the experience remains outside of the story. The story that is told is called in the narrative approach the "dominant story". All the aspects that are not included in the dominant story may constitute an infrastructure for the preferred alternative story. These moments are called "points of light" or "unique outcomes" (White & Epston, 1990). In all work according to the narrative approach, we aspire to find points of light and tell with them an alternative story that will empower the client or the group.

The Principle of Multiple Stories

The perception that the meaning and the interpretation that the person gives to reality are relevant indicates that reality has many stories and meanings. A certain event observed by a number of people will be described by them in different ways. Two people can look at the same event and one will interpret it in a negative manner while the other will interpret it in a positive manner. There is no objective reality or absolute truth; in other words, the truth can be different in the eyes of two different observers and the truth can change even for the same person at different points of time (Standish, 2013).

The Principle of Social Construction

According to the narrative approach (Freedman & Combas, 1996), the identity is built in the social context. The giving of the meaning and the weaving of the life stories occur through communication and mutual actions between people in the society in which we grow up and not only in the person himself. The person is born into norms and cultural values and the meanings that he gives his experiences are influenced by this. Therefore, it is important to analyze the occurrence in its social context and the way in which the discourse is held, to understand what the role of each person is, and what is the degree of influence on the individual and on society.

The Principle of the Shaping Language

The language has an important role in the person's giving of the meaning to the events and the story that the person weaves following the event. According to this perception, the language constitutes an instrument not only for the description of the reality but also sometimes for the creation of this reality. According to the narrative approach, language will be the tool for the creation of the change. A main concept in this approach is the "externalizing conversation". Unlike an internalizing conversation, which attributes to the person qualities and shortcomings in a structural manner, such as he is a coward and he is talented, it describes the nature of the person and thus it is difficult to find an opening that enables change or another choice. In contrast, in an externalizing conversation we describe the influence of the traits on the external behavior and emphasize the relationship between the person and his traits (White & Epston, 2001). For instance, the fear causes him to stay at home since he imagines threatening situations or the talent causes him to imagine a future situation (Kadosh, 2010). The problem is perceived as outside of the person.

The Principle of Equality and Sharing

In the narrative approach, we attempt not to make assumptions or to attribute things to what we hear but rather we ask the person and act in the way closest to the things important to him (Morgan, 2000). When we want to understand the other person, we do not force upon him our interpretation and perception; we see the person to be an expert in the interpretation of his life, beliefs, and behavior in his systems of relationships and therefore we attempt to examine with him his preferences and perceptions. However, we do not attempt to ignore our values and perceptions but see considerable importance in the sharing and transparency towards the other. This outlook has importance in the conversation between members of the group and the instructor's role. The instructor has a role in the process and not in the content.

The Principle of DNA

A large part in the approach encourages people to tell the events in detail and fully, since the story, the interpretation, and the personal meaning have considerable importance. In this way, we draw close to the person's inner world and provide him with the feeling that

others are listening to him. In addition, as the story is more detailed, it will have more components that will overlap and be similar for different people in similar systems of relationships. The very going into detail will draw us closer to the person's emotions, beliefs, and values and will help us find in the story points of life.

These principles are related to the postmodern theory, which sees in the reality a changing perception. There is no objective truth; the truth is what each one of us does under the influence of ideas and social norms. In narrative therapy, the individual tells his stories and produces his truth so as to give meaning to his world. The main promise at the basis of this therapy is the separation of the individual from his problems, a distance that enables people to implement the skills learned for the purpose of solving problems (Ackerman, 2017).

1.5.5 Techniques and Treatment Instruments in the Narrative Approach

Narrative treatment seeks to separate the person from the problem and enables him to externalize his issues instead of internalizing them. It relies on the person's abilities and sense of purpose to guide him in difficult times (Ackerman, 2017). White and Epston (1997) believed that the distinction between the person and his problematic behavior is a vital component in therapy. They established the therapy model on three main ideas:

1. Narrative therapy respects the person and recognizes his abilities and skills to advance his life. Narrative therapy encourages the creation of cooperative approach with interest and respectful listening to the clients' stories (Corey, 2013).
2. Narrative therapy does not blame the clients for their problems and encourages them not to blame anyone. It sees in the individual the ability to engage in patterns of thinking and behavior that they want to change. All the theories of social construction emphasize the issue of listening to the clients without judgment or blame. Narrative therapy disassembles the concept of normality that is found in the medical, psychological, and educational systems. Narrative therapists hold that it is necessary to suspend the judgment regarding normalization that describes the person regarding the curve (Corey, 2013).

3. Narrative therapy sees the client as an expert in his life, recognizes the client's strength, abilities, and knowledge to change and to address behavior (Morgan, 2000). Narrative therapists do not assume that they know about the clients' lives more than do the clients (Corey, 2013).

The narrative therapist believes that the client has abilities, skills, and life experience that can constitute catalysts of new possibilities of activity. The therapist must believe that it is possible to identify these strengths and abilities, also when it is difficult for the client to see them (Winslade & Monk, 2007). Some of the abilities and techniques that exist for the solving of problems using narrative therapy are skills that we all have already, while others put forth more effort to learn and implement.

The following sections present the most common techniques in the use of narrative therapy.

1.5.5.1 Alternative Stories and Re-Authoring

Narrative therapy is always integrated in conversations of re-authoring or re-storying. In this method, the stories are central in the understanding of the narrative approach to therapy. The concept of the story for narrative therapists addresses events, linked in a continuum over time and according to plot. There are different types of stories in which we live our life and our system of relationships in the past, in the present, and even in the future. There are many stories that occur at the same time, and they can be interpreted in different ways (Morgan, 2000). As people we interpret our life. People are rich with experience, we all have daily experiences of events that we seek to make meaningful. These stories are created through the linkage of certain events together in a certain sequence, through the search for a way to understand and explain them. We entwine the life experience in the stories so as to give meaning to life. We all have stories about ourselves, our ability, our difficulties, and our systems of relationships (Morgan, 2000; White, 2016). The person's dominant story has influence not only on the present but also on the future. Activities and future choices rely on the meaning of activity and events from the past (Morgan, 2000). In narrative therapy the client tells his story in his words, and the therapist must help him develop the story so as to discover meaning, to find healing, and to re-establish the identity of all the factors for the

success in the therapy. The client studies his experience to find in its alternatives. The story does not encompass the richness of the experience; there are emotions and experiences that are not expressed in the dominant story. A large part of the experience remains unavoidable outside of the dominant story and the systems of relationships of our life. Some of the story is confused since we do not understand what we experience sometimes because of the difficulty telling about it, the lack of tools for expression, and a poor vocabulary (Bruner, 1986). All the aspects remaining outside of the story constitute a rich source for the re-creation of alternative stories. The expression enables us to re-experience our culture, we live the story anew, we create and tell it anew, and the giving of expression for the story determines the meaning (Bruner, 1986; White & Epston, 1997). In every text we tell there are gaps that people are required to complete so as to create a story continuum that can be expressed; every time that people tell the story they describe anew their life, and when there are gaps or as Iser (1978) calls, a dual meaning or 'lack of absoluteness' the person is obligated to create meaning from the text. The lack of relative absoluteness of the story enables a wide variety of interpretations. The person's life is anchored in stories, when each time that we tell the story anew we obtain a new story that includes in it the previous story (Bruner, 1986; White & Epston, 1997).

1.5.5.2 Deconstruction Technique

This technique addresses the disassembly of the problem into its components, so as to understand well the difficulty and treat it. The deconstruction of the topic enables the clarification of the heart of the problem and the avoidance of generalizations. This technique helps us get to the root of the problem, to understand what is important to the client, and how the problem threatens him. Narrative therapists help deconstruct the stories filled with problems using the deconstruction of the obvious assumptions that are assumed regarding the event and that open possible alternatives to life (Winslade & Monk, 2007). One of the significant instruments for deconstruction is externalization.

1.5.5.3 Externalization Technique

Narrative therapists believe that the person is not the problem; rather the problem is the problem (White, 1989). The technique of externalization entails the direction of the client

to see the problem as outside of him, instead of as a part of him (Bishop, 2011). It encourages people to see the problems that bother them as objects and sometimes even punish them (White & Epston, 1997). These problems frequently are a product of the cultural world from which the person comes or a product of power relations (Corey, 2013). The significant difference is expressed in the person's level of thinking about himself, the labeling of a problematic course as opposed to behavior problem. This challenges the therapist to cause the client to believe in this idea. The therapist's role is to avoid assessments and labeling, he must encourage the client to see the power found in the separation between him and the problem and to enable him a greater degree of control (Bertolino & O'Hanlon, 2002; Bishop, 2011).

This is a technique that it is easy to describe but hard to perform. However, the success of the technique has positive impact on the personal identity and self-confidence. The establishment of this idea lies in the understanding that it is easier to change behavior than to change the character traits that they are a part of. For instance, a person who is often angry who defines himself as an angry person will find it more difficult than a person who addresses the situations of anger as behavior that should be changed (Ackerman, 2017). The externalizations helps the individuals and the families separate themselves and the systems of relationships from the problem and opens before them an opportunity to describe themselves, one another and the systems of relationships from a new angle that is not filled with problems. This enables the development of an alternative story that suits the person and those involved in the problem and the identification of facts on their lives and their systems of relations that previously they did not notice and that conflicted with the description of the problem, facts that will constitute a potential for the creation of a new story (White & Epston, 1997). In the process of the externalization of the problem, the clients are asked to describe the influence of the problem on their lives and to map the emotional, behavioral, interpersonal, and other areas in which it is involved and the influence of the person's life on the problem (Corey, 2013; McKenzie & Monk, 1997; White, 2016).

In addition, the therapist encourages the client to examine how his life looks without the influence of the problem. For instance, a person who tends to fits of anger may identify since these lead to a feeling of lack of value and distance from family members and if he did

not suffer from this problem, this would improve his relationships with his family and he feels rather secure to obtain for himself a position of management in his work. After the problem is defined in terms of externalization, the client is asked to recall cases in which he succeeded in freeing himself from the burden of the problem (to stop the fits of anger in the time, for instance) and to identify the factors that will allow him this (going outside for an excursion or telephone to a friend the moment the anger begins). This examination of the influences of the problem enables, during the therapy, a change of the "system of relationships" that the client manages with the problem: the therapist encourages the identification of the ways of the struggle in the war, which makes an external factor and not a personality element (Omer & Alon, 1997; White & Epston, 1997). The mapping of the influence of the problem is undertaken with caution and relies on the re-editing of the story for the client.

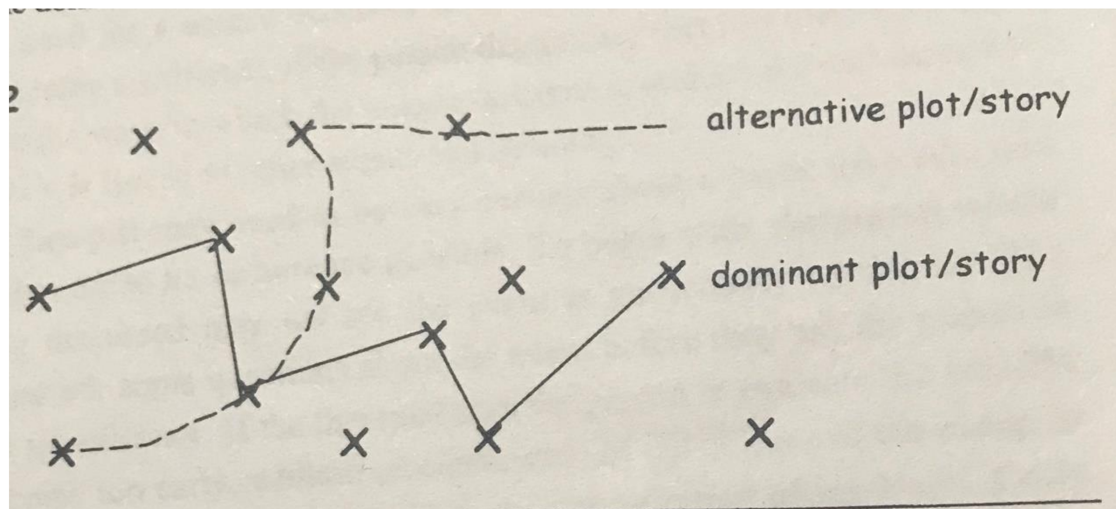
1.5.5.4 Search for Unique Outcomes

This way includes the change of the personal story. In narrative therapy the client seeks to build a story about the experiences that provide for him meaning and positive functional identity. The narrative therapist will hear stories that suit the dominant story and those that do not fit it (Morgan, 2000). Instead of looking at the stories from the same viewpoint, this technique helps to change perspective and obtain more positive narratives. Like a book that directs the perspective from one character to another, our life has multiple narrative threads that activate it in different perspectives, different areas of focus, and diverse points of interest. This technique enables the focus on lines that are different from or external to the main story or lines that constitute the source of the problem. The use of the technique can be seen as avoidance of the problem, but in essence this renews the problem. Sometimes the change of perspective increases the size of the problem or makes it meaningless (Bishop, 2011). The role of the therapist is to encourage the client to continue to present alternative stories so as to find in it the unique outcomes. The unique outcomes can be anything that feeds the problem and does not suit the dominant story; it can be in the past, in the present, and/or in the future. The unique outcomes can be obtained through therapeutic conversation and in the time between the conversations. Sometimes the person's very arrival to the conversation and the handling of the problem are considered a unique outcome. A woman

was asked, “Does the anxiety attempt to prevent you from reaching today?” She told that because of the anxiety it was hard for her to motivate herself to call and efforts were required of her to come (Morgan, 2000, p. 54). The therapist needs to be attentive so he can identify the events that stand outside of the dominant story. Frequently the clients minimize the importance of these events and therefore the therapist must differentiate between them and find in them an opening for alternative stories (Morgan, 2000).

The following diagram presents the dominant story and the events outside of the dominant story that await discovery (Morgan, 2000, p. 57).

Diagram Number 1: The Dominant Story and the Events outside of the Dominant Story Awaiting Discovery



Narrative therapists assume that these events are an opportunity for the development of a new conversation that contributes to a richer description.

1.5.6 The Narrative Approach in the Group Conversation

The attribution of meaning and the formation of the person’s identity are created according to the narrative approach in the social and cultural context and not only from dialogue and processes within the person himself. These processes of the interpretation and attribution of meaning to experiences are influenced by the meaningful interpersonal relationships and the norms and thinking patterns of the society and culture in which the

person lives. In this approach, we aspire to enable the person to re-examine and choose his position towards the norms, thinking patterns, and social and cultural conversations – what he wants to adopt, what he wants to reject, what he wants to change, and what he wants to adjust (Omer & Alon, 1997).

This process of the formation of the meaning in the social and cultural context is perceived as existing throughout the person's entire life and not only in his first years. Therefore, the groups and communities are natural places for the existence of empowering and significant processes (Shif & Paran, 2008). The narrative approach is aware therefore of the influence of social and cultural processes on the individual and the close relationship between social conversations and norms. In addition, it is aware of the fact that social norms and conversations act in a hierarchical manner and are influenced by shapers of policy and those with position. This awareness leads the approach to search for different ways to minimize it and to reinforce the collaboration and giving space and place to another person's voice that perhaps is pushed to the margins through the social and cultural conversations specific to the same group, community, or society. Hence, the aspiration in narrative work in groups is derived, to create a space that enables expression of all the voices in the group (Corey, 2013). Winslade and Monk (2007) maintain that emphasis is placed on the narrative approach on the creation of an assessment community for the development of the individual in a counseling group. In their opinion, the group provides a caring community and many opportunities for the creation of a relationship that opens new possibilities for a new life.

The main instruments for the occurrence of these social processes are the echo and the touch that the experience of the other person resonates and touches us. When we hear stories of others, in us our stories arise, or those of others we hear in the past. This happens both positively and negatively. We will aspire in all the narrative implementations to strengthen the positive and preferred and to reduce the possibility of negative results of the resonance and touch. Groups are an ideal place for the use of resonance (what touches, feels, or speaks to you in the other person's statements) as a mean for the empowerment of the process (Shif & Paran, 2008).

The concept of “narrative” – “story” in this approach addresses this process of the giving of meaning and choice of the interpretation the person ascribes to the different life events. In the many experiences that the person undergoes in his life he does not generally have considerable influence on the reality itself but primarily on the meaning and interpretation that he gives to his experiences, namely, the “story” that he creates for himself about the events (Morgan, 2000; White, 2016). Like the situation in the story, the person organizes the events on a sequence of time and gives them direction, causality, and meaning and like in the story there are also in our lives significant figures (heroes) when the systems of relationships between them and us contribute and shape the meaning of our life story. The work in groups gives another dimension to the favorite stories in the stories of others which by nature already are entwined together with the person’s story in the group work. In the narrative group emphasis is placed on the strengthening of the statements and stories that empower the members of the group. The narrative approach sees the reality as subjective and multifaceted. Different people may see the same event in different manners. In addition, at any given moment many events occur that can be interpreted in different ways – as more negative or positive stories. Sometimes a story is “saturated” with problems and overshadows the more positive aspects of the events that may be an infrastructure for an alternative and preferred story for the person (White, 2017). The narrative approach assumes that there are always preferred moments; there are always responses that reflect coping, life knowledge, and values, responses that are concealed in the shadow of the difficulties. Therefore, in the narrative action we attempt to listen with “dual attention” to the story of the difficulty but also the preferred moments. The instructor will attempt to extract these moments and to help the participant in his group to take these preferred moments and to shape from them a preferred life story, both the personal life story and the preferred group therapy that has a greater potential of empowerment (Shif & Paran, 2008).

From these perceptions the aspiration derives to participate in the group interventions relevant for the person. This approach has different implementations, and two of the prominent ones are:

1. It is possible to work with every individual in the group when the group serves as a community that reflects its strengths (life knowledge, values) and thus musters the strength of the group to empower the person and support him in the preparation of

his preferred story. Giving an expression to these stories may cultivate a shared emotion, recognition, evaluation, and empowerment. This process creates also a wider store of shared experiences so that the story of the other may become a part of the store of the listeners' stories. In such a way, through the stories and the figures a new community emerges that supports the person's preferred story.

2. It is possible to work with the entire group in structured rounds that create a process of the construction of a preferred story integrated not only from the individual's time axis but also from the group theme and the time axis of the group.

For instance, in the guidance of the group it is possible to undergo in rounds from the story of moments of success to the analysis of the forces that enabled them to the story of the difficulty and ways of coping with him and last the observation of the themes and new meanings preferred that were created. In this process in the different implementations we aspire to transform the group into the community that gives recognition, support, and empowerment to each one of the individuals in it and also to encourage the construction of shared group themes (Omer & Alon, 1997; Shif & Paran, 2008).

The practical meaning of the narrative approach of group therapy is the ability to make the group into a community that gives recognition and supports and proposes shared ways of coping. This aspiration relies on the understanding that when a person hears the stories of another, he hears part of his story – a story touches on the story. Giving an expression to these parts gives a feeling of attention, partnership, recognition, evaluation, and empowerment. This process creates a broader store of shared experiences. The work with the group from a narrative perspective enables direct and empathetic contact with the in-depth experiences and observation of the unconscious layers of the identity that are not communicated in the regular conversation. This is a very powerful tool, which through the story dialogue softens the individualized closeness and cultivates the shared narrative. The encounter with what occurs in these layers releases considerable emotional energy in favor of creation and renewal of the experience, patterns of behavior, and coping. It changes the automatic interpretation of situations. The very recognition of the experience, the narrative, and the observation of it begins the change. The instructor in such a group must give up his

position as having knowledge and expressing his active attitude as having experienced and processed the group occurrences (Kadosh, 2010).

Foulkes (1975) emphasizes the importance of interpersonal group communication for the processing of the past relationships using different levels of expressions regarding transference, resonance, and reflections in the group matrix. The group conversation represents the concrete content of the different personal narratives in the context of the group process. This conversation at different levels of the communication processes also represents the shared narrative and the cultural-social narrative in the background, through the unconscious experiences conveyed in communication beyond words (Foulkes, 1975). Through the construction of a shared narrative, the problem is distanced and externalized from the individuals to the shared narrative, where it is processed in the group conversation from different angles and aspects of the group participants and the instructor. The individual can participate in the processing and simultaneously look at his problem from the outside. This situation produces an inclusive experience that helps him leave behind the feeling of alienation and understand that there are others who are coping with a problem like his, there are others who feel like him. In such a conversation a variety of possibilities are raised that obtain legitimacy in the group conversation and can be a part of his private conversations with himself, till the choice of a good possibility for him (Kadosh, 2010).

2. Research Methodology

2.1 Preface

This research study is a qualitative constructivist research. A research study based on this approach emphasizes the holistic understanding of the phenomena and the importance of the context in their interpretation. According to this approach, the possessor of knowledge and the object of the knowledge exist in reciprocity and cannot be separated. Furthermore, people structure their knowledge through their experiences during their lives. Consequently, the meaning of the phenomena is subjective. In addition, it relies on the observer's outlook and values (Shkedi, 2003). In this research study, I will attempt to clarify the perspective of parents who are coping with their children who suffer from ADHD. From the assumption that their perception of parenting relies on their experiences, an attempt will be made in this research study to clarify the nature of their experiences and their influence on the knowledge, beliefs, and ways of parental coping with the difficulties that accompany the raising of children who have ADHD…. I chose the population of adolescents with ADHD because parents who cope with adolescents with ADHD experience an intensification of difficulty at this age and they often give up. During my work with adolescents with learning disabilities and attention deficit disorders, I found that the parents' helplessness is increasing and they have no tools to deal with the difficulty. In the research literature we learn about the difficulties in adolescence in parent-child relationships, when the adolescent becomes addicted to ADHD. Coping methods that were appropriate when children were no longer suitable for children in adolescence, as well as years of coping with the child's disability and the educational and family environment sometimes contribute to feelings of helplessness and despair in the parents. I believe that counseling groups will support parents and help them and their children maintain a good and progressive relationship. There is no doubt that the society and the education system are also dealing with this phenomenon.

This research study will be based on the qualitative methodological approach. To explain this choice, I will discuss the different types of research, quantitative research and qualitative research, and then will explain at-length the choice of the constructivist qualitative approach in the process of the present research study.

2.2 Research Method

The research paradigm is based on the constellation of assumptions and outlooks that provide the broadest framework in which the research is performed (Maykut & Morehouse, 1994). The research assumptions are systems of basic belief that are not proven or refuted but represent the fundamental positions that we are willing to accept as given entities, and they serve as foundation stones in the direction of our thoughts and actions (Shkedi, 2003). Paradigmatic thinking proposes an order in the researched phenomena through the combination of individual cases into a part of a category (Polkinghorne, 1995). These assumptions shape the way in which the researchers design their research and lay the basis for the choice of the instruments and methods for the collection and analysis of the information and shape the research question posited by the researchers. Bruner (1996) maintains that from a broad perspective it is possible to see two basic ways of knowledge and thinking, through which people organize and manage their outlook, the positivist way, as defined by Bruner 'logical-scientific', and the constructivist-narrative way. The positivist method is based on the search for a universal position of truth, a way that suits primarily the field of the exact and physical sciences. The other way, the constructivist way, is based on the assumption that the complex and rich phenomena are presented in the best possible way through narratives (Lieblich et al., 1998).

The two ways, positivist and constructivist, constitute legitimate outlooks on the work, and every culture uses both ways (Bruner, 1996). These ways of thinking and learning are different in the research processes and in their empirical truths.

For several hundred years, the quantitative positivist paradigm was the dominant paradigm. The qualitative constructivist paradigm has also existed for several hundreds of years but was not as widely accepted. The system of axioms and understandings is fundamentally and significantly different between the different research approaches (Guba & Lincoln, 1989).

Positivism and constructivism are two broad outlooks that shape the way in which we address the research. Qualitative research is based in general on the constructivist position, while quantitative research is based on the positivist position.

To understand the basic difference between the two approaches, I will address three basic questions that the researchers ask themselves when they seek to understand how we learn the phenomena around us in a research-based manner.

1. The ontological question. What is the nature of the reality we research?
2. The epistemological question. What are the relations between the knower and the object of the knowing?
3. The methodological question. What are the ways to find the knowledge?

These questions are related to one another in such a way that the answer to one question will influence certainly the answer to the next question (Denzin & Lincoln, 1994; Lincoln & Guba, 1985; Shkedi, 2003). The responses to these questions constitute the system of basic beliefs of the researchers and the framework for their work.

The term positivism was first coined by August Comte in the 1830s, and it means factuality. For Comte, it was a synonym of science, or in other words, the certain facts that can be observed (Maykut & Morehouse, 1994). The proponents of the positivist approach address the question of the nature of the researched reality (the first question), arguing that there is an objective reality and therefore the goal of positivist investigation is to describe an objective reality that can be observed with the utmost precision. The supporters of this approach believe that that the assumptions of the positivist methodology enable the presentation of the researched phenomenon when it is disassembled into different and separate parts. It is possible to recognize many variables 141of the phenomenon without attributing similar weight to the unique and limiting aspects of the context in which the variables are found. Consequently, it is possible to implement the research on a large number of respondents or a large number of research situations (Maykut & Morehouse, 1994).

The positivist quantitative approach organizes the knowledge in a hierarchical manner when the contexts between the items of knowledge are organized in a one-dimensional flowchart. The researchers in this approach explain their findings linear-causal (Guba & Lincoln, 1989; Maykut & Morehouse, 1994).

In contrast, the qualitative constructivist investigation is characterized by the holistic attitude to phenomena. In the context of the qualitative constructivist approach, it is possible

to find in the research literature terms such as qualitative research, ethnographic research, narrative research, field research, constructive research, interpretative research, and naturalistic research, when these terms address the research approach and they refer in a basic manner to the same research assumptions that are called the constructivist approach. The terms are chosen to emphasize the unique character of the research study and its association with the research tradition (Guba & Lincoln, 1998).

The research study according to the qualitative methodology aspires to understand phenomena and situations as whole entities and to present the components of the research as connected to one another when it is not possible to separate them. It sees the world as complex and having reciprocal relationships. The holistic perception of the constructivist qualitative approach addresses the understanding of the phenomenon as contributing to the understanding of the reality in which it occurs (Patton, 1990), and it is not possible to understand it or to analyze it outside of the contexts of the time and constellation of the components that contribute to the occurrence (Huberman & Miles, 1994; Stake, 1995). In such a research study, it is very important to preserve the complexity of the researched phenomenon so that the research study will be reliable and true (Maykut & Morehouse, 1994).

The knowledge learned from the constructivist research is organized in a multidimensional manner in which the events and the contexts are intertwined and create a weave of complex meanings (Shkedi, 2003). To understand the meaning there is an element of reciprocity; the different components of the research influence one another symbiotically (Maykut & Morehouse, 1994). According to the constructivist paradigm, many realities are created through social construction that is not managed by natural or causal laws (Guba & Lincoln, 1989). Accordingly, if there is no objective reality, the system of the laws or relations of cause and effect cannot describe the reality (Shkedi, 2003).

The second question that addresses the change between the two research paradigms is the question aimed at the relations between the knower and the object of the knowledge. This question is an epistemological question. Epistemology addresses most of the knowledge

and its nature, the preliminary assumptions found at the basis of the research, and the general reliability for the arguments for knowledge (Fenstermacher, 1994).

The positivist paradigm maintains that it is possible to hold an objective positive towards the researched phenomenon (Lincoln & Guba, 2000). It holds that there is a clear differentiation between the objective and the subjective. The objective in its meaning is correct and factual, while the subject has partially correct meaning, temporary, and less true. Thus, the positivist researcher attempts to achieve objectivity through unique instruments for the collection of information, such as standard tests and statistical analyses. The researcher in the positivist research can be outside of the object of the knowledge and the research study can be free of the values of all the research participants.

The supporters of the constructivist qualitative paradigm, in contrast, hold that it is impossible to separate between the researcher and the object of the investigation and to have an objective position towards the phenomenon (Guba & Lincoln, 1998). The reality that we attribute to the world in which we live is created through structuring (Bruner, 1996). Experience is the basis upon which we build the meaning, and it depends on the way in which we create a relationship with the world in which we live (Simons, 1996). The goal of the constructivist researcher is to be a part of what he researches and not separate from it. What the researcher sees is what shapes what he will define and analyze (Charmaz, 2000). The researcher's subjective research paradigm is an essential factor for understanding and does not constitute a failure of the research (Stake, 1995). In this approach, the researchers cannot understand the human action through an outside observer who sees only the physical expressions of the actions. They must understand what the participants intend in their actions from the participants' viewpoint (Shkedi, 2003). The meaning of the action and the human interaction can be understood properly, only if the knowledge, common sense, and interpretations of the participants are taken into account (Jorgensen, 1989).

The third question examines the differences between the two approaches regarding the ways to find the knowledge. This question is in essence the methodological question and engages in methods in systems and laws for performing a research (Guba & Lincoln, 1989). Choice of the research methodologies will depend on the ontological and epistemological

question, if the existence of a scientific ontology and objective epistemology are assumed, it will be correct to adopt a quantitative positivist methodology. However, if the existence of a relative ontology and interactive epistemology are assumed, the use of the constructivist qualitative research methodology will be more suitable.

The quantitative positivist approach to the research looks beyond words, actions, and documentation, towards their objective meaning. The learning of behaviors and interactions was undertaken under the artificial conditions of a laboratory through the researcher's intentional control of the environment. The emphasis in quantitative research is on the results of the controlled experiment from the predetermined research hypotheses. In contrast, in qualitative constructivist research the researcher chooses as the main tool for the collection of information to use himself and other people. The most significant way to understand people is to observe, to speak, and to participate with them in their natural environment. Qualitative research emphasizes the understanding through a look up close at the words and the actions of the researched people. The world of everyday life, as seen from the internal perspective, is the fundamental reality that the qualitative constructivist researcher needs to describe in the attempt to understand the way in which people interpret their world, as expressed in their deeds and statements (Jorgensen, 1989; Maykut & Morehouse, 1994). Therefore, the process of the collection of information in qualitative research is held in an environment that enables people to tell their stories. Qualitative research is naturalist research, since the researcher does not attempt to influence the research environment or the research object. The research process is determined according to the dynamic occurrence of the research. The research studies attempt to understand the situation from the attention to considerable data and without forcing pre-existing understandings on the research conditions. The categories for analysis derive from open interviews and from observations, from which the researchers learn to understand organizing patterns that exist in the researched environment. The researchers establish assumptions with meaning only after the collection of the data obtained when contact is created with people in the field (Patton, 1990; Shkedi, 2003).

The present research study is a constructivist-qualitative research, which can be called an interpretative narrative research. A research that bases on this approach focuses on

the understanding of the meanings of the objects of the research and the processes, through the participants themselves from the participants' perspective. Qualitative research examines as a rule the words and actions of people in narrative or descriptive ways that represent in the closest possible way the situation as experienced by the respondents (Maykut & Morehouse, 1994). Researchers in qualitative research study things in their natural place and attempt to find meaning in phenomena or to interpret them in terms that people use (Denzin & Lincoln, 2000). People organize and manage their perceptions of their lives and even change them through stories that they build and tell. This approach seeks that the phenomenon will be investigated through the meanings that the respondents themselves attribute to their experiences (Denzin & Lincoln, 2005; Shkedi, 2003). The choice of the constructivist qualitative methodology is the most suitable, because of its ability to clarify information on topics that were not studied in relative terms. In addition, it enables an in-depth observation of what occurs in the process and the investigation of the researchers' internal reality, since it focuses on their experiences and on the meaning of the experience for them. The use of words and conversation as the main medium of the research was undertaken from the aspiration to research the meaning of the experience for the respondents who experienced it (Creswell, 2007; Patton, 1990). The topic of the meaning of the experience is at the center of the qualitative approach. The respondents interpret and explain their lives through the use of their language in an authentic manner. The approach enables an in-depth observation of what occurs in the treatment process and the investigation of the respondents' internal reality. ''' For this study, the constructivist qualitative methodology was chosen because it fits the narrative approach that views words and stories as a broad and meaningful source of information and due to its ability to elucidate information on relatively unexplored topics. It enables an in-depth examination of what is happening in the therapeutic process and the investigation of the internal reality of the interrogees, since it focuses on their experience and the meaning of the experience for them. The use of words and discourse as the central medium of the study was done with the aim of exploring the meaning of experience for the subjects who experienced it (Creswell, 2007: Patton, 1990). The subject of the meaning of experience lies at the center of qualitative methodology, and the interrogees interpret and explain their lives using their language in an authentic manner. It enables the researcher to understand a person's life and work and is achieved by penetrating

the interrogee's private world and creating a relationship of listening and inclusion between the interrogator and the interrogees. Qualitative research enables the expansion of knowledge and understanding of situations using tools suitable for this type of research. In this type of study, stories and words are the tools for structuring reality and describing the experiences inherent in them. Things are explored in their natural locations in order to find meaning or interpretation of phenomena in terms that people use (Denzin & Lincoln, 2000). We will not be able to get a full picture of human feelings, and we will not see additional details in his life story, parallel stories that will help him find strength and change coping patterns through questionnaires aimed at mapping the phenomenon. The research tools in qualitative methodology are more appropriate when we learn about people and their way of life.

This research study seeks to present the meaning of the experience of the parents of adolescents with ADHD who participate in an instruction group in the narrative approach and will attempt to present the changes in the sense of parental efficacy in the coping with their children and will propose a way to support the parents who cope with this difficulty.

2.3 Research Design

The focus of qualitative constructive research is to understand the phenomena as they appear in the real world and in the eyes of those who experienced them and not to research hypotheses that are derived from the theory. In this way, we began to collect data from the field through personal interviews and group instruction sessions for parents of adolescents with ADHD. The research questions will grow from the research and will be attain their final shape only after the analysis of the data

Analysis of the Data

The analysis of the data is a process of the ordering and structuring of the information collected for the purpose of its interpretation and the understanding of its meaning. In this process there is the answer to questions such as “what”, “how”, and “why” (Dey, 1993).

The process of the analysis of the data in qualitative research is complex because qualitative research is based on the language of words in the natural context in which people live. The language of words, unlike the language of science, is characterized by the richness of expressions as well as by more than a small degree of ambiguity (Shkedi, 2014). The verbal richness and the ambiguity pose a challenge to the researcher who seeks to present a research picture that includes descriptions and clarifications of the researched phenomenon in words.

Another factor that is expressed in qualitative research is because of the integration of two main methodological components that sometimes appear contradictory. On the one hand, intuitive research skills address “the person as research instrument”, from the desire to emphasize the closeness, involvement, and empathy towards the research participants (Lincoln & Guba, 1985). On the other hand, care is taken to maintain research processes in which there is distance, control, and reflection (Shkedi, 2014).

It is possible to note two trends in the analysis of the data in qualitative research: structural analysis and thematic analysis (Shkedi, 2003). The structural analysis addresses the text itself as an object of analysis and includes the methods of the analysis of the narrative structure and language analysis. The thematic analysis is a method based primarily on the detection, affiliation, and characterization of repetitions in the raw material of the findings, with the clear definition of units of analysis and construction of the hierarchy between the repetitions and the themes, with the attempt to compose a theoretical model that summarizes and explains through them the researched reality (Sabar Ben Yehoshua, 1990). In the analysis of the data in this method the text is organized according to main themes/categories that arise from the analysis of all the personal interviews and in the focus groups.

The thematic analysis (TA) has six stages. However, it is not a linear model, in which it is not possible to continue to the next stage without completing the previous stage. The analysis is a recursive process.

The First Stage – Familiarizing Yourself with Your Data

This stage is shared by all types of qualitative analysis. The researcher needs to know the material, and therefore he must read the data again and again a large number of times (about eight). If audio recordings are available, then the researcher should hear the recordings a number of times. Repeated reading helps the researcher immerse himself in the data. If the researcher were involved in the obtaining of the data through significant interactions through which he obtains the data with little previous knowledge, then it is likely that he has initial thoughts of analysis. The transcription of the recorded verbal data, an activity that sometimes can be frustrating or boring, is an opportunity for the researcher to being to know the data (Braun & Clarke, 2006; Reissman, 1993). The precise reading of the data will help evaluate the potential innate in the data before the data is separated into united in the formal process of analysis (Ager, 1980; Maykut & Morehouse, 1994; Shkedi, 2003).

The Second Stage – Generating Initial Codes

This stage is after the researcher has become familiar with the data and has created an initial list of ideas and areas of interest from the data. In this stage initial codes are created from the data, codes for the identification of certain traits, semantic or implicit content, which appears interesting for the researcher and the researched phenomenon (Braun & Clarke, 2006; Clarke & Braun, 2013). The creation of the codes is a part of the analysis of the data, the organization of the data in groups of meaning, the methodical work addresses fully and equally all the data collected and will identify interesting aspects that will constitute the basis for repeating patterns (Braun & Clarke, 2006). In this stage, it is important to code for a large number of potential themes.

The Third Stage – Searching for Themes

After all the initial coding of all the data, the researcher searches for significant topics that are expressed in the codes (Clarke & Braun, 2013). In this stage, there is extensive re-focusing of the themes, classification of the different codes into the potential themes. In essence, this is the beginning of the analysis of the codes and thinking how different codes are assembled and bridge above the themes. This helps in this stage present the themes in a

visual manner so as to classify the different codes into themes and to create maps of the data and the chosen themes.

The Fourth Stage – Reviewing Themes

This stage begins when there is a set of themes that were chosen and enhanced. The researcher begins to define the nature of each theme separately and the relations that are expressed between the themes. It is necessary to examine that the themes express the codes that were extracted from the data and the researcher is helped by them to reflect the story of the codes and themes, a persuasive and whole story of the data (Clarke & Braun, 2013). In this stage, it becomes clear that not all the themes are true themes, some because of the lack of data that support the theme or because the data are too diverse. There are themes that were united with other themes, while others themes can be divided into two separate themes (Braun & Clarke, 2006; Clarke & Braun, 2013). Data in the themes need to be united in a meaningful manner, while there are clear differences that can be identified between the themes. There are two levels of the examination and improvement of the topics. The first level is to read the entire summary of the data of every topic separately and examine that there is a coherent pattern between them and if there is lack of fit, then to change. The second level is very similar but addresses all the data. In this stage it is necessary to examine the validity of the unique themes relative to the constellation of the data.

The Fifth Stage – Defining and Naming Themes

The fifth stage begins after the researcher has a satisfactory map of themes. This stage obligates the researcher to manage and write the details from the analysis of the data. He must ask himself: “What is the story that the theme tells? How does the theme suit the general story of the data?” The researcher must provide a name for the theme that teaches about its nature and meaning in a concise manner at the end of the stage. The researcher needs to have the ability to describe in a number of sentences what the area and content of every theme are. The name of the theme needs to give the reader the sense of immediacy and understanding of what the theme address (Braun & Clarke, 2006; Clarke & Braun, 2013).

Sixth Stage – Producing the Report

The sixth stage comes after there is an ordered system of themes that includes the final analysis of the data and the writing of the report. The task of the writing in the thematic analysis is to tell the complex story of the data and to persuade the reader of the trustworthiness and validity of the data. It is important that the analysis provide a coherent, concise, logical, and interesting summary, with reference to the story that the data tell between and in the theme (Buan & Clarke, 2006; Clarke & Braun, 2013). Evidence from the data will be integrated in the writing: clear examples or quotations from the themes, examples that will capture the essence of the illustration. The summary needs to present the narrative story of the data and have the context of the existing literature.

2.4 Research Participants

Parents of children aged twelve to fifteen who were diagnosed with ADHD and who seek to participate in parental instruction groups were chosen to participate in this sample. We chose to check the subject of adolescence because in my work in the field I learned that this is the age domain that is difficult to cope with and there is less response to parents. The parents find it difficult to cope with the independence and separateness that an adolescent requires at this age, and the difficulty is more complex when the ADHD characteristics of the adolescent are linked. I found that this difficulty makes parents feel helpless and sometimes give up just as the adolescent with ADHD needs them most. The theoretical literature teaches about the difficulties of coping of parents with ADHD when these difficulties grow stronger during adolescence. Sometimes children with ADHD and learning disabilities create dilemmas in the family and cause pressure in their parents (Anastopoulos, Guevremont, Shelton, & DuPaul, 1992). Children with Attention Deficit Hyperactivity Disorder (ADHD), with no diagnosis of learning disabilities, often exhibit learning difficulties and children with learning disabilities, with no diagnosis of ADHD, often have attention problems (Mayes, Calhon & Crowall, 2000). The research literature reports a high frequency of cases where both disorders are present. It was reported that among children with learning disabilities, 15% -40% also have ADHD, and among children with ADHD, 25% -40% have learning disabilities (Willcut & Pennington, 2000). The child's temperament

has an important role in the development of behavioral disabilities, and in this situation there is the possibility of dissolving the parental functioning (Bates, 1980). Adolescence for all adolescents is characterized by the building of an independent identity when in parallel there is the danger of the dispersion of the identity (Erikson, 1974). For this purpose, adolescent boys and girls undergo a process of distance from the family and the parents. Adolescents who suffer from ADHD experience this period very strongly. The unique characteristics of ADHD are felt extremely during adolescence. Wolraich et al. (2005) note that during adolescence there is an increase in the difficulty in the studies among adolescents with ADHD, significant problems with the peer group, serious problems of management, immature emotional behavior, and emotional responses that are not commensurate with the situation, such as rapid and extreme fits of anger, following events perceived by the environment and less in value (Wolraich et al., 2005). An adolescent with ADHD undergoes a process of disconnection for the purpose of the construction of the self-identity through the creation of very many explosions, complications, lack of obedience of the parental authority, breaking borders and frameworks, and real danger of entanglement with the law (Plotnik, 2008). The high levels of externalized behavior alongside scholastic difficulties strengthen the pressure of the parents for children with ADHD as opposed to the pressure of the parents of regular children (Smith, 2000).

The participants were mothers of children with ADHD in adolescence. The mothers come from the north of the country, have a moderate socioeconomic situation, and are observant. The mothers came to the training group through a leaflet distributed at the school, containing information about the group and its goals, and the parents chose to participate of their own free will. It was made clear to them during the interview that they could choose to leave the group at any time in the event of discomfort. However, they were asked to remain committed to the process that took place in the group and to continue to arrive.

Who Am I as a Researcher?

Research in general and qualitative research in particular entails making practical, methodological, strategic, and ethical decisions (Lincoln & Denzin, 2000). In the present research study, the choice of the narrative practice as a research method indicates a certain

direction of the interview, the focus group, the analysis of the findings, and the interpretation of the findings. As such, it expresses explicitly or implicitly the professional "figure" of the researcher (Denzin, 1999), a teacher and lecturer of special education and a group instructor, and how this will influence the relationships that develop during the interviews and intervention group (Gilat, 2006).

The engaged theory is a methodological framework for the understanding of the social complexity that goes from the collection of the data to the creation of abstract theory on the social structure of people or processes (Paul, 2006). Giddens (1987) calls this double hermeneutic, which is perceived as a unique trait that is widely used in the social sciences. Double hermeneutic aspires to understand not only what people and society do but also to understand the way in which people act, how they perceive the social reality, how they interpret their world, and how this understanding helps in the choice or contributes to the change of behavior (Giddens, 1987).

The question of the place of the researcher in qualitative-ethnographic research addresses his identity regarding the cooperation on the part of the interviewees and the trust they give him during the research. Lincoln and Guba (1985) coined the concept of "the person as a research instrument". This expression illustrates the special role that the researcher has in qualitative research in the process of the collection of the data. The uniqueness of the researcher is his ability to understand the dynamism and complexity that characterize the human experience. The researcher needs to have the ability to absorb the environmental hints that arise during the interview, to collect diverse information at different levels, to understand multidisciplinary ideas and concepts, and to connect the parts into one holistic phenomenon. He has the ability to process information from the moment it becomes available, to posit hypotheses in response to knowledge, and to examine them in the contexts in which they arose (Guba & Lincoln, 1985; Jorgensen, 1989; Sabar Ben Yehoshua, 1997; Shkedi, 2003). For this to happen, he must assimilate into the researched environment and not only look at it (Maykut & Morehouse, 1994). The researcher navigates between two main fields: (1) the field of the "collection" as a professional in the field and as a researcher and (2) the field of data as a researcher and professional (Ben Simon Gilboa, 2011). The researcher must know intimately the culture or subgroup researched. He must understand the

language of the research participants, its unique vocabulary, so that the researcher can give meaning to words that suits the meaning given to tit according to the culture in which it happens.

Woods (1996) indicates the risks entailed by this type of involvement. He proposes to maintain some social distance as a means of security against these risks "the self of the researcher is integrated in the research" (Woods, 1996, p. 51). The researcher is involved as an observer – participant, as an in-depth interviewer, or as a leader of a focus group. However, he must separate himself from the researched situation so as to re-think about the meaning obtained from the experiences. One of the main difficulties is finding a balance between on the one hand involvement, integration, and empathy and on the other hand distance and critical thinking (Shkedi, 2013). "To understand the world, you must become a part of it and at the same time remain distinct from it, belonging, and differentiated" (Patton, 1980, p. 121). As an ethnographic researcher who seeks to understand the outlooks and experiences of people, he must be close to groups and must see them in a variety of situations in everyday life and understand the behavior of a group with a shared culture and characteristics (Shkedi, 2003). However, it is very important to adopt all the means of caution undertaken to maintain social distance against the risks entailed by this type of intimate involvement (Patton, 1980; Woods, 1996).

The research literature recommends maintaining objectivity and maintaining reasonable social distance. Every word said in an interview reflects the opinions, emotions, and outlooks of the interviewees. Change of exchange of what was said may change the interviewees' original intentions. Precise recording prevents disruptions and enables the researcher to focus his full attention on the interviewee, his body language, and active listening. In addition, the researcher must maintain constant awareness on the question of his active/passive involvement in the conversation (Chase, 1995) and be aware of the degree of neutrality or emotional involvement during the interview (Thompson, 1985).

One of the risks entailed by excessive involvement is the researcher's taking responsibility for the life of others. It is necessary to maintain the boundaries in the group and thus rules will be determined with the establishment of the group that addressed the issue

of support after and between the sessions. These rules of the researcher and the upholding of them are important to the group members, since the researcher, the expert in the field of coping with attention deficit hyperactivity disorder researched in the group, constitutes a model for the parents.

2.5 Research Process

This research study seeks to present the contribution of the narrative approach to the understanding of the difficulties in the parental coping with attention deficit hyperactivity disorder and the cultivation of a sense of parental efficacy. In the first stage, we will invite the parents of the children with ADHD to participate in instruction sessions through letters that will be addressed to them. In the letters we will note the goal of the sessions and their contribution to the families and to the research study.

In the first stage, in-depth semi-structured interviews will be performed. The in-depth interview is one of the methods expressed in the qualitative constructivist approach.

In-depth interviews enable the understanding of the parents’ experience in the raising of a child with ADHD and the meaning they attribute to it. This type of interview provides access to the respondents’ broad cultural context (Seidman, 1991). The goal of the interview is to obtain a detailed picture of the person’s perception and belief on the researched topic (Fontana & Frey, 1994). The purpose of the interview is to build a system of trust with the participants in the group and give the interviewees some background about the group. During the interview, we will discuss the nature of the research and commit to preserving their privacy throughout the intervention program. The questions in the interview will be asked in a number of categories: general details, questions related to ADHD, questions about a person's strengths and coping methods, questions related to the group, questions related to the person himself. The interview will take place in a quiet place that will allow the parent to feel comfortable and express his feelings and feelings and will maintain a sense of privacy. The information obtained from the interview will contribute to the group's work, it will expand the knowledge about the person in the group, his difficulties and his expectations of participating in the group.

The term interview includes a wide range of practices. At the one side, there are structured interviews that are used for research surveys, generally these interviews will be held with closed-ended questions and will ensure uniformity in the topics of the interview. On the other side of the continua, there are open-ended interviews, when this type of interview is more similar to a conversation than a formal interview.

In the in-depth interview the researchers focus on a number of general topics so as to enable the respondents to reveal their story and to present the meaning of the story for them, their opinions, and their positions. In this interview the researcher respects the way in which the respondent chooses to build his story (Flick, 1989; Marshal & Roseman, 1989). During the everyday life, people find meaning in the world around them and maintain contact with others on the basis of this meaning. People attribute meaning to events or objects and act towards them on the basis of this meaning (Denzin, 1995). One of the main human traits is the ability to express our experiences through language. To understand the inner world of the respondents, we must understand their culture and the language they use (Jorgensen, 1989). To give the details on their experiences, people must reflect for themselves the experience. This process of the choice of basic details of the experience, reflection about the experience and its organization, is what makes the story into a process of the giving of meaning (Shkedi, 2003). Every word that the respondents use in their stories teaches about their awareness (Seidman, 1991).

Therefore, to allow the respondents to tell their stories in their way and in their language, qualitative researchers prefer to use the in-depth interview.

The choice of the 'in-depth semi-structured' interview as a method for the creation of information was undertaken because of the suitability to the research approach that is an in-depth and joint investigation. The flexible and dynamic structure of the instrument enables freedom of dialogue between the interviewer and the interviewee and enables the interviewee to raise topics that are significant to him (Taylor & Bogdan, 1984). The structured part in the interview included questions for parents on the topic of their parenting experiences with the child who has ADHD and its meaning to the course of their life. The final structure of the

interview will be adjusted to the conversation that developed with the research respondents. All the interviews will be documented and transcribed.

In the second stage, data will be collected from ten group instruction sessions in which we will allow the parents to tell from their lives and the way in which they experience the coping with attention deficit hyperactivity disorder of the children that accompanies the family life. All the instruction sessions will be documented.

Additional sources of information include: a short questionnaire with three questions with answers on a scale of 1-4, a task of assessment in which the parents will rank values from very important to not important, and assessments or other documents that will facilitate the understanding of the parents' experience of coping.

Focus Group

The focus group is a method for the collection of data based on group interviews, when emphasis is placed on the interaction in the group based on topics presented for discussion in the group generally by the researchers (Flick, 1998). The researchers in the focus group take on the role of mediator.

The main advantage in the focus group is the opportunity the researcher has to anticipate great interaction about the topic in a short period of time (Morgan, 1988). Through the focus group it is possible to obtain information rich in descriptions and explanations directly from the participants (Shkedi, 2003).

The course of the discussion in the focus group will be recorded and transcribed word for word as accepted in interviews and observations. The interview skills are very important in the management of focus groups. Because of the existing group dynamics, the interviewer needs to know to listen well and needs to be flexible, objective, empathetic, and persuasive (Fontana & Frey, 2000). However, the guidance of a focus group has a number of components different from the personal interview, and they should be addressed under the guidance of the group interview. First, every member in the group needs to respond and to express himself and the passive participants should be encouraged. Second, it is necessary to prevent any one member of the group from taking over the discourse. Third, the instructor

who mediates the conversation must be focused and on the one hand must post questions and on the other hand be sensitive to the interactions and feelings developing in the group (Fontana & Frey, 2000).

The group interview, like the in-depth interview, needs to be based on the participants' language and culture. The analysis of the data of the focus group presents and opportunity and poses challenges in comparison to other types of qualitative data. Some propose to analyze the data of the focus group in a way identical to the interview, while others suggest examining the interactions between the group members. Examination of the transcription of the conversation and the interaction between the participants can teach about the contribution of the group to the individual (Harding, 2013).

Contribution of the In-Depth Interviews to the Research in the Narrative Approach

During everyday life, people give meaning to the events they experience and hold interactions with others on the basis of this meaning (Denzin, 1995). One of the main human qualities is the ability to express our experiences through language. We can describe what people think if we listen to what they say (Fetteran, 1989). To understand the participants' inner world, it is necessary to understand their culture and language. Language is not only a means of communication; language is a tool for the building of reality (Shkedi, 2003). People tell stories about their lives and the interviewer's role is to help the interviewees build their stories. The telling of stories is at the basis a process of the attribution of meaning. To give details on the experience, the storyteller must reflect to himself the experience. This process of the choice of basic details of the experience, the organization of the experience, and reflection about it makes the story into a process of the giving of meaning (Seidman, 1991).

2.6 Validity and Reliability

2.6.1 Ethics

Social-educational research, which involves people from different groups, is different from positivist research, and it examines for the most part parameters of quality in measurement instruments of qualitative research. The ethics of social research strengthen the

epistemological and methodological gaps between positivist research and qualitative research. In positivist research, the search is for the "one" truth, when it is legitimate to contradict the research objectives. Such a research sees the respondents to be objects and the distance between the researcher and the participants enables the former to control the latter. The ethics of positivist research is perceived as a component that is external to the research process (Sabar Ben Yehoshua, 2006). In contrast, in social research the assumption is that there is no "one" truth. In such a research the field work is based on the personal and intimate relationships that exist between the researcher and the participant, when the latter is perceived as a subject. The ethics of social research is assimilated in the research process. The system of ethical considerable becomes more complex in a research that uses the Internet as a platform for the performance of qualitative research (James & Busher, 2007). It is impossible to agree, therefore, that research ethics will draw its principles from quantitative research because of the epistemological methodological gaps. These gaps obligate ethical clarification unique to qualitative research: the interactive methodology is not commensurate with the distance of the respondents. In addition, the researcher's commitment to understand the world from the individual's perspective is a part of the "interpretative turning point" and obligates the establishment of the ethics on mutual respect, trust, and cooperation and makes the ethics an internal component of the methodology (Sabar Ben Yehoshua, 2006).

Dushnik and Sabar Ben Yehoshua (2001) address the meaning of ethics in qualitative research. They indicate the ethical importance of obtaining the participants' consent. This consent exists from the first meeting, from the stage of the conversation to the determination of the session for the interview and throughout the entire process of the research, when there is mutual trust between the researcher and the participants. The researcher must inform the participant in the process and explain to them about the research and establish mutual trust between the researcher and the participants. However, the researcher needs to consider the manner of the presentation of things so that the participants' understanding of what the researcher wants to hear will not be created (Shkedi, 2014).

In addition, the researcher's commitment to the preservation of the research participants' privacy and anonymity and the avoidance of the publication of identifying

information about them is important (Dushnik & Sabar Ben Yehoshua, 2001; Seidman, 1991).

According to these statements, to maintain ethics in this research study, it was clarified orally and in writing to the research participants that their participation in the research is voluntary and they can leave the research at any stage. In addition, they will choose what to talk about and will not be encouraged to talk about topics that they do not feel comfortable sharing with me or with others. In addition, I asked their permission to record the interviews, with the explanation that in this way I can listen to them and then also recall things said later on. I promised confidentiality, both orally and in writing, when I emphasized that the interview would be recorded and saved on my personal computer and under password protection and thus is not accessible by anybody but me. I clarified to them that I would be performing the processing of the data, with the guidance and instruction of the research adviser and they could receive the recorded or transcribed interviews and read the research work if they so desired.

Another principle defined in the report published by the National Commission for the Protection of Human Subjects in the Belmont Report (1979) is the principle of beneficence. This principle addresses the researcher's obligation to benefit the research participants in a double aspect: not to cause harm and to maximize the possible benefit of the research study. In the present research study, the parents met in the focus group and during the research, and care was taken regarding the participant's choice what to share and the participant was not encouraged to share things he finds difficult to reveal. In addition, the possibility of guidance, direction, and airing of emotions was proposed even after the sessions, at a predetermined time.

2.6.2 Research Validity

In qualitative research the validity and reliability during the entire research are examined and serve as the transition from the empirical world to the researched world through the reporting on the way in which they are suited for the collection of the data and their analysis into the researched phenomenon and explain it (Tasshkkori & Teddlie, 2003).

The examination of the validity in a qualitative research study is performed through the ongoing personal interaction with the research subjects and extensive theoretical knowledge (Kirk & Miller, 1986). The theoretical knowledge, which is at the basis of this research study and can be read in the chapter addressing the review of the research literature, constitutes the fundamental assumptions of the research study. All the transcriptions of the interviews and the meetings with parents and all the stages of the analysis will be kept. Throughout the research study I will maintain the transparency of all the research instruments and the different stages of the analysis. The research process included consultations with peers during all the stages of the research. The process of the examination of the research began with the documentation of the research, including personal notes, recordings, transcriptions of personal and group interviews, and different materials. The process of the analysis of the interviews and the sessions was backed up on a CD and saved.

Triangulation is another way that strengthens validity of the research. Triangulation is the use of a variety of information sources so as to increase the validity of the findings. The aim of triangulation is to strengthen the research project, regardless of the question of which method is the main means for the collection of the information (Denzin & Lincoln, 2000). In this study, I will use a number of sources of information that will include interviews with parents, transcripts of training sessions, a short questionnaire with a scale to be transmitted at the beginning and end of the process, and an exercise that examines values. I will also use documents such as diagnoses and other medical information provided by parents and their free choice.

2.6.3 Research Reliability

In a qualitative research, it is not possible to expect from others to be able to reconstruct the findings because the results depend on the time, researcher, research respondents, and additional contexts (Merrick, 1999). To preserve the level of reliability in a qualitative research study, it is necessary to present as openly as possible the theoretical perspective and the data, in a way that will allow the reader to examine the picture that is obtained in the researcher's perspective and thus to examine the research reliability. To emphasize the uniqueness of the characteristics of reliability in qualitative constructivist

research, Lincoln and Guba (1985) proposed the concept of ‘dependability’ as a concept that emphasizes the characteristics of reliability in qualitative research. The process of the examination of the reliability of the research study began in the data base. All the data of the research study were saved, catalogued, and stored on paper and in recordings. Another means to increase the reliability of the research study is the recording of the interviews and their accurate transcription into text, since in this way the precise words are recorded (Seidman, 1991). The accurate recording of the interview strengthens the argument for the validity and reliability of the research (Dey, 1999; Liosh, 1993). There are many repetitions in the use of the instrument so as to thicken the data, and there are many interviews and a lengthy stay in the research field, so as to enable exposure of recurring phenomena such as patterns of action (Dey, 1999).

3. Research Findings

This chapter presents the research data as they arose from the in-depth interviews that were held with parents before the group meetings and the intervention groups. The themes that were obtained from the in-depth interviews are similar to the themes obtained from the instruction groups, and therefore they were integrated together in the writing of the findings.

The themes that arose from the analysis of the research data and that were presented through the information data obtained from all the research participants reflect the different perspectives of the general phenomenon that was researched: the contribution of the instruction of the parents in the narrative approach for the parents of adolescents diagnosed as having ADHD. Throughout the chapter, the findings will be presented in the format of a title and explanation by the researcher, accompanied by quotes from the interviewees' statements.

The Study participants included about 20 parents of adolescents aged 12-15 who suffer from ADHD. Most of the participants in the groups were mothers, except for one father. Participants in the intervention program live in peripheral cities in northern Israel, traditional religious families of medium socioeconomic level.

Table Number 1: Profile of the Participants in the Groups and Interviews according to Groups

Parent Name	Parent Age (Father/Mother	Adolescent Age	Position in Family	Diagnosis: Age of Diagnosis and Who Diagnosed	Takes Medication? Which?
First Group					
B.G.	49/46	14	3 & last	13.6, Diagnosed by a neurologist and MOXO[5]	Ritalin, every day except for vacations
S.A.	43/41	13	Oldest	Diagnosed by a neurologist & TOVA[6]	Does not persevere in taking medication

[5] The MOXO test is a d-CPT (Contractors-Continuous Performance Test) type test that serves as an objective tool in the process of diagnosing Attention Deficit Hyperactivity Disorder (ADHD).

[6] The Test of Variables of Attention (TOVA) is a computerized test designed to neurologically assess the behavioral characteristics of Attention Deficit Hyperactivity Disorder and Hyperactivity Disorder.

A.Y.	37/35	13	Oldest	Diagnosed by a neurologist & TOVA	The medication had a detrimental impact, does not take medication
S.G.	51/49	14	Second daughter	Diagnosed by a neurologist & child development physician	Takes Concerta
S.B.	39/38	14	Twins, boy & girl, second birth	Diagnosed by a neurologist	The daughter perseveres with treatment, the son refuses
S.B.S	45/42	15	4	Diagnosed by a neurologist	Did not take medication despite physician recommendation
Second Group					
S.Z.	37/35 Single parent	13	Oldest girl	Diagnosed by a neurologist & TOVA	Medicinal therapy & emotional therapy
D.S.	46/45	15	Third girl	Diagnosed by a neurologist & TOVA	Emotional therapy
A.K.	53/50	15	Third & last boy	Diagnosed by a neurologist & a psychologist	Emotional therapy
M.K.	45/42	14	Third boy youngest	Diagnosed by a neurologist	
SH.G.	37/36	14	Oldest	Diagnosed by a neurologist & a child development physician	Does not take medication
M.B.	51/49	14	5 - youngest	Diagnosed by a neurologist & a child development physician	Had psychological treatment, takes Ritalin
Third Group[7]					
A.A.	41/39	14	Senior son	Diagnosed by a neurologist & didactic assessment	Medicinal therapy
K.M.	52/50	13	Third son	Neurological diagnosis & MOXO	Emotional therapy
L.S.	44/40	13	Fifth son	Diagnosed by a neurologist & didactic assessment	Medicinal therapy
L.G.	42/40	15	Second son	Diagnosed by a neurologist & didactic assessment	Refuses treatment

[7] Information on groups can be found in the literature review on pages 98-122

M.G.	39/36	13	Third daughter	Diagnosed by a neurologist & a psychiatrist	Takes pills & additional pills for anxiety
R.R.	47/45	13	Third daughter	Neurological diagnosis & MOXO	Medicinal therapy

This chapter discusses the four main themes that arose from the in-depth interviews and instruction meetings:

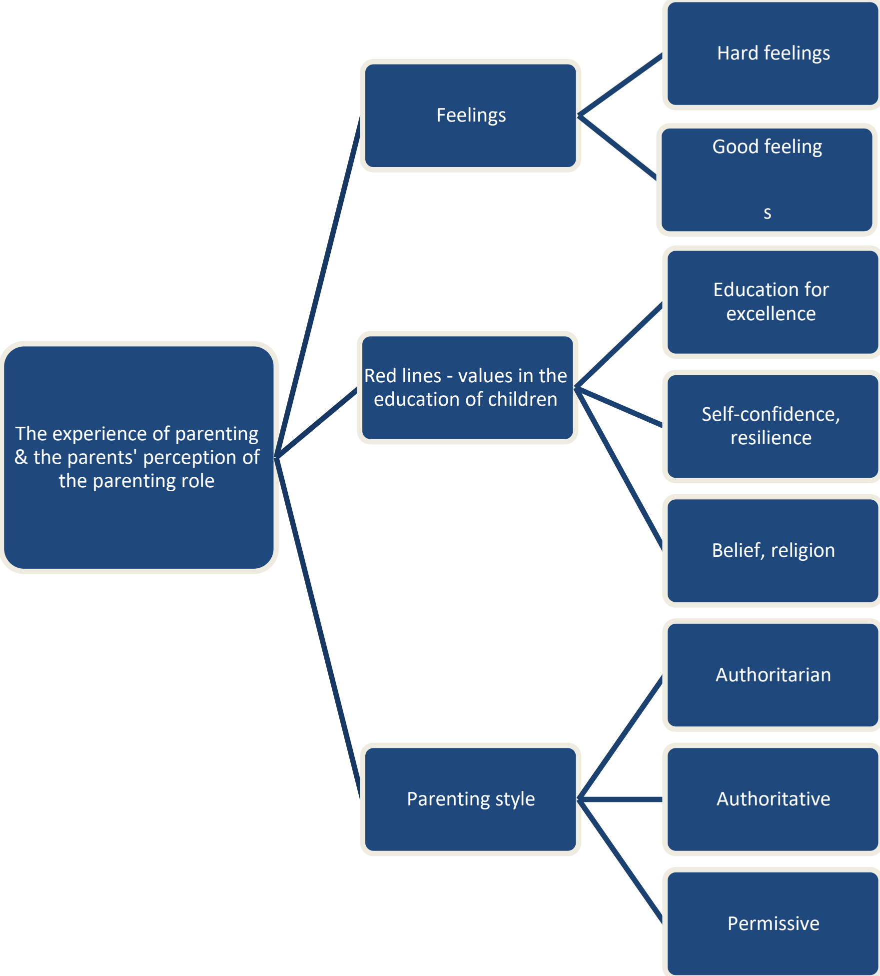
1. The experience of being a parent to an adolescent with ADHD and the perception of the parenting role,
2. The parents' perception of the abilities and difficulties of the adolescent with ADHD,
3. The coping of the parents with additional systems of relationships
4. The processes of change and growth – the contribution of groups of instruction for the parents.

3.1 Theme 1: The Experience of Being a Parent to an Adolescent with ADHD and the Perception of the Parenting Role

The first theme addresses the parenting experiences and constitutes the center of the research study. It addresses the parents' perception of their parental functioning as arising from the interviews with them. This theme is divided into a number of categories:

1. The parents' emotions from the parenting experiences – this category is divided into two subcategories: Hard feelings and Good feelings,
2. The red lines (Boundaries) in the education of the child – values in education that are very important to the parents and play a main role in the discourse in the home and sometimes also constitute a source of conflicts with the adolescents,
3. The understanding of the parenting style they adopt and its contribution to the system of relationships between the parents and the children in general and adolescents with ADHD in particular.

Figure Number 1: Theme 1: The Experience of Being a Parent to an Adolescent with ADHD and the Perception of the Parenting Role



3.1.1 Emotions and Feelings of the Parents as a Part of the Experience of Parenting of an Adolescent with ADHD

A family is a system of emotional mutual relationships. The behavior of each person in the family has influence on another person, and the reverse is true (Fowler, 2002). ADHD has impact on the family system and on the interactions between the parents and the adolescents. We learn both from the literature and from the interviews with the parents that the disorder constitutes difficulty and sometimes harms the system of relationships in the family.

Psychologists like Bruner (1987) and McAdams (2006) maintain that our feeling of identity itself is a product of the story we fashion all the time from the experiences of our life. From the chaos in which the person lives his life from moment to moment he creates for himself a life story and a coherent narrative identity that provide him with a stable basis, security, and meaning. McAdams (2006) dedicates especially great attention to the redemptive life story, the life story in which the teller overcomes meaningful difficulties and reaches a situation of success and self-fulfillment. People with a redemptive identity choose to include in their life story memories that they see as high points, low points, and turning points, which create a story in which after the bad comes the good, and personal suffering in the past finds its solution in the commitment towards those who are suffering now. Since the identity is created by the life story, story-tellers who build their life story in such a way have a higher chance to achieve success, a feeling of satisfaction, and contribution to others (McAdams, 2006). In this group too, the parents first expressed the points of difficulty before they could see the good and their strengths in the parental coping for the adolescent with ADHD.

Therefore, I will first describe the difficult feelings that accompany the parents in their coping and then when the group and the instruction will direct their viewpoint to the strong points in the process of coping of the parents of the adolescent with ADHD, I will address the good feelings of the parents. During the writing of the theme, I will address the joint categories that arise from the parents' stories regarding the quotes from the parents' statements in the interviews and in the instruction groups, I will provide interpretation of the

parents' statements through the analysis of the narrative components that are learned from the personal stories both in the personal dimension and in the group dimension, and last I will establish the obtained insights through the theoretical literature and researches on the topic.

3.1.1.1 Hard feelings

The parents in the group expressed difficult feelings as a result of, on the one hand, the coping difficulties and on the other hand, the good feelings. The difficult feelings primarily referred to the parents' perception of the quality of their parenting and the anxiety from the success of the children in the future. A small number of the parents expressed difficult perceptions also towards their children. The good and strengthening perceptions expressed primarily the parental perception that expresses concern, caring, and involvement.

Many parents reported negative interactions that caused complex feelings towards the children and themselves. Mothers reported a great sense of frustration, missing out, and parenting failure. Some parents reported a feeling of hatred towards the adolescent and hatred towards the self, shame at the adolescent, and constant anger at him.

(A.Y.3) expressed the feelings with great courage when she said in the interview: "*I am ashamed to admit but I can't stand him, I know that I am completely screwed up, I am responsible for this. I do not know what to do with him. I see him and am angry at him at everything he does, I lack patience with him.*"

In this passage A.Y.3 says the word "I" eight times in two sentences. From a narrative perspective, a story told in the first person indicates direct exposure and very high awareness of the self, and willingness to share openly her feelings since apparently "enough is enough". The frequent use of the first person in the narrative discourse in addition to the content of the things said indicates also the anxiety and lack of parental confidence. She understands that she needs help and she is shouting for it. The short passage reflects powerfully her tremendous difficulty: on the one hand, she uses difficult words to describe her feelings towards her son – she can't stand him, she sees him and is angry at him, she lacks patience for him, and on the other hand she feels difficult feelings of guilt as a result – she is ashamed,

she is messed up, she is responsible for this. In other words, there are here ambivalent feelings towards the child: she understands rationally that as a mother she needs to love her son but in actuality, emotionally, she does not succeed in doing so and this brings her to difficult feelings of shame, feelings of guilt, powerlessness ("I don't know what to do") and great frustration.

These feelings have many findings in the research literature that indicate that for the parents the coping with and treatment of the child with ADHD poses everyday challenges and difficulties. The behavior of children and adolescents with ADHD, which is sometimes characterized by impulsive responses, fits of anger, excessive motion, and so on, causes the parents to accumulate over the years a heavy emotional load, anger, frustration, and disappointment. They are subject to high levels of stress, experience a feeling of powerlessness and depression, and are anxious of the adjustment of their children in the school and also their chances of integrating and succeeding in the future (Barkley, Fischer, Edelbrock & Smallish, 1991: Turnbull& Turnbull, 1986).

During the group instruction, we learned about another implication of the negative emotions that the parents experience towards the adolescent, which addresses the family system that is coping with the disability.

"The difficulty with him causes lots of stress and nerves at home; my husband already does not want to come home and leaves me to deal with him alone, his brother suffers from this, he has destroyed our family." (A.Y.3)

In this passage, in addition to the difficult feelings in the context of her relationship with her son, the mother notes another factor – harm to the entire family, the husband who avoids coming home and the brother who suffers. In this sentence, she speaks about her son in the third person, she does not call him by this name but calls him "he", thus indicating the distance, which indicates the feeling of anger, the alienation. This in essence intensifies her difficulty: it is not enough that she copes with her difficulty with the son's behavior but she also feels that she remains alone in the campaign, bearing the burden and feels feelings of guilt and responsibility about the father's distance and the brother's suffering. She expresses this in words: difficulty, stress, alone, suffering, he has destroyed our family. Here there are

difficult feelings that are reflected beyond the coping with the son, also harm to the couple relationship and the parenting of the other brother. All these lead to the tremendous load and mental stress of the mother (causing considerable stress and nerves at home).

Another mother expresses this. "*When he (the child) is asked to begin to organize for the end of the day – a shower, preparing for the study schedule, finishing the homework, this is always accompanied by yelling, by anger, it is hard for him to disconnect from the computer. This destroys for everyone at home the atmosphere. My husband does everything to come home late, he does not have the strength for all the mess that happens every evening, and until he comes I already do not have strength for anything, I feel that he is leaving me alone in this war."* (*S.A.1)*

This mother expresses the feelings in the metaphor of "**war**", which indicates the intensity of the difficulty. The use of the word 'war' indicates the narrative in which the parents, primarily the mothers, live, as they cope on a daily basis with the characteristics of the disorder and express in a pressured and exhausting routine. The mother tells about the feeling of loneliness in the daily coping with the load of tasks and the needs of their children in the setting of boundaries, support, and parental guidance. According to Gilat (2003), there are families in which the father is not present in the home for most of the day and thus succeeds in remaining more physically and mentally distant, while the mother copes with difficulties such as the child's lack of obedience, slowness, and organization difficulties, moods, difficulties with the preparation of the homework, and so on. Bailey, Blasco, and Simeonsson (1992) found a significant difference in the care burden between fathers and mothers in all areas: the mothers showed a greater need for information, social support, community services, and family functioning.

Another expression of the difficulty that was expressed in the groups addressed the gap between the parents' considerable degree of investment in coping with adolescents with ADHD as opposed to the low feeling of parental satisfaction. Things that arose from the parents' stories express their narrative versus their daily coping.

"I need to be all the time in contact with the teachers, I take him to every afterschool course he asks for, even though he loses interest fast, I try to find for him areas of interest

he will succeed in but he does not persevere in anything. This drives me mad, I do not know what I am doing not right. I feel a failure and I convey to him the feeling that I am disappointed in him." (A.Y., 3)

"I am willing to do everything for him, I work from the home, to be with him at every time they need. And all that I do is not enough. I am completely exhausted. He speaks to me badly, he is insolent, I speak to him and he ignores me. All the conversations between us end with yelling and door slams. I feel that I am completely a failure, a terrible fear. I feel that I am losing him." (S.A.,1)

Both of these passages reflect the dissonance that the interviewees feel between the infinite intensive investment in the child and the disappointing result and the subsequent negative feelings. The two mothers reflect their actions for the child through the repetition of the word "I" (about eight times each passage) in the context of their concern for the child's wellbeing and through the use of verbs that reflect activity: needs to be in contact, takes, tries, willing for him, work from home. However, conversely all the efforts do not bear fruit – versus all that "I" do – it was found that "he" (the child" not only does not cooperate but also undermines her efforts to help: he loses interest, does not persevere, speaks poorly, is insolent, yells, door slams. The child is perceived here as the mother's enemy. Then as a result of this dissonance come the difficult negative feelings that are expressed in the words she chooses to say: he drives me mad, I do not know, I am not doing well, I feel a failure, I am disappointed in him. With the two mothers there are reports of feelings of failure in their role as mothers. The second mother (S.A.1) even reflects feelings of anxiety with the situation that was created following the conflicts with her son through the use of the words: terrible fear, losing him. These statements are an example of many statements that reflected this feeling of the mothers in the group and were said at different levels of intensity. It was possible to understand the level of activity required of the parents who are coping with the child or adolescent who has ADHD.

In addition to the narrative that expresses the difficulties of coping and the mental load assigned to the parents in the daily coping in the home frequently another narrative arose that tells about the feeling of shame of the parents as a result of the coping with adolescent

with ADHD, which places the parents and mainly the mothers in a situation of embarrassment, mainly difficulties of coping leak out of the home, into the immediate environment like the school and creates a greater mental burden on the parents. Mothers in the group expressed this feeling in statements such as:

"When things get out of control sometimes outside of the home, in the school or in the extended family, I am ashamed of myself. I am embarrassed by what people think of me as a mother, they accuse me that I am not sufficiently strong with him. Also when I come home I am ashamed. This is my education, my home. I do not believe that I am coping this way." (B.G.,1)

"I really am ashamed each time, I am embarrassed, I already accept that he does not learn, I only plead with him to stop being insolent. He uses language with the teachers that is not suited to our home. I stand in front of the teachers and do not know where to bury myself out of shame. I feel that the teachers look at me and feel that I simply do not know to educate and that I do not have boundaries." (M.B., 2)

In these passages it is possible to feel the sense of shame of the parents that accompanies the coping. It is possible to understand that when things leave the home, the parents need to cope also with the environment, and this coping causes a sense of shame and intensifies the emotional burden placed on the parents in the coping with the difficulties that accompany the care of the adolescent with ADHD. This difficulty is expressed when the mothers expressed themselves in speaking in first person as the parents as happened frequently in conversations with the parents. I am ashamed, I plead, bury myself from shame. In today's society the prevailing opinion is that the child's behavior and academic achievements are a sign of the parents' quality of parenting. Therefore, the parents of children with ADHD are required to exhibit difficult and complex coping, but for the most part they are judged by the environment as "not good enough parents", who have difficulties setting boundaries and providing appropriate education, are neglecting, violent, etc. (Plotnik, 2011). The strength of the words that the mothers choose to use indicates the difficult feelings accompanying the in-depth interviews and also the meetings. The parents fight between the

desire to do all they can to help their children succeed in the studies and preserve a good relationship with them and the desire to throw up their hands and give up.

One mother says: *"I threw up my hands, I just can't. Every two weeks I am in a conversation with the homeroom teacher or with the school management, he does not want to learn, he is not willing to prepare assignments, what future will he have? What will he succeed in doing? What will come of him? I wanted for him to learn and not to work hard all life like me."*

The many question marks the mother uses to describe her narrative indicate the parent's hesitations and problems in the discussed situation. The parents' difficulty awakens many anxieties about the coming future. They find it difficult to see the situation as a temporary difficulty but are aware of the influence on the children's future and are afraid of it. The feeling of lack of efficacy and parental burnout (Amit,2006) is expressed in the words "I just can't". Parents who are found for considerable time under the load and with physical and mental efforts placed on their shoulders, without sufficient knowledge about the disability, feel that they are burning out. Lacking support and direction, they frequently feel that they do not succeed in helping their child and sometimes they even respond with great anger or give up, following which they develop feelings of guilt, shame, and despair in that they do not succeed in being parents as they had dreamed of being, and all this despite the constant effort to help their child (Plotnik, 2008). The psychological definition of burnout is a situation of long-term exhaustion and limited interest. Burnout derives for the most part from pressures in the workplace without a period of appropriate recovery (Malach-Pines, 2011). When looking at parenting, it is possible to easily identify that the three conditions noted of burnout are held in parenting and with great intensity. Parenting is work under conditions of pressure, and with no respite; this is work 24:7. Parents expect of themselves much and since they do not succeed in realizing all their expectations from themselves, they are disappointed and feel guilty (Amit, 2006). The intensity of the cumulative difficulty among the parents, the tiredness, and the pressures sometimes become a difficulty that leads to burnout and to harm of the parenting efficacy. It is not easy to live with a family member who is suffering from ADHD and to cope with the complaints from the school, with the neighbors' comments, with the siblings' anger, and with the criticism from the extended

family, as well as with the constant activity, the noise, the stubbornness, the domineering attitude, the impudence, the tendency to verbal and physical violence, the brink of frustration (in Dor et al., 2013).

In addition, the disorder is genetic, and thus many parents act towards their children in the same way as the children act towards them, thus creating unending conflicts and a higher level of tension in the home (Yishai-Karin, 2002). There is research evidence indicating that family members of the child with ADHD suffer from their own troubles more than do family members of children who do not suffer from ADHD. It was found that there is a chance of about 30% that at least one of the parents will also suffer from ADHD (Barkley, 2003; Biederman et al., 1995) and a high frequency of depression and anxiety was found among the mothers in comparison to mothers of children who do not have ADHD (McCormick, 1995). The parents' distress influences their parenting style and their ability to provide appropriate support to the child so that he can cope with his difficulties. One of the mothers expressed this:

"Sometimes I am tired of this girl, what she asks for she receives but she is never able to give back. Every request, even the littlest one, she refuses and answers insolently. There are whole days that I am not willing to talk to her." (M.G.,3)

M.G. expresses imbalance: she (the girl) receives but is not capable to returning and this causes frustration. There is a feeling of ingratitude on the girl's part, as well as feelings of hostility towards the girl ("I am tired of this girl") and consequently a very childish response ("whole days that I am not willing to talk to her"). Many parents in the group knew to describe the feeling and difficulties from their personal experience as having ADHD or knowing to indicate a partner as having ADHD. These parents deal with the revival of painful past memories and difficulties providing an organized and calming environment for their child, some of them even feel guilt that "because of them" the child suffers from ADHD.

"They received the ADHD from me, when I was girl they did not know to assess this, and my parents did not understand me. At home I do not always succeed in being organizing with all that is necessary to do and frequently everything happens with pressure since you

remember what it is necessary to do at the last moment, I am to blame, I transferred to them all my defects." (L.S., 3)

The powerlessness and frustration of the parents contribute to the development of the feeling of lack of efficacy and loss of feeling of parental security. Many expressions that express the lack of parenting confidence address mainly the worry about missing out on the normal system of relations between the parents and the adolescent who suffers from ADHD and are characterized by the feeling of distance and future harm to the adolescent's ability to succeed as a result of the incorrect functioning as parents. It is possible in this perception to notice statements such as:

"I feel that I made mistakes and this destroyed for us the system of relations, he no longer talks to me, does not share anything with me. All the time he is angry, I feel that I am not succeeding and this is killing me." (M.B.,2)

"At the start of the seventh grade I almost lost him, I did not understand that it was necessary to change behavior and I all the time put pressure and the only way that a conversation was held between us was through insults, shouting. It is lucky that he did something so traumatic (I do not yet feel that I can share) but this was for me the 'wake-up call' and I came to the group. I understood that I am losing him, that he feels that I hate him, that nobody loves him, the thought about this scares me." (B.G., 1)

"I know that I am making mistakes with him, I do not succeed in finding the way to encourage him to learn and to succeed, he is insolent with me, if you were to hear how he talks to me then you would be shocked … I do not succeed in creating a conversation without this becoming shouting, I am losing the possibility of influencing him." (S.A.,1)

The above passages represent additional similar statements that the mothers said in the interviews and in the instruction groups and express the mothers' feeling, the worry about the loss of the way, and the loss of the parenting status and the ability to influence the adolescent child. The mothers' narrative tells the story and expresses words such as losing, this is killing me, the thought scares me. The choice of these words indicates the intensity of the difficulty and degree of coping of the mothers with the difficulties of adolescent who has

ADHD. The tremendous difficulty constitutes a motive for the mothers to come to the instruction groups out of the understanding that they need to search for a different way to cope with their children's difficulties The expression "wake-up call" (G.B., 1) is used as a motif that strengthens the parental need to be meaningful for the adolescent and to reinforce the sense of parental efficacy that was harmed during the coping with the difficulties. This concern indicates the mothers' great commitment to their children's success despite the great difficulty in coping, caring, and raising adolescents in general and adolescents with ADHD in particular.

Statements such as these recurred in many interviews and in instruction groups. Many parents expressed a feeling of lack of ability to change the reality of the system of relations with the children. The feeling of frustration and powerlessness is expressed frequently by most of the mothers in the group at different levels of strength. Great honesty is required to express some of the negative emotions both in the personal interview and in the group framework. The concern about what they will think of me as a parent prevents the parents from speaking with complete openness and without filters. However, it is enough that there be one mother who participates in the group to enable the rest of the mothers to feel that they are not alone and that they can feel safe telling without being judged as bad mothers. For the most part, after every expression of a negative response the mothers added something positive on the adolescent.

In the continuation of the statement quoted previously:

"I know that I am making mistakes with him, I do not succeed in finding the way to encourage him to learn and to succeed, he is insolent with me, if you were to hear how he talks to me then you would be shocked … it is not that he does not love me, on calm days he is different. ***He is truly a good boy, he has a huge heart,*** *when he is pressured he loses it unintentionally, I hope that he knows that I love him although sometimes it is not easy to see this or to feel this." (S.A., 1)*

They were educated that parents need to love their children and to accept them as they are. Negative emotions of parents towards their children are considered still an absolute taboo. Therefore, even when the parents express emotion that addresses parenting as a burden

or a disappointment they feel a need to balance the criticism. Frequently after the expression of the difficulty or feeling of anger and disappointment, the parents were careful to note a strength or positive feelings that they have towards their children and towards their parenting. During the meeting the parents and mainly the groups of instruction the parents shed light on the strong points of the parents and their children, one for another, as I will describe in the following sub-theme.

3.1.1.2 Positive Feelings

Alongside the feeling of frustration, there were more than a few expressions of the parents' positive perceptions of their role in the adolescents' lives. For the most part, the mothers in the group knew to express well their traits and positive activities versus the adolescents, alongside the fear that they make mistakes on the way of the coping. In the conversation during the group, they identified their strengths as caring and involved mothers. Words such as dedication, involvement, consistency and love were voiced, when the parents were asked to describe their role as parents. During the instruction in groups, they were asked to tell about a positive experience with their children. Most of the times they told about moments before adolescence, when the relationship between them was mutual and their child accepted their direction happily.

Examples of expressions like these include:

"Before he went to the middle school we would sit together to study for tests and I would help him organize his bag and room. I remember that at one opportunity after he received a good grade in the studies he came and told me: I know that you care about me and you are not giving up on me. I had tears in my eyes from emotion. He is a good boy, I know this."

The stories of the experiences that the parents told and the participants' responses shed a different light on the participants' strengths and helped them find strong points in the coping. Sentences like the following were voiced.

"I am doing everything for him, I will fight however much necessary and whoever necessary so that he will succeed, I am dedicated to my children."

"I am worried, sometimes worried too much, you know everything is both good and bad, concern is good from my perspective, but when I let concern take over this becomes distressing, but concern is important, I hope that he understands that I care about him. If I do not care about him, who will do it for him."

"It is hard for me with him (with the adolescent), sometimes the home is like a battlefield, but I love him, he is my life."

"I help him organize the submission of the works, I help him manage the time, he gets lost with attention, and frequently he does not remember to study for a test, to prepare lessons, to submit works on time. I help him also with homework. This involvement is good but often creates pressure and arguments. His frustration with the studies is vented at me, he can insult or ignore. This is not easy for me, but I do not despair. I would like to find the tools that will enable me not to give up but to balance." (R.R.3)

These expressions indicate that the difficulty is daily, requiring of the parents considerable effort and placing on their shoulders great responsibility. Until adolescence it was easier to bear the burden since the strength of the child's objection was less. Expressions such as I will fight, battlefield, pressure and arguments, distressing, concern takes control of me, I do not despair, and so on, indicate the understanding of the mothers: on the one hand they want to fight for the child, he is worth in their eyes any fight, but on the other hand they understand that despite the good intentions the atmosphere obtained is less positive and less contributes to success in the coping with the difficulties.

Throughout all the interviews and the instruction groups, expressions arose that indicate a wide scale of the parents' feelings in the everyday challenging coping with the adolescent who suffers from ADHD. On the one hand, there is the feeling of failure, there is powerlessness, and there is missing out, while on the other hand, there is a feeling of dedication, there is caring, and there is concern. These expressions are interwoven and sometimes appear to be apologetic.

The emotional load assigned to the parents' shoulders in this coping creates pressures and influences their parental image, primarily of the mothers in the group. There is

dissonance between the emotions, which are fundamentally positive but are on a scale between positive and negative, for instance, concern on one end of the scale is healthy and indicates caring but exaggerated concern harms the system of relations and also the perception of the reality in a logical sense. The exaggerated concern that the parents experienced contributed to the feeling of stress.

These findings strengthen the knowledge existing in the research literature that indicates the emotions with which the parents of children and adolescents who have ADHD cope. In the different research studies, the main reference is to the difficulties and feeling of parental inferiority of the parents of adolescents with ADHD. This is a continuous experience of parenting with concern and anxiety about the adolescents' fate (Plotnik, 2008). The raising of a child with special needs is a unique experience for the parents. They may find their lives changing greatly with the addition of a child to the family, which requires considerable resources of time and attention (Deater-Deckard, 2004). Research studies on parents of children with ADHD describe the family life as painful, exhausting, and filled with conflicts (Segal, 1998). Despite the constant effort to help their child, a feeling develops of lack of parenting efficacy, many tensions in the family (Mash & Johnston, 1983), and an experience of a non-functioning family environment (Lange et al., 2005).

A significant part of the conflicts and difficulties that emerge in the family life occur when the child becomes an adolescent. During adolescence, the adolescent looks for his personal identity, and in this process he examines the values according to which he lives and attempts to form norms, values, and a life perception he believes in. Frequently in this process he examines his parents' values and tries out values different from those of his parents. This process contributes frequently to arguments with the parents, and it depends greatly on the extent to which the parents allow the adolescent the autonomy to build his identity (Erikson, 1974). The gap between the needs of dependence of the adolescent with ADHD and the task of separation and cultivation of independence creates continuous confusion in the system of relationships. Thus, a distorted system is built of containing and letting go, of drawing close and pushing away. This parenting mechanism is painful and exhausting for both sides (Plotnik, 2008). The building of the identity during adolescence and the desire for autonomy

constitute a meaningful part in the conversation with the parents and will be discussed in the next sub-theme.

3.1.2 Red Lines – Values in the Education of the Children

One of the conflicts that accompany the adolescent is the gap between the world of values of his parents and the educational institution in which he learns and the values of Western culture, especially when the exposure to them is high and available for many hours of his free time. In this stage, in the adolescent there arise questions of behavior, values, and beliefs that derive from the development of his intellective and emotional abilities and express the need for the formation and construction of the personal identity in a manner separate and independent from the parents (Erikson, 1987). Frequently this period is accompanied by confusion, frustration, sense of lack of belonging and lack of confidence, feelings that are strengthened when the child is diagnosed as dealing with ADHD. These difficulties are shared also by the parents, who find it difficult to bear the signs of the rebelliousness.

During the interviews and in the instruction groups, the parents' difficulty maintaining values that they considered important in the raising of their children arose. Values like success in the studies, motivation, self-confidence, and positive self-image constituted security for the children's happiness, which was most important for them. In addition, the population in the three instruction groups consisted of traditional-religious parents, for whom faith constitutes an important and main component in the education of their children. Concepts such as keeping the religious commandments, keeping the Sabbath, and modesty in clothing and speech were central in the reference to the difficulties coping with their adolescent children. During adolescence, when the building of the personal identity constitutes a main role in the lives of the adolescents, it is clear that there will be conflicts on this background, as indeed were expressed throughout the interviews and meetings and constituted a meaningful difficulty in the coping.

3.1.2.1 Learning Achievements

The extension of education, which has grown longer over the years, has a central place in the lives of all the adolescents in the Western world. Erikson (1987) proposed the term moratorium to define the period of adolescence in which the adolescent examines his identity. The mental and academic development has central importance in the formation of the psychological identity of all adolescents. According to Piaget (1969 in Muss, 1988), in this stage the ability to think abstractly reaches its peak and is also expressed in the ability to generalize and critically think. The behavioral characteristics of ADHD and disability in the executive function as detailed in the chapter of the Review of the Literature contribute directly to difficulties in the academic field. Problems that influence on the course of the studies and are expressed in the difficulty to manage class and home assignments successfully, deficient perception and understanding of the learned material, ineffective learning skills, written expression, and low achievements, hastiness in the task performance, and constant harm to the motivation and perseverance (Raggi & Chronis, 2006). In today's society the prevalent opinion is that the child's open behavior and the child's developmental and academic achievements constitute confirmation of the quality of parenting (Plotnik, 2008). In the interviews I conducted with the parents and in the group conversations, great weight was attributed to success in the studies and effective coping with school tasks. The parents saw the studies to be an essential condition of success in the future, and therefore they ascribed to this great importance in the system of relations with the children. The main engagement of the parents and the main reasons for the appeal to help in the coping with the adolescent focused on the desire to help the adolescent improve his academic achievements. This field is expressed in the daily coping with the adolescent and with the school, which is central in the child's everyday life and expresses the characteristics of ADHD. Many expressions of values that direct to motivation to learn and to academic excellence were found when the parents expressed their concern and their heart's wishes for their children in the future.

"I want him to complete school with a good high school matriculation certificate that will open for him doors, I most want that he have it good." (K.M., 3)

"The studies are important to me, because of this I do not give in to him. I know that this causes many arguments, he says that I am intervening in his life, that I am bothering him. But I explain to him that it is important, if he wants to succeed in life. What will he do if he does not study?" (M.B., 2)

"I am worried, he does not want to learn and what will he do in the future? Even in the army when they recruit it is important to know how it was in the studies. This will trip him up in everything he will want to do when he will grow up, it is a pity that does not see it like this. Nothing interests him now, aside from computer games." (S.A., 1)

"Look at me, I work hard and barely earn money, I tell you all the time that I am doing everything so that she will study and it will be easier for her than it was for me. She does not listen, all that interests her is clothes and fun activities, I am going crazy about this." (H.M., 2)

In these statements, the parents expressed the importance of excellence in the studies as predicting happiness and success in the future. When they say words such as it is important, to succeed in life, to realize dreams, the question is what will he do if he does not learn, they are themselves conveying the message that success in studies is an equation for success in life. In terms of the narrative, when the parent tells his story in the first person (I am worried, it is important to me, I want, etc.), the reference is to the important place that the parents perceive their role as responsible for their children's success as opposed to the reference to the child without naming his name (he does not want, she does not listen), which indicates the anger or disappointment that the child does not see eye to eye with them the importance of their studies. Academic studies in society in Israel constitute a starting criterion for work with a good salary, and economic success equal success in life. In the group, many parents work in manual labor and barely eke out a living. They feel that they are willing to do everything, all so that their son or daughter will not remain in this work circle (sometimes the circle of poverty) but will find a more satisfactory occupation both in mental terms and in material terms.

A parent who reconstructs his experience as a child in the case of the father who wants a different future for his daughter, he says "look at me", he projects the livelihood

difficulties and the exhausting work on the lack of academic studies and wants to provide his daughter with an experience that corrects his. In addition, in Israel there is a compulsory military draft law for every citizen from the age of eighteen. The induction into the army occurs immediately after the end of the high school, and the role that a person holds in the military service is influenced by the person's academic achievements. The integration into the military in a significant position constitutes a source of pride, growth, and future development. In this thinking it is possible to notice that the parents are concerned about the child's future and are afraid that the difficulties will sabotage the child's ability to grow and advance and build a good future. In the research literature it was found that the parents of children with ADHD are anxious about their child's adjustment in the school and chances of integrating and succeeding in the future (Barkley, Fischer, Edelbrock, & Smallish, 1991). The parents share the feeling of concern and stress during the conversations and less express their adolescent's feeling. The parents' feeling of the importance of the success in the studies and the pressure the parents experience are not always commensurate with the understanding of the academic difficulties that characterize ADHD, and in essence they tend to shift the responsibility to the child for his lack of desire to invest in the studies. One of the parenting defense mechanisms mentioned in the literature is the denial of the disability. The fact that it is possible to attribute to the child personality traits instead of characteristics of the disability is common in the immediate interpretation and in the attempt to explain the sources of difficulty in the child's characteristics that can be controlled (Plotnik, 2008). The parents described the adolescent in the instruction groups and in the interviews with words such as: nothing interests him, messy, forgetful, argues about everything, lacks responsibility, does not keep any promises, and so on. Most of the descriptive words are commensurate with the difficulties in executive function that characterize ADHD. Difficulty with executive function can be expressed in the preparation of homework, perseverance in sport activity or homework preparation. Hyperactivity and impulsiveness, lack of ability to persevere in tasks, difficulty meeting learning requirements or regulating the emotions effectively – all these when they appear over time and characterize our behavior in life constitute chronic difficulties in the everyday functioning that exhaust and burn out the parents. The list of activities recalls characteristics of ADHD. Indeed, these are some of the symptoms of ADHD, but more accurately, these are difficulties in the cognitive processes called executive

functions (Jacob & Parkinson, 2015). When the parents use these descriptive words to describe the child, they disconnect between the neurological disability and its external expressions. Such an attitude endangers the child's mental health since his difficulties are interpreted in processes that can be controlled and the objective part that is not controllable and requires specific help is ignored. The help will give both the child and his parents ways of coping tailored to the disability. Denials may harm the child's self-image ("I tell her everything depends on you, if you want enough, you will succeed") and to delay the building of the correct treatment process (Plotnik, 2008). The difficulties in the learning function has broad influence on emotional and behavioral areas that are expressed in the adolescent's feeling of self-confidence, sense of efficacy, and motivation to succeed and were described the parents in the instruction groups and in the interviews that preceded them.

3.1.2.2 Mental Resilience – Self-Confidence and Feeling of Efficacy

In the groups of parents there was reference also to the adolescent's self-image, from the understanding that the difficulties that the adolescent experiences shape his identity, and alongside the excellence and success in the studies the parents expressed their concern about the feeling of personal wellbeing and self-image of their adolescent. The concern between the pressure they will exert on him to learn and his mental resilience makes the coping difficult. This concern is expressed in statements such as:

"He does not have self-confidence, the ADHD and difficulties in the studies made him unconfident, it is very important to me that he feels good with himself, and I do not succeed. I do not know what to do. I would like to learn from the group how to help him since this is the most important to me, I would like that the teachers will help him in this and will not even more decrease his confidence with their comments, I think that this is what will help him." (E.B., 2)

"I sit with her a lot on the studies, every day we engage in this. From the moment that she comes from school it is homework, tests, work. She is pitiful because it is hard for her to concentrate, this takes up all day. In the elementary school she coped with this, now she seems grumpier, tired, she barely meets with friends. I am very concerned about her, she

is losing steam. She feels that everything she does she does not succeed. I am sad about this, this completely is tearing me apart." (S.A., 1)

"Since he went to middle school he is not the same child, he is closed more. He does not want to talk about anything. All that I ask he answers 'ok' and 'good'. Everything is short. He leaves me outside of things, and I feel that he is not letting people help. I pray that he will adjust and will return to being friendly like he was. This is most important to me." (A.V., 1)

These passages, coming from different parents from three groups, indicate that the parents are aware of the additional harm of ADHD, which is expressed in harm to the self-confidence, motivation, and personal efficacy. The story of the parents indicates a feeling of change experienced by the adolescent, they express this in words 'unconfident', 'closed', 'grumpier'. The parents are afraid of the way in which the adolescent copes with his difficulties and attribute the difficulties to the studies and the teachers' attitude. By the use of the metaphor "losing steam" the mother wants to emphasize the change her daughter is experiencing, the confidence she is losing after years of coping with the characteristics of ADHD. All the parents express worry and sadness with this situation and feel powerless ("this is tearing me apart" and "I pray") with their feelings and with those of their adolescent. It is possible to understand from here that the ADHD difficulties do not begin and end in the academic field in the school; they have impact on the child's development and ability to feel proud of himself and his achievements. The school period is the period of development in which the child acquires esteem of others and self-esteem, which is translated into motivation and ambition to succeed. The child's true inner motivation, which clashes with the difficulties with fulfilling, and the negative evaluations or disappointment on the part of the teachers and parents, create a feeling of inner failure, despair, frustration, lack of pride in the self, and a feeling of inferiority. The perception and attitude of children to their ADHD differ from child to child, as well as the process of acceptance and coping with it. The feelings that arise in this context are diverse, such as difficulty understanding and accepting the disorder, feeling of powerlessness, feelings of disappointment with the self and with the achievements, frustration, guilt, anger, and despair on not being able to meet the expectations of the environment in general and the parents in particular (Kucher, 2010). These children have

difficulty with emotional regulation more than do other children (Wahlstedt, Thorell, & Bohlin, 2008), and they exhibit emotions of sadness, anxiety, and low self-image (Young & Amarasinghe, 2010). A research study that examined the self-perceptions of self-ability, mood, effort, and hope of learning disabled adolescents in comparison to students with similar academic function who are not learning disabled found that the learning disabled adolescents reported low academic self-ability and lower social self-efficacy. They also ranked their mood as more negative and reported lower levels of hope and less investment of effort in their academic work. Harm to the mood makes it difficult to recruit the emotional resources required for coping with challenges, giving meaning to the achievement, and attainment of the drive to fulfill the achievements (Lackaye, Margalit, Ziv, & Ziman, 2006).

3.1.2.3 Belief and Religion

One of the characteristics of the population in the three groups was the traditional religious characteristic. All the respondents were people who believe and who keep the religious commandments. The religious aspect expresses a significant difficulty in coping with adolescents in general and with an adolescent with ADHD in particular. Many coping difficulties and serious harm to the parenting perception were expressed in the conflict with the adolescent's religious identity. During adolescence, the adolescent searches for his identity and, as a part of this process, also examines his religious identity and the system of his values.

Frequently the adolescents at this age examine their own boundaries. They do not accept the religious commandments immediately as children do. The parents reported many arguments and disputes between the adolescent and his parents on the background of keeping the religious commandments. In particular, the daily prayers and the prayers on the Sabbath constituted a source of differences of opinion and sometimes a feeling of parenting failure (Fisherman, 2002). When the child does not come for the morning prayers on the Sabbath, often the father is subjected to criticism from people around him about the success of his education. The comments of the environment, the community in which the father prays, criticize the parents' education, and this criticism pressures the parents and conveys to them a message of failure. The research literature teaches us that the parents are judged on the

education of their children, and this contributes to the feeling of lack of parenting efficacy, when the environment sees them as non-functional (Plotnik, 2008). The world of the Torah and the religious commandments of Judaism is built on the postponement of gratification, which is the hardest thing for any person as a person, and is even harder for a lively adolescent who both is religious and has ADHD. This does not exempt him from the fulfillment of the religious commandments and with precision. In Judaism there are many religious commandments; from the moment the person rises in the morning and throughout the day there are religious commandments that the religious person must fulfill. The laws of religion address the way in which the person dresses, his food, his relationship behavior, and so on. These laws constitute a limit on the adolescent's life, and he does not always understand their importance and value. The dress code of religious girls limits them, and during adolescence the occupation with what I wear and how I look is very significant to the development of the personal identity.

Expressions can be found in statements such as the following:

"He does not get up for prayers, this destroys my husband. If he does come, then it is generally at the end of the prayer and my husband argues with him all the time over this. My mother-in-law blames me that I am not commenting to him, from her perspective I am to blame for this since it is my job. Prayer you understand how important it is to us, why can't he respect us? We give him everything that he wants."

"Once I awaited the Sabbath, today this has become a nightmare. From the early morning hours, I come in and go to his room out of the desire to create quiet and to prevent arguments around prayer and family, and every Sabbath this ends with yelling and agitation about the prayer."

The parents express the difficulty in the coping that integrates into the reference of the environment to their success in the children's education. The use of descriptive phrases such as "destroys him", "I am to blame", and "nightmare" indicates the intensity of the parents' feelings on this topic. The belief in God and the keeping of the religious commandments are not something that appear to the parents as subject to compromise. The concern about the distancing from the lifestyle constitutes a feeling of failure and

disappointment for the parents ("I am to blame for this", "this is my role"). The need to enable the adolescent to choose his ways and his values constitutes a threat to the parents, and they find it difficult to allow him to test the boundaries. Another aspect that contributes to the differences of opinion during adolescence is the adolescents' fashion choices, which are expressed in clothing and hair styles. In the Jewish religious lifestyle, there is also reference to the manner of dress. In the religious life style the girls must adhere to a certain length of skirt, lower than the knee, and wear longer sleeves (half-sleeves). Revealing clothing is prohibited by Jewish religious law, but the girls desire to look good, in their own eyes and in the eyes of society, and these prohibitions greatly restrict them and thus lead to many clashes between them and their parents and sometimes even with the educational framework where they learn. Even in families that do not maintain a religious lifestyle, the parents expressed difficulty coping with the fashion choices, when their girls chose too revealing clothes or different or unique hairstyles. In their opinion, the adolescent girls do not understand the message they convey through their external appearance. This difficulty is expressed in statements such as:

"The short skirts of my daughter drive us crazy, this is so short that every movement she does you can see everything, we did not educate her to dress like this. And when she comes like this to family meetings this embarrasses us and causes difficult arguments. My husband is not willing for her to come with us if she does not change her clothing. Recently every time we go out of the house it becomes a war."

"I insult her about her clothing, and I do not succeed in controlling myself. I am afraid to decrease her security, but truly the clothes she wears are awful. She always tells me if it horrifies you then do not wear, I like myself this way." (R.R., 3)

"Recently he is getting all sorts of recent hairstyles, I do not understand why he thinks this is nice, he laughs at me when I speak to him about this. In his opinion, I am some old lady aged ninety who does not understand anything of what goes today." (M.B., 2)

The mothers choose descriptions and motifs that indicate the daily coping that harms the texture of life in the home and systems of relations between the parents and adolescents. The use of the word "war" emphasizes the difficulty and powerlessness of the parents with

this topic, when they describe this as “driving her mad”. The system of relations that occurs around the topic of modesty in the dress and appearance is harmed, and as a result she feels that the child treats her as “an old lady” and laughs at her. The mother tells openly that she insults her daughter and does not have control over the way in which she expresses herself with her daughter despite the understanding of the scope of harm to the girl’s self-confidence and in the end harm to the feeling of parental efficacy. In essence, the mothers refuse to accept the adolescents’ attempt to form and express themselves through control of their external appearance and what is done in their private area as opposed to their difficulty to enable the process without judgment. The issue of the external appearance incorporates the struggle that occurs during adolescence: the adolescent’s need to cultivate an individual personal identity and separation from the parents on the one hand and to be a part of the peer group on the other hand. The mothers’ statements indicate the motif of the rebellion that characterizes adolescence, in which the adolescents aspire to choose the way in which they want to be seen, to choose the way in which they want to dress, as opposed to the way that their parents are willing to accept, and thus to enable their development in adolescence.

The characteristic of adolescence is that the adolescents aspire to choose the way in which they want to appear, to choose the way in which they want to dress, as opposed to the way in which the parents are willing to include additional expressions of the parents’ difficulty with the search for identity, and the rebelliousness that characterizes adolescence addresses the adolescents’ leisure time activity. Many difficulties revolve around the hours of sleeping and the nature of the entertainment and they were expressed in the sessions of instruction and in the interviews of the parents.

“I am not willing for my daughter to go to spend time among boys at a late hour of the night. She always says that this is boys from the school and all the girls go and only we do not allow her anything. Every time we ask her to return by a certain hour she begins to yell and cry and call us names and speak insolently. We are quick to respond or to punish and often we feel powerlessness.” (M.G., 3)

"I am worried about the way he spends time, I do not sleep at night until he returns. I am afraid he will drink and get drunk. I all the time attempt to speak to him about the implications of drinking, but it seems that he does not really listen." (K.M., 3)

The mothers' statements indicate the great occupation with the way they feel in the situations. The expression "I" appears frequently in the parents' conversation. The conversation in the first person indicates the high awareness of how they feel and the openness to tell this in the groups and the interview. However, it is possible to learn about the lack of confidence in their conduct with the children since they search for confirmation that they are good mothers when they emphasize with the words "I am worried", "I do not sleep at night", "I am afraid", and so on. There is great emphasis on the doing, but also between the lines it is possible to hear the lack of parenting confidence since this does not really achieve the hoped-for results. It is clear that there is transfer of the responsibility to the child, "he does not listen", "she begins to yell". It is possible to understand from the parents' statements that they find it difficult at times to set boundaries as they would find correct in a way that the adolescents will agree to listen. Difficulty with the setting of the boundaries causes parents feelings of powerlessness, and they experience pressured parenting and are anxious about their children's wellbeing. A meaningful part of the process of adolescence is the search for autonomy and independence and the need to disconnect from the parents' protecting place. During adolescence, the adolescent no longer is dependent on his parents, and he seeks to make decisions independently in some situations. The child's true ability to make decisions is not always commensurate with his ability to act alone. There is a meaningful difference among the families regarding the nature and quality of the system of relations between the adolescent and his parents (Steinberg & Silk, 2002). Some parents in the group said:

"I am also not satisfied with my daughters' clothing, but I prefer fighting about other things, so I ignore this, it is impossible to fight about everything, you need to choose what is most important." (R.R., 3)

"Truly the hairstyles are delusional, even the music he hears is so shallow, but I decided to not argue with him on this, I have enough other better reasons" (B.G., 2)

This difference has influence on the way in which the parents and the adolescents experience the relationship between them, and this may have impact also on the parent's subjective experience. The parents need to let him on the one hand attempt and experience, decide by himself his decisions, and bear the results of his decisions, but still be for him a safety net as necessary. During adolescence, dramatic physical, cognitive, emotional, and social changes occur, which disrupt the adolescent's psychological equilibrium and the family system to which he belongs. The physical and emotional changes are expressed in the change in the outer appearance, self-image, and a higher level of expression of negative emotions (Steinberg & Silk, 2002). These changes also influence the system of relations with their parents. The parents must deal with the adolescent, who looks like an adult in his appearance, but is not necessarily one emotionally, and they must adjust their responses to the frequent expressions of negative moods. The parents must be aware that the period of adolescence is one of the critical periods in the psychosocial development. As Erikson (1968) notes, this stage is characterized by the search for the self-identity and difficult deliberations, which accompany the crisis of the identity. The self-identity is the answer to fundamental questions such as 'who am I?' or 'what am I?', and through these questions the person can discover his identity. The identity is the internal and subjective feeling of the individual, who knows himself, his way, and his future goals and objectives.

Psychoanalytical theories established a prevalent belief of "storm and stress" and saw it to be a reflection of adolescence (Sohlberg, 1994). According to this outlook, the physical changes of sexual maturity awaken drives that create internal conflicts that are expressed in struggles with the parents and contribute to the adolescent's distance from his family (Greensfeld, Alon, & Feldman, 2014). Blos (1979), in contrast, emphasized the process of separation, individuation more than disconnection. In his opinion, the drives require of the adolescent to be free of his emotional connections with his parents and to evaluate them more realistically (Blos, 1979). According to the family system theory, the process of change includes development and freedom from the family. The adolescent wants to feel that his life is in his hands and under his exclusive control (Bowen, 1978). Marcia (1980) relied on Erikson and emphasized the identity as a dynamic component of the self of drives, abilities, beliefs, and personal history. The ideological obligation includes many components, such as political, social, economic, and religious ideology. The religious ideology is central in the

ideological obligation of the religious adolescent, since he is educated to judge the other ideologies according to the religious aspect. The roles of religion have five dimensions, as classified by Glick and Stark (1965), who address the experiences related to religion, knowledge related to the main tenets of religion, ideology, belief, and keeping the religious commandments. The parents express concern mainly about the ritual dimension that pertains to the keeping of the religious commandments (in Fisherman, 1992). During adolescence, in which the children aspire to distance from their parents and draw close to their peer group, they confuse more than once between involvement and intervention and attempt to distance as much as possible from their parents. And when the parent, the mother in many cases, continues to organize his life, he sees this to be intervention, and this creates a pressured system of relations with many arguments. Sometimes the parents attempt unconsciously to delay the process of the formation of the identity and the acquisition of independence, not only out of the fear for the adolescent's wellbeing but also out of the fear of losing their role and identity as parents and feeling superfluous. The parents have a place in the adolescent's life, even with his becoming independent. The peer group influences the adolescent in certain fields, such as clothing styles, hairstyles, preferred types of music, and admired artists. In contrast, the family influences in other areas, such as planning, continuation of the studies, professional and academic aspirations, and career planning (Muss, 1988).

During the conversations, the difference in the way of coping of the parents arose and expressed different parenting styles. It is important to note that frequently the problems that arise from the ADHD influence the parenting style.

3.1.3 Parenting Styles

During the reading of the data that arose from the research as a part of the perception of the parental role, different styles of parenting were found. The parents shared their way of coping with their children and mainly with the difficulties with the adolescent who has been diagnosed with ADHD. The understanding of the parenting styles developed as a part of the engagement in the processes of socialization that are held between the parent and the child. The parenting styles are apparent in the attitudes and behavior of the parents towards their children and constitute a basis of the family climate (Yafe, 2016). Many research studies

regarding children with ADHD show that the parents' characteristics mediate the influences of the children's characteristics on their development and adjustment in the different life circles. The raising of children with ADHD entails tension and considerable mental difficulty, which worsen the parental pressure and have implications on the parenting functioning and style, and these influence the child's functioning (Tomanic et al., 2004; Yafe, 2016).

The statements of the parents who expressed different parenting styles ranged between the desire to be friends of the children and the authoritarian style on the level of the requirement for complete obedience without the possibility of listening to the adolescents' needs. Many parents felt the need to give in to the students because of the nature of the disability and chose a permissive way that is not always commensurate with the needs of the adolescent with ADHD for support and maintaining boundaries.

There were mothers who expressed their desire to be the child's friend, and out of the understanding of the disability chose the way of friendship with the adolescent.

"I do not always know how to cope with her, I try to be her friend, but sometimes this ruins for me since when I do not allow her something she feels comfortable talking to me disrespectfully. This confuses me and her. When I was a girl the relationship with the parents was distant, we respected them a lot, but we did not feel that we could tell them anything. I do not want her to be afraid of sharing with me all sorts of things, we sit like friends."

"I attempt to talk with him so that he will know that it is important to me to know what he is feeling. At this age I would like him to feel that we are like friends but he simply is not interested. He is closed a lot of time in his room playing on the computer, with friends I try very much to give him what he wants, not to intervene too much."

In these statements it is possible to see the parents' wish to experience closeness with their children. This wish becomes a desire to be the adolescent's friend. The mother expresses her desire to be the girl's friend since she feels that she does not have the tools with which to cope with the difficulties. The feeling of powerlessness sometimes leads to surrender of some of the boundaries that our role as parents is to put before the adolescents.

The mother speaks about herself and her experience as a child, which reminds her of the sense of distance she felt from her parents, a feeling that she wants to change in her system of relations with her son. Because of the need to change her personal experience, it is possible that she gives up on the parenting style she had used until adolescence. Additional expressions of the parents indicated confusion between the desire to preserve a normal system of relations through the setting of boundaries and identification with the adolescent's needs. These include expressions such as:

"He is already big, I do not investigate him about everything he does. I completely rely on him, truly it is not necessary to rummage around for everything."

"I threw up my hands, he is big, he is not willing for us to intervene. I prefer not to argue with him over everything so I distanced a little. I speak to him only when he goes too far."

"Look, he is big already, I do not understand enough to help in the studies. I buy for him the things he asks so that he will feel good. I invite friends and prepare food for them. I do not intervene where it is not necessary. I do not want him to get distant, I want to be a part of his life."

The parents express the lack of ability and an inadequate parenting feeling when they express giving up on their parenting place that is expressed in the words "I threw up my hands", "I can no longer help". The use of the word "I" recurs throughout all the parents' stories and indicates openness and need to share their feelings with others. They speak about their adolescent and mention him as a part of their personal experience, "he is not willing", "only when he goes too far" "it is not necessary to rummage around". The use of the second person indicates the feeling of distance or disappointment. The fear that the parenting involvement will convey a message of intervention and will cause a type of split in the system of relations motivates parents to avoid taking action. The feeling of lack of parental satisfaction that the parents feel with the coping because of the continuous difficulty of coping with a child who has ADHD leads the parents to a situation of parenting powerlessness and feeling of lack of adequate emotional satisfaction in the relations with the child. This feeling cultivates the desire to atone for guilt through a permissive and enabling

approach. Parenting in a permissive style addresses the fulfillment of the child's needs as an ideal. These parents avoid setting clear boundaries and set few requirements for adult behavior. The low level of requirements posed by the parents expresses the little recognition of the child's needs and lack of maturity (Baumrind, 1978). This approach may confuse the adolescent and risk the parental status. A too permissive parent is frequently a weak parent, who finds it difficult to set boundaries that give freedom within the bounds of what is safe and possible (Blank & Fuchs-Yanai, 2004). Another parenting style that is expressed in the groups is authoritarian. Parenting in this style is characterized by the setting of borders in order to control the child's behavior according to the clear standards that the parent sets. The parent expects the child to obey these rules and does not hesitate to punish the child when he encounters the child's refusal. This parent does not support the child's autonomy and believes that the child needs to accept things as they are (Baumrind, 1978). Mothers whose parenting is characterized by the desire to be in control over every part in the adolescent's life voiced expressions such as:

"I call him often and I want to know where he is found at every moment in the day, I am afraid that he will get involved in some prank. He is angry at me. He likes to tell me that you are the only one who digs (prods) on the telephone. No other mother bothers like you do." (M.B., 2)

"For me there is an hour that they go into bed and there are no more phones, my daughter gets very angry and this makes nighttime a war arena, I do not give in. she needs to go to bed at a normal hour so she gets up for the studies. She all the time says that I am the worst, all her friends are on their phones, and I am the only one who cannot talk. What do you think, I am right, right?"

"Mother: Me too, I allow to go out until ten o'clock, she is upset that she needs to come in the middle of the going out. Instructor: Do you explain to her why it is important to you? Mother: It does not matter, she does not want to understand so I decide and do not give too many explanations. Another mother: And what happens if she does not listen? Mother: I punish her, I take away the phone or do not give her money."

With these statements, the parents express the feeling of stress that exists in the coping with the adolescent with ADHD. This feeling leads the parents to attempt to restore control over what happens in their home with their children through the attempt to set clear boundaries. It is possible to learn this from expressions “I do not give up”, “I all the time call”, “I decide and do not give too many explanations”. In such statements it is possible to feel the mother’s attempt to preserve a certain control. However, it is apparent that it is not easy for them. One of the mothers describes the stage of going to bed as a “war arena”, a time when the actions in the home are not simple. The rules are not willingly obeyed but rather it is necessary to fight every night anew. Her adolescent does not accept the rules, and the mother does not succeed in explaining the need for sleep at a reasonable hour. In addition, it seems as if it is not clear to the mother whether her actions are correct, she ends her story with the question “I am right, right?”, when she is not expecting an answer. She is searching for confirmation for her actions, something that emphasizes her lack of parenting confidence. Also, in the additional expression it is possible to learn about a type of powerlessness that led to the choice of the authoritarian parenting style, when the mother expresses this in words, “she does not want to understand”. It is possible to learn from this that there were attempts to explain but there was no listening, thus leading to the setting of boundaries in a one-sided manner. Frequently families that struggle with rebellious or defiant behavior feel great anger, which influences the family dynamics and interactions (Fowler, 2001). These statements and many others indicate a parenting style and the parents’ need to calculate a new track with their children during adolescence. Often adolescents who were good children in their childhood, who were attentive to their parents, and who were not problematic in the school with the studies and/or the teachers begin during adolescence to express difficulty, to be insolent, to be rebellious, and the parents must change their way of coping. While the literature offers models of parenting styles, the parent does not always belong to one style one hundred percent. The level to which the parents are more authoritarian and less tyrannical regarding the boundaries and implications is related to the child’s age and emotional maturity. Sometimes the difficulties that accompany the adolescent with ADHD can lead to thought about clearer boundaries in order to feel control over the events. ADHD has influence on the family system and constitutes an obstacle for the parents’ best intentions.

Negative interactions between the parent and children cause poor parental supervision over the adolescent's actions (Fowler, 2001).

It was found that the parenting style may predict the child's degree of wellness, social competence, and problematic behavior (Baumrind, 1991). Some maintain that parents of children who have ADHD experience a great degree of stress in their lives and hence their style of coping in situations of stress will significantly influence their behavior as parents (Schroder & Kelly, 2008).

3.2 Theme 2: The Parents' Perception of the Abilities and Difficulties of the Adolescent with ADHD

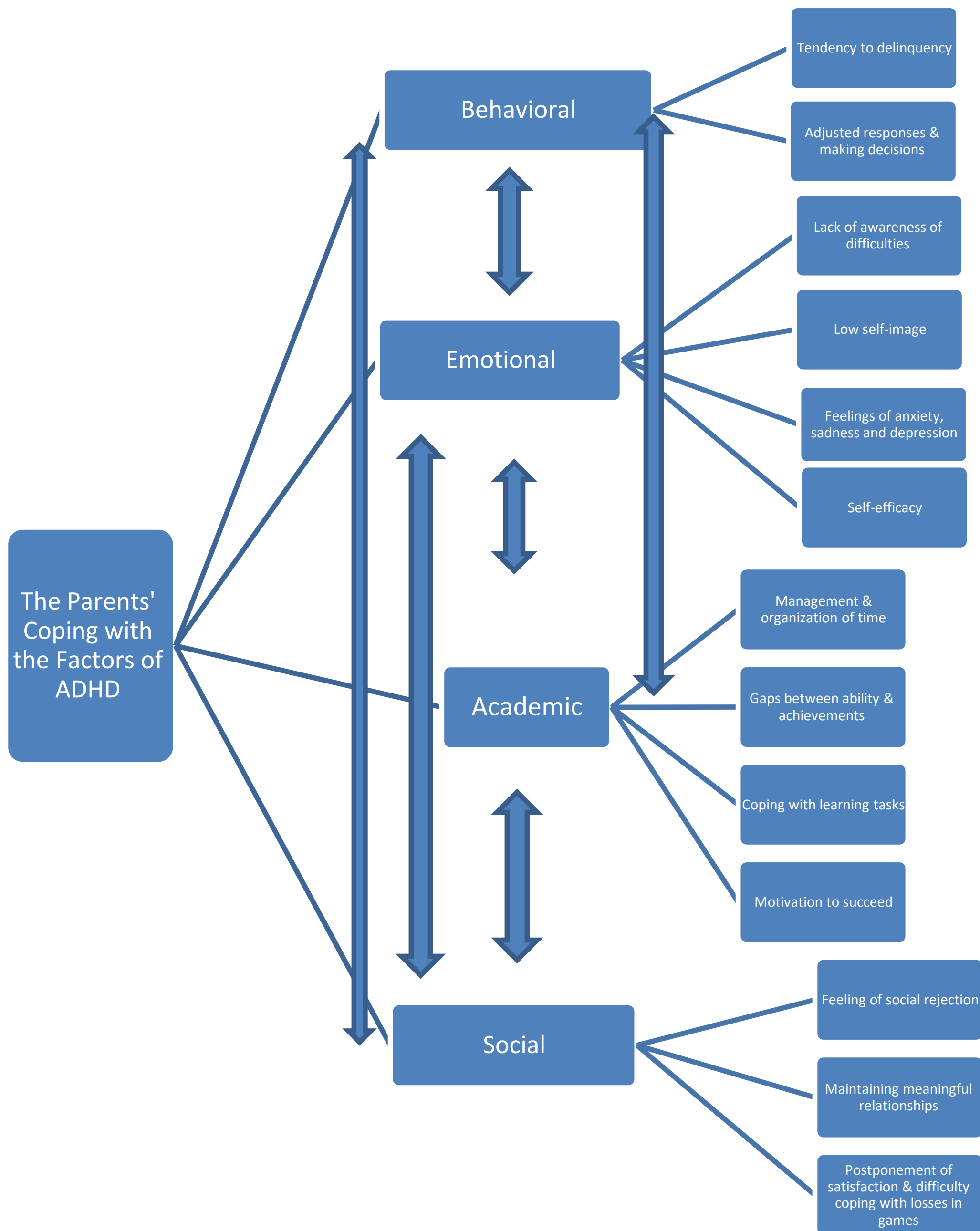
The second theme addresses the way in which parents cope with the factors of ADHD. This theme will express four subcategories that the parents addressed when they described the difficulties of adolescents with ADHD. These categories are: (1) the behavioral field, (2) the emotional field, (3) the cognitive field, and (4) the social field. These factors have also been reviewed in the research literature as expressing the adolescent's difficulties.

The research literature reports that children with ADHD have a high tendency of displaying difficulties in the cognitive-academic functioning as opposed to children with disorders (Barkley, 2006; Ozdemir, 2010), problems in the behavioral, emotional, and social fields. ADHD itself does not cause these difficulties; it raises the chance they will appear (Reef, 2005). These difficulties were described in chapter 3 (pp. 65-74) in the Review of the Literature. It is important to note that it is very difficult to separate between the fields since there is mutual influence between the fields and often they are an outcome of one another. For example, failure in the studies will lead to a low sense of efficacy and will lead to a low self-image and the opposite, a low self-image and sense of lack of efficacy will lessen the motivation to cope and to attain achievements in the studies.

It is important to note that in the research literature there is separate reference to each one of the two fields: behavioral and emotional. ADHD is associated often with other behavioral and emotional disorders. These children tend to have a demanding temperament already from their childhood. Children with ADHD have more difficulties with rebellious

and defiant behavior. Some of them can be very persistent and argue with the parents more than do other children. They can be aggressive also towards others, they tend to be easily angered, to attack verbally, and even more physically than do other children their age. These behavior problems may develop into more severe expressions of antisocial behavior, such as lies, thievery, fights, vandalism, and delinquent or criminal behavior (Barkley, 2003). The data of the present research study found little data that address the severe expressions related to behavior disorders. I found it correct to connect between the behavioral-emotional fields since most of the behavior problems reported by the parents were derived from the emotional place and from the component of impulsiveness that characterizes the disability. With the exception of one case, in which one of the mothers reported suicidal behavior, the parents in the group reported primarily behavior problems that derive from frustration and low self-image. It is likely that this is less expressed since the parents in the groups were traditional parents of adolescents aged twelve to fifteen who learn in regular frameworks and deal with ADHD. Behavior problems mentioned here may appear at an older age, when they are given a driving license and are permitted to purchase alcohol and cigarettes. (In Israel a driving license is obtained around the age of seventeen, and it is forbidden to purchase alcohol and tobacco products until the age of eighteen.)

Figure Number 2: Theme 2: The Parents' Perception of the Abilities and Difficulties of the Adolescent with ADHD



3.2.1 Behavioral Field

ADHD is frequently associated with other behavioral and emotional disorders. Children with ADHD tend to have a demanding temperament already in their childhood. These children have more difficulties with rebellious and recalcitrant behavior. Some of them can be very stubborn and argue with their parents more than do other children. They can also be aggressive towards others and tend to be easily angered and to attack verbally and even physically more than do other children their age. These behavior problems may develop into more severe expressions of antisocial behavior, such as lies, thefts, quarrels, vandalism, and delinquent or criminal behavior (Barkley, 2003). In the data of the present research study, little data was found addressing the severe expressions associated with behavioral disorders. With the exception of one case, in which one of the mothers reported suicidal behavior, the parents in the group primarily reported behavior problems that derive from frustration and low self-image. It is likely that this is less expressed since the parents in the groups were traditional parents of adolescents aged twelve to fifteen who learn in regular frameworks and cope with ADHD. The behavior problems mentioned here may appear at a later age when they receive a driving license and they can purchase alcohol and cigarettes. (In Israel a person can obtain a driving license after the age of seventeen and can purchase alcohol and tobacco products only after the age of eighteen.)

Because of the many difficulties accompanying the child and the adolescent who suffer from ADHD, they experience negative feelings in different areas of life. The difficulty is expressed in the regulation of their emotions and in their ways of expression. They frequently respond with externalized and inappropriate negative behavior (Eisenberg et al., 2001). The disability with the restraint and inhibition of responses and drives as a component in ADHD disrupts the child in the restraint and control of his behavior (Barkley, 2006; Siperpal, 2012). This topic arose many times in the groups of parents who addressed the child’s abilities to deal with different situations during the day as well as the behavior that accompanies the disorder and derives from its characteristics. The parents expressed this in statements such as:

"He is all the time angry, like a Rottweiler, everything that I ask or question he answers with yells, sometimes I simply give in, avoid approaching him so that I will not need to respond since I do not know what to do. I feel that I am lying to myself that everything is alright, when nothing in essence is alright." (M.B., 2)

"It is hard to speak with him, he feels that I am criticizing him. Sometimes I have the feeling that I am speaking to the wall." (S.B., 1)

The parents express the difficulty in motifs such as "speaking to a wall", describe the child as a "Rottweiler", which a dog that barks and attacks. It is possible to feel in these descriptions chosen by the parents the parental concern about the coping with their adolescent. When such a fear creeps in, the parents' ability to influence diminishes, and a sense of distance is created, which in the end harms the adolescent who needs his parents in this stage, beyond the façade that he presents. The mother really talks about how she is avoidant and gives up the coping with him. Pelham et al. (1997) note that negative interactions between the adolescent and his parents cause poor parental supervision on the adolescent's actions. When the parents in essence give up, they increase the chance that the adolescent will be involved in risky behavior (Fowler, 2002; Pelham et al., 1997). Additional behavior reported by the parents expressed the adolescent's difficulty with being aware of his behavior, coping with angers, and taking responsibility for his actions. These difficulties derive from the basis of ADHD, which lies in the inhibition of the response and influences the development of executive function that will help him moderate and regulate the behavior and respond appropriately to different situations (Barkley, 2003; Riff, 2009). These difficulties were expressed in the group by the parents through these narratives.

"He responds regardless of what happened, it is hard to anticipate his response. Sometimes he explodes on me when I turn to him and I do not understand what I said wrong. My simple sentence or of one of his siblings can end with a world war, ***he feels the entire world is against him.*** *I really am walking on eggshells beside him and I do not like this feeling." (B.G., 1)*

"He never takes responsibility for what he did, he never is to blame, he always blames me, the teacher, his siblings." (S.B., 2)

"I do not succeed in stopping his outbursts, you need to see what a monster comes out of him when he is angry. He curses, yells, slams doors so hard that the entire lintel has already broken we have reached the situation that my husband simply disassembled the door." (A.K., 2)

The parents describe the great difficulty in their coping with frustration and behavior difficulties that accompany the coping of children and adolescents who suffer from ADHD. The parents experience confusion and sometimes fear of the encounter with the adolescent. They use words such as "outburst" and "walking on eggshells" in order to explain the daily coping in the home. It is possible to learn from the parents' statements about the way in which the adolescents respond to different situations during the day. The degree of their ability to accept responsibility for their deeds and to choose behavior that will advance them to success. The parents' statements indicate a feeling of powerlessness, lack of knowledge, and lack of understanding how it is appropriate to cope when such outbursts occur. The use of the description "monster" serves the mother to explain that in certain situations she does not know her son and therefore in such a situation the sense of powerlessness is greater. B.G.1 notes that "she does not like the feeling", and with these words she indicates distance that is created as a result of this behavior. She will not dare to say that she does not love the child since it is a type of taboo regarding loving your children, but this is in essence her way to say that it is difficult for her with what she feels under these circumstances, towards her son and towards herself. The parents' description indicates difficulties in the emotional regulation that characterize children who suffer from ADHD. The core traits of ADHD, which are characterized by inattention to details, impulsiveness, and hyperactivity, have cognitive and behavioral expressions. To this is added another main trait – difficulties with emotional regulation, which results in an increased risk to experience functional deficiency and problems of internalization (Anastopoulos et al., 2011). Emotional regulation addresses the person's ability to control, manage, and change the intensity of the characteristics of the emotions he experienced through the adjustment of the emotions to a given situation. Difficulties with emotional regulation are expressed also in impulsive behavior and difficulty to control drives. The ability to restrain our drive to respond gives our brain the time to share the information that enters into two parts: personal interpretation for an event and the information of the event. A response based on emotional behavior does not always help us

(Barkley, 2003). Most of the expressions of the adolescents' behavior, as presented by the parents in the group, were supposedly linked to negative, recalcitrant, and/or avoidant messages, but most of them express distress on the background of ADHD, anxiety of additional failure, or feeling of guilt and shame that leads to difficulties in the behavior. The understanding of the language of the disorder enables the adult to adjust his responses in a precise manner that is correct for the adolescent. The fear of setting boundaries by the parent may weaken the adolescent since this is a message of harm to his self-worth.

Behavioral difficulties that accompany ADHD and that are learned also in the research literature address the delinquent behavior of the adolescent with ADHD and feelings of anxiety and suicidal tendency. In the case of the individual in the group, the mother described difficulties that describe this behavior.

"Listen, I already am not coping, she steals from my wallet, she curses every time something that does not go well, she goes around with all sorts of boys, and I really follow after her, it is really discouraging." (M.G., 2)

"It is the hardest for me that she threatened to commit suicide, they called me in the middle of the day, do you know what fear this is, I took her to a psychiatrist and now each time that I want to ask something from her, I am afraid. I will die if something happens to her because I made her do something she does not want. But what am I supposed to do now, this is the reason that I also came here (to the group), I need to get help." (M.G., 2)

The mother tells in the group with courage and openness about non-normative behavior of her daughter that makes the parental coping with ADHD that has additional problems more difficult. The mother tells about her daughter in the second person without personal reference to her. "It is hard for me with her", "she steals", and "she curses". In this way she expresses the feeling of disappointment, distance, and powerlessness in these situations. She tells about the feeling of despair that she feels with these situations. In the second passage that she tells, she addresses the case in which the daughter threatened to commit suicide. This happened during the study day and the mother was summoned to the school. The anxiety with the situation in which something will happen to her daughter, along with the parental frustration, denies her the possibility of appropriately handling the

adolescent. After such a situation, there is the fear to set boundaries, to prohibit the child's activity, out of the fear that he will decide to realize his threat. She expresses this fear when she uses the words "I will die if something happens to her". A research found that there is a positive relationship between ADHD and suicidal tendencies in both sexes and in all age groups. Comorbid disorders mediate between suicidal tendency and ADHD (Balazs & Kereszteny, 2017). Barkley notes that ADHD can slightly increase the risk of suicidal feeling of adolescents. The risk of a suicide attempt is higher when ADHD is accompanied by behavior problem (in Fowler, 2002). It is important that the parents understand that suicidal statements and attempts at suicide are in essence a cry for help. Teenagers who become rebellious may threaten in different ways. The greatest threat is "I will kill myself". Of course, it is necessary to examine these pronouncements in-depth, but nevertheless the parents must notice whether this is the adolescent's emotional manipulation, with the goal of attaining what they want. Children who suffer from ADHD are often characterized by emotional instability that is associated with the increase of the severity of the disorder symptoms, especially hyperactivity and impulsiveness (Sobanski et al., 2018). According to Barkley, the adolescent will display emotions that can be compared to a fuse. It is possible to follow the interaction that he leads to or to act like adults. The knowledge of the adolescent's difficulty causes the parents sometimes to give in and lose their good parenting principles. The fear is that their adolescent will not love them or respect them and in this case the belief is to some extent that we will ruin his life. The irony is that when the parents give in to the emotional blackmail the adolescent stops respecting them and over time the parents, who will feel a victim to the regular surrender to the adolescent's demands, will stop loving him, and this will lead to additional troubles (Barkley, in Fowler, 2002).

Although this topic arose very slightly in the instruction groups, I chose to bring these cases since I believe that while extreme behavior problems did not arise in the group it is possible that this was avoided since the parents found it difficult to share in-depth these things with the other parents. In the group there are different levels of exposure, and there are parents who even by voicing thing aloud make their great fear realistic and they prefer to avoid this. The behavior problem reported by the parents derived from the emotional place and the component of impulsiveness that characterizes the disorder, as they will arise from the parents' statements and in the research literature as difficulties in the emotional field.

3.2.2 Emotional Field

A significant difficulty that accompanies attention disorder in the literature and that arose also in the research data was the emotional field. The perception and attitude of children and adolescents with ADHD indicate the difficulty in the acceptance and understanding of ADHD and the coping with it. He has feelings of powerlessness, disappointment, frustration, and guilt that he cannot meet the expectations of the environment in general and his parents in particular (Kucher, 2008). Difficulties in the emotional regulation of children and adolescents with ADHD cause feelings of sadness, anxiety, and low self-image (Young & Amarasinghe, 2010). Many parents told in the interviews and group meetings about low self-image and lack of self-confidence of their children.

"He prefers to avoid coping, so as not to fail, he does not believe in himself and it is necessary all the time to encourage him to learn or to go to friends." (S.B., 1)

"In the elementary school he would try, I would help him in the studies, and it would not always work out for him. He would not succeed all that much, but he would not fail. Now in the middle school it is far more difficult. From ahead of time he prefers not to try, he already does not believe in himself. He all the time says I am zero in the studies. Mainly in mathematics. This crushes my heart." (S.A., 1)

"It is hard for her to cope with my displays of affection for her brothers, she is certain that she is loved less. I all the time balance, every praise that I tell somebody else by her, I must tell her something good so that as if I am praising somebody else I tell her she is not good enough. This is difficult. I all the time need to pay attention to what I am saying. It is really hard for me that she feels this way." (R.R., 2)

The mothers in these passages described different ways of lack of self-confidence that the adolescents express. They describe the giving up because of a continuing difficulty from previous years that harmed the motivation and feeling of efficacy of the adolescent with ADHD. The child's choice of words was difficult for the mother, when the child says that she feels she is zero in the studies. It is hard for the parent to deal with such a feeling, she says "this crushes my heart", and it is also hard to change the child's perception of himself

and to know that such a self-reference will harm additional fields in their children's life. The child's internal motivation, which clashes with the difficulty to realize it, and the negative evaluations or disappointment on the part of teachers and parents create a feeling of internal failure, sense of inferiority, despair, and lack of self-pride. A low self-image is expressed also in the adolescent's constant need for positive reinforcements. This is expressed in the mother's story, which expresses the need to be all the time on alert when she is around her daughter. The repetition of the word "difficult" twice in this passage indicates the strength of the coping. She must be alert when she praises another child. Her daughter's self-confidence is low, and therefore she finds it difficult to hear praise about somebody else when she is in the environs; from her perspective, her interpretation of this praise is that she is not good enough to also receive this same praise. Many research studies have found a relationship between ADHD and risk for many emotional problems, such as depression, irritability, anxiety, and extreme mood swings that are not commensurate with the situation or the age of the child (Kucher, 2008). Harm to the mood makes it difficult to recruit the emotional resources necessary for the coping with challenges and the increase of the motivation to attain achievements (Siperpal, 2012). An expression of this can be found in the statements of the parents who are coping with difficulties in the academic field.

The two fields, the emotional field and the behavioral field, are entwined and frequently derive from one another. Like the parents' descriptions and reports, the researchers and professionals who care for the children who are suffering from ADHD sometimes report that feelings play a large role in the everyday difficulties with which the children cope. Children with ADHD feel, like children without ADHD, feelings of sadness, anger, despair, and worry. However, unlike children who do not have ADHD, these feelings are more frequent and intensive, and it appears that they last longer over the course of the everyday life. When children find it difficult to manage their emotions, they can appear in different ways. Some of them may find it difficult to place brakes on their emotions, when they are angry or stressed about something. Children with ADHD, more than most children their age, may also feel rapid frustration from simple annoyances, be more worried even about little things, find it difficult to be calm when they are agitated or angry, feel harm or insult when the receive criticism, find it difficult to postpone satisfaction. Like other children, children with ADHD are not similar in their temperament. Some are calmer or shy. Others

respond more, speak openly, and sometimes are even aggressive. However, frequently they do not have the ability to manage their emotions as do other children their age. They have less ability to respond to their emotions with the powers of logic of their mind. Difficulty with active memory, which sometimes children with ADHD have, makes it very hard for them to remember the larger picture. They tend to get stuck on what they feel at that moment (Brown, n.d.). The research of Strine et al. (2006) found that the parents, teachers, and clinicians describe children with ADHD as tending to respond emotionally at different intensities to everyday situations and to find it difficult to regulate their emotions when they occur.

This research study found that one of the expressions of emotional difficulties is absence and difficulties in academic functions (Strine et al., 2006). ADHD places the child at risk for repeated experiences of failure and frustration, which are expressed in the home, in society, and in the school, as I will describe in the continuation.

3.2.3 Academic Field

Difficulties in executive functioning are considered mechanisms at the basis of ADHD. There is general agreement that there are three core executive functions: inhibitory control, working memory, and cognitive flexibility, which include difficulties in structured thinking, solving problems, and planning (Diamond, 2013, 2014; Miyake, Emerson, & Freidman, 2000). The role of executive functions is to advance, integrate, and regulation cognitive functions that influence the academic achievements, the social-emotional functioning (Yishai-Karin, 2009). Executive functions are expressed in high cognitive skills that allow for control and monitoring of behavior, thought and emotion and help to complete goals successfully. They are responsible for the ability to plan and solve problems and include verbal and visual working memory, mental flexibility, emotional regulation, ability to delay verbal and non-verbal response, initiate activity, fend off distractions like noise or visual stimuli and ability to start a task and persevere in it. Weaknesses in academic functioning cause many students with ADHD to have learning difficulties regardless of their cognitive ability (Riff, 2009: Yishai-Karin, 2009). The assessment is that 25%-50% of the children with ADHD are characterized in addition by learning disability (Mayes, Caihoun,

& Crowell, 2000). If, in addition, there are also learning disabilities, then the harm to the executive functions may be more significant. Many research studies indicate that children, adolescents, and students who suffer from ADHD suffer from low academic achievements (Barkley, 2006). This appeared in the meetings, when the parents describe strengths and difficulties in the academic field, statements such as:

"I see that it is hard for him in the studies, his grades are not good, when he went to the middle school it became harder, and I already less can help."

"In the elementary school it was very hard for her in the studies, it was hard for her to read, and every time she needed to prepare homework or to study for a test, I sat with her for hours. Now in the middle school the material is harder and I am afraid she will lose motivation." (S.G., 2)

"There is much more homework and tasks and he already is not succeeding in doing everything, it is hard for him to sit for a long time, and many times he does not manage to do all that he needs and then he despairs." (M.B., 2)

In general, this is the difficulty of the children with completing the academic assignments, and to this is added the fact that there is the need for great mediation and considerable help on the part of the parent, in time taken from the rest of the tasks assigned to the parents'. The words 'difficult' and 'very difficult' appear in these passages four times, thus reflecting two concerns of the mothers in parallel. The first concern is the sorrow in seeing the child's coping with the difficulty and the ongoing disappointment from the considerable investment and low achievements. The second concern expresses the mothers' inability to help as the study material becomes harder. In the period of adolescence, the youths acquire more logical and abstract thinking ability, and their ability to solve problems and to make methodical inferential processes improves manifestly. In addition, there is an improvement in the adolescents' attention skills and their ability to process information increases and becomes more effective. These changes enable the adolescents to withstand the load and more complex learning assignments than in the past, but also contribute to the youths' emotional-social development. The adolescents' cognitive abilities enable independent thinking, which joins the need for the formation of independent thinking and

identity. A student with ADHD is sometimes found in a position of inferiority since his cognitive toolkit is not commensurate with the academic requirements adjusted to his age. Sometimes the school requirements externalize the disability or there is a verbal or cognitive difficulty in the understanding of the ideas that contribute to the experience of inferiority and failure (Plotnik, 2008). The fear of the loss of motivation and the cultivation of a feeling of lack of efficacy is expressed by the parents in the words “he despairs of him” and “I am afraid that he will lose motivation”. These statements were joined by statements such as:

“He does not succeed in concentrating so he disrupts. Behavior problems are new to me. This is certainly since it is hard for me and he does not succeed in helping himself, this frustrates him and also me.” (K.M., 3)

“He does not believe in himself. He no longer wants to get up for school, to wake him up in the morning is a very difficult task and causes much stress in the morning.” (S.A.,1)

The parents describe the harm to the motivation as a result of the difficulties with which their children cope in the education system. As described in the subsection above which dealt with the emotional difficulties of the adolescent with ADHD, the parents described and addressed the adolescent's intrinsic motivation, which conflicts with the difficulties to realize it. They express their concern that these difficulties will lead to additional difficulties such as the problem of behavior in the class and considerable absence from the school. The school is an arena in which there are interactions with the peer group, success or failure in this arena contributes to the building of the identity that exists during adolescence and the children’s self-image. The mother attributes the disorders to the lack of ability to concentrate that characterizes ADHD and thus in essence supposedly distances her ability to help and searches for a response to the powerlessness versus the change in behavior.

The academic difficulties are expressed in a broad range of academic skills that derive from the difficulties in the executive functions that characterize the ADHD. These difficulties are expressed in difficulties of organization, perseverance in the performance of assignments, impulsiveness in the performance of tasks, and so on (Brown, 2006). Difficulties in executive functions that influence the meeting of the academic tasks are expressed in the planning and prioritization of behaviors, organization and management of time, keeping in the mind

information relevant to the task, use of information to make a decision, postponement of distractions, exchange between different directions of a task, creation of abstract laws, and knowing to manage in new situations, a skill required for decoding mathematical problems at a high level, and so on.

In middle school, the burden on executive functions has increased. The number of and level of the study assignments are increasing, and in addition there are other roles and areas of interest (driver's license, traffic instruction, swimming, etc.). The burden on the executive system is great, and a teenager with difficulties in executive functions finds it very difficult, even though he managed to get by the seventh grade. These difficulties are expressed in the different statements of the parents in the instruction groups. Expressions such as:

“He never remembers that he has a test, I all the time try to update from the friends or from the teacher.”(S.A., 1)

“I know that he has a problem with the organization of the time … this shatters me that I know that he can and he falls each time because he is not sufficiently organized.” (S.A., 1)

“His room, his notebook, it is one big mess, I do not know how it is possible to learn this way.” (M.B.,2)

“His room looks like a bomb went off in it.” (B.G., 1)

“The concentration difficulties harm how he functions in the classroom and he misses much of what happens in the lesson. Frequently he comes home when he does not remember what they learned and whether there is homework.” (M.B., 2)

The parents’ frustration derived from their recognition of their child’s ability versus his actual achievements. According to them, the child himself is aware of the gap between what he can do and the grades he receives in actuality. This bestows a feeling of lack of control and lack of efficacy to cope. All the passages indicate the problem of organization, which is identified more than anything with the difficulties of executive function of those with ADHD. The mothers speak about the lack of order, which begins gradually from the

child's notebooks through his backpack to his entire room. They express this through the repetition of the words problem with organization, not organized, one big mess, does not remember anything. One of the mothers uses the metaphor "a bomb went off" to describe the lack of order in his room and that she emphasizes her powerlessness and lack of understanding of the child's difficulties when she critiques his way of learning. She not only is crying over his academic situation but also does not understand the root of the problem. In this sentence a type of dissonance arises between him and her. She says his room, his notebooks, versus I could not have learned like this. She apparently is orderly and therefore she finds it difficult to accept his mess.

Another difficulty that the mothers expressed beyond the coping with the lack of organization of their children is their emotional coping with the gap that is created between the child's normative intellectual ability and his actual achievements. One of the mothers expresses a real feeling of pain in light of this gap: "this shatter me". The parents who face these difficulties feel sorrow and powerlessness. They are disappointed in the child, angry at the deviant behaviors, are worried about his future, and mainly are not satisfied with themselves and their parental functioning. The parents understand that their behavior is not consistent and is not suited to their child's needs. They would like to be better parents but the daily pressure with these children and the outside pressure from the school, the other parents, and the friends increase the confusion and embarrassment (Shechtman & Gilat, 2005). The difficulty increases when the student reaches the middle school, since the academic requirements rise in the level of thinking. The requirements of the school and the curriculum in the middle school necessitate more complicated thinking and processing abilities, organization, and perseverance (Fowler, 2002). The cognitive development that occurs in this age develops at a different pace from one adolescent to another (Piaget & Inhelder, 1972). The research literature also describes the tremendous academic difficulty that the parents describe. Barkley (2003) emphasizes two main problems in the studies. First, the problem of output – they finish less relative to other students or relative to what is expected of them and therefore their achievements are lower. Second their levels of ability are often lower than those of children without ADHD. The fact that they are not focused and are impulsive in a setting in which self-control and concentrated effort are essential to success, such as the school, may be destructive for these children. The difficulties in the

academic field are entwined in the behavioral and social fields and derive from one another and they all derive from the disorder in the executive functions and behavioral restraint that characterize ADHD.

3.2.4 Social Field

The executive functions described above have influence also on the social field. Impairment in executive functions that often detrimentally influences social function is a lack of emotional and behavioral regulation. At a young age, there is a tendency to lash out at others, take things without permission, have difficulty playing, keep the rules in mind and consider the needs of others, plan long enough before action, and have no control processes. As a result, impulsive behavior is created that contributes to social difficulties. Common difficulties among children and adolescents with ADHD, which adversely affect their interpersonal communication with others and their social acceptance, include weak problem-solving skills, over-reactivity (they are easily caught up in arguments and the use of inappropriate means of resolving conflicts), dealing with anger, and low self-awareness of their behavior that is perceived by others as annoying (Riff, 2009). Difficulties with these executive functions derive from deficiencies in one of the mechanisms underlying ADHD – inhibitory control. Difficulty in inhibition consists of the ability to control the person's attention, is composed of the ability to control attention, behavior, thoughts and emotions, to bypass a strong inner tendency or external temptation, and instead to do what is more suited or necessary. Self-control is the aspect of inhibitory control that entails the opposition to temptations and not impulsive action, to do or to take what you want without addressing social norms or other people's emotions. Self-regulation largely (but not completely) overlaps with inhibitory control (Diamond, 2014).

Social problems are also caused following experiences of failure, frustration, and powerlessness and following a low self-image, as described in the academic and behavioral emotional fields. Some children deny their social difficulty and display self-confidence despite their peers' social rejection. The parents' report indicates considerable difference in this field, and many of them reported this field as the students' stronger field. However, even when the parents phrased their children's functioning in a more positive manner it was possible to identify the influence of the ADHD on the adolescents in the social field. The

parents' expression on topics related to the social field derives from the impulsive behavior that characterizes ADHD.

"May this child be healthy, he all the times argues about every little thing. I simply am worried that at this rate he will not have any friends left."(S.B.,1)

"How he likes to argue about everything and from every small argument he creates a fight. He exhausts everyone." (A.A., 3)

"She sometimes really is irritating. She judges and criticizes everyone in the worst way, only herself she does not see, when comments are made to her it always ends with 'what did I do?'. To speak to her is like speaking to the wall many times. For the same reason she also cannot change since she never takes responsibility, she does not understand what her part in the story is, there are friends who prefer not bothering with her, she is rather alone in the afternoon but I do not blame her friends, I would also distance from her. I do not succeed in helping her understand what she is doing and I mainly am worried about what will happen in the future? In a couple relationship? In work? What boss will tolerate such outbursts?"(R.R., 3)

The impulsive component that characterizes ADHD is expressed in the difficulty with the correct reading of social situations and making intelligent decisions in social situations. In the passages the mothers express frustration about the children's tendency to get into trouble and to argue frequently with their friends and their way of judging those around them in an uncompromising and emphatic manner. In addition, the lack of taking responsibility for their actions and the blaming of others for what happens to them are apparent. The mothers bring up their concern that this deficient behavior will lead them to a situation of social rejection and that they will not succeed in creating appropriate friendships with those their age in the future. One of the mothers even describes her daughter's sense of loneliness in the afternoon and even understands her friends, a fact that certainly intensifies her daughter's sense of loneliness. It is reasonable to assume that this feeling is conveyed to the daughter and harms her self-confidence. Words such as 'worry", "exhausting", and "do not succeed in helping" recur in different situations of coping throughout the entire conversation

with the parents. The feeling of powerlessness and lack of tools for coping arise in different situations.

The research literature describes ADHD as influencing social problems. Children who are diagnosed with ADHD sometimes lack the appropriate social interaction already from a very young age. As they grow older, they adopt for themselves the feeling that they lack social skills, their self-image is harmed, thus leading to frustration, depression, and additional difficulties. The reason lies in a number of factors: some of the children with ADHD tend to be more aggressive and impulsive than others. They respond frequently to their friends with impatience, anger, yelling, they interrupts the teacher, and they throw a fit over every small thing. Sometimes they seek to take control of the game, take action when it is not their turn, and forget the rules. They are considered strange by their classmates since they do not always pay attention when they are being talked to and they do not always remember what was said. This behavior, which generally is undertaken unintentionally, causes the other children to distance from them, and even to shun them during the recess. Many children with ADHD do not succeed in attaining high achievements in the school, although they are intelligent and have a high intellectual level. This leads to low self-esteem and then convergence in the self. There is a chance that children with ADHD who have behavior problems, since they are rejected by their classmates, will choose to connect with others who have a similar pattern of behavior. Thus they encourage one another to undertake improper behavior and distance themselves further from normative social relationships.

The research literature explains these behaviors through the understanding of the different components of ADHD. According to Barkley (2003), the hyperactivity and impulsiveness of the child with ADHD disturbs other children, especially when they are trying to work or play together. The bluntness, directness and sometimes aggression that the adolescent exhibits also prevent the closeness of their peers. Children feel threatened by the abruptness and ease at which the adolescent with ADHD develops anger, frustration, and aggressive responses (Barkley, 2003). The component of impulsiveness and disorder in self-restraint in responses, as presented in the theory of Barkley, along with the harm to the executive functions and emotional regulation harms the ability of those who cope with ADHD to see the general picture of the situation and to respond in a suitable way and with

suitable intensity. Barkley establishes his belief on the problems that derive from the restraint of the behavior on the theory developed by Dr. Bronovsky, a thinker, physician, and mathematician. He wrote an article that examined the social communication of people as opposed to the communication of animals and found that the person's uniqueness derives from the simple ability to cause a delay between a word, message, or event that we experience and our response to it. People have the ability to restrain the immediate tendency to respond and it allows us to feel the past and create a concept for the future, to use inner speech to restrain our behavior, to separate between the emotion and information, and to carry out analysis and synthesis into different components of the situation. The difficulty of ADHD to restrain responses makes these mental functions difficult (Barkley, 2003; Triolo, 1998). The development of social relationships is essential in every child's natural process of development. Social difficulties may, at a later stage, cause problems in other areas, such as shyness, low self-image and self-esteem, and so on. All these may carry into the adolescent's life and influence his future as an adult.

Children who find it difficult to create social relationships are found in the group who are at-risk of dropping out from the school, lacking ability to deal with advanced studies, and in extreme cases even sliding into delinquency. Social difficulties may lead to social rejection. Children and adolescents with ADHD experience more social rejection and feel loneliness. Nearly 20% of the children with ADHD suffer from severe social problems in comparison to those their age and in comparison to students with learning difficulties and not ADHD (Barkley, 2006). Their parents report less social involvement in leisure time activity and poor relationships with those their age and with family members (Siperpal, 2012). The difficulties with attention that are expressed in the tendency to be easily bored, difficulty with being flexible in certain situations, and significant difficulty in the deciphering of social situations contribute to the social rejection. Among some of the adolescents, the disorder is expressed in impulsiveness and causes them to easily explode. Impulsive behavior may lead to social rejection and even to difficulties in the family framework. Frequently ADHD children feel and are aware of their lack of social skills. Consequently, they may develop social anxiety, which exacerbates their situation. The avoidance of social interactions is created, and thus their ability to acquire friends and practice interpersonal functioning as their peers do is limited (Manor & Tyano, 2012).

However, this is not the case with everyone. Children with ADHD have a special personality: they are charismatic, ambitious, brave, and adventurous, and they take upon themselves risks and are original in their humor. All these sometimes greatly influence their social status and they are considered by their peers to be “accepted”. Alongside the difficulties, the research literature in the field of ADHD attributes to those with the disorder positive traits that address creativity and thinking outside of the box. These traits were expressed by the parents as points of light that will help their child in the process of growing up and in adulthood.

“Look, it is very hard for me in the studies, but socially she is amazing. She has many friends and they love her, from my perspective this is no less important than the studies, even more important.” (R.R., 3)

“Ilahy plays wonderfully he does not really like to tell this, but music saved him, this is his refuge. He cannot learn and cannot prepare for tests, so he flees to the organ, recently the children discovered this. Apparently when they grow up they more appreciate the ability to play, this adds to the social part. I am so proud of him about the playing, it was important to me to cultivate in him talents ...” (E.B., 3)

“Didush (nickname) is a leader from birth, he is witty and funny. He succeeds in seeing things differently from how other people see them, I think that this compensates for his sharpness of language and the speed at which he raises his tone. This is his anchor, this protects him. His friends have learned to ignore his outbursts, since they know he has a good heart. I all the time host them with me, I encourage this, since I know this is the most important at this age, this will support him when he will need to cope with the difficulties in the continuation, mainly in the studies, in the military service.” (B.G., 1)

The parents in the group placed great emphasis on the social part of their children and on the importance for the children and for them. Even when they spoke about other abilities, such as playing music, this had importance as further added value in the social recognition that their son received. The mothers express the importance of the exceptional trait as an “anchor” as a “place of refuge”, “most important” from the understanding of the difficulties of coping in other areas in their life. The parents also expressed the understanding

that sometimes other people do not get to see these strengths and therefore it is important to the mothers to emphasize the abilities and skills. The use of their son's name (Ilahy) and nicknames (Didush) indicates the need to balance between the criticism and their love of their children. In addition, expressions such as "I encourage", "It is no less important than the studies, even more", "It was important to cultivate in him abilities", it is possible to learn about the understanding of the mothers that these strengths compensate for the difficulties with which the children and adolescents who have ADHD cope.

The influence of the peer group is significant as the child grows older and becomes an adolescent. In the forming peer group, there may be social relations at the child's initiative and will, and thus a personal identity separate from his family develops. The relationships in the peer group are based on reciprocity and not on the dependence existing in the family system. The social support has an important role as a protective factor during adolescence, a period in which youths spend considerable time among those their age (Eccles & Roesor, 2004).

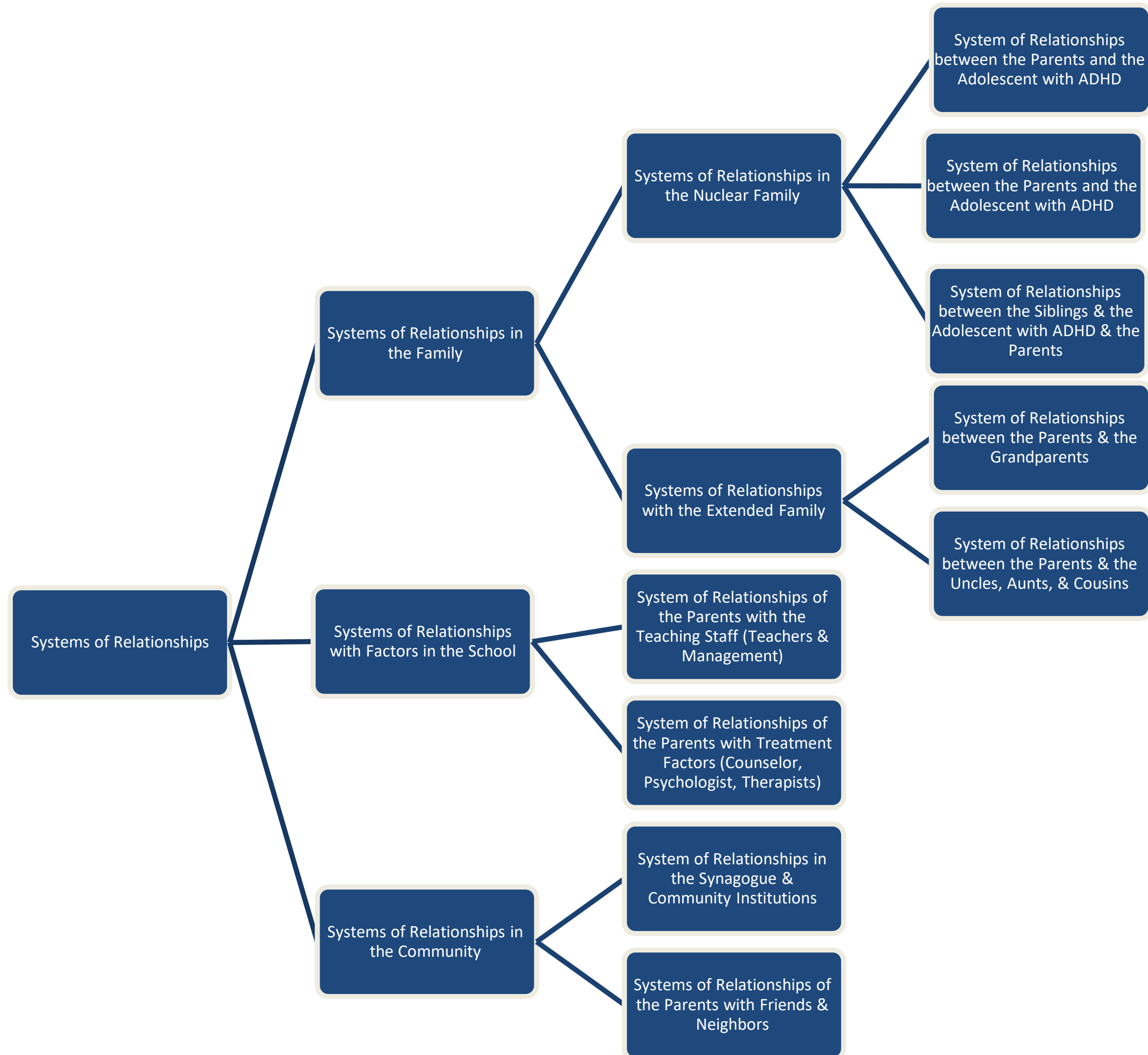
3.3 Theme 3: The Coping of the Parents with Additional Systems of Relationships

This theme deals with parental coping with adolescent ADHD characteristics and their impact on family relationships. These characteristics are intensified or refined and the direction of their development depends on the dynamics that will be created within the family, in the management of the relationships between the family and external factors such as the school, the extended family and more (Kazanelson & Brent, 2017). Goldenberg and Goldenberg (2013) argue that it is not possible to look at one individual in a family without seeing all the other parts and details. Every detail in the family will be understood only in the broad context of the whole family. This perspective suggests that human behavior is part of complex patterns and interactions that occur within the family and emphasizes the nature and role of individuals in relationships (Goldenberg & Goldenberg, 2013).

This scheme describes the effect of the attention and concentration characteristics from which the adolescent suffers on the relationships in the nuclear family, in th**e** extended

family as well as external factors such as school and community. This scheme was constructed based on data from the study group.

Figure Number 3: Theme 3: The Coping of the Parents with Additional Systems of Relationships



3.3.1 Systems of Relationships in the Family

The family circle includes the nuclear family, the parents and their unmarried children, and the married children with their families, the grandparents, and more distant relatives (uncles and aunts, cousins, and so on). During the 20th century, the concept of the family acquired a broader meaning in Western society, according to which a family unit is a social group of two or more people who identify themselves as related to one another by blood or not, by marriage or by adoption of another framework of shared life in relations of closeness and mutual dependence. An extended family in which there are close relations, including, and attention can constitute a source of support for each one of the family members. The knowledge and understanding that the person has a supportive family is the strength that enables coping with the challenges posed by life. The reinforcement of the sense of belonging strengthens the individual in the family and enables a supportive response for every individual in the family out of the identity of interests. It is important to understand the family as a system and the mutual influence of people in the family (Keen & Dempsey, 2008, in Musk & Cohen, 2015). People in the family system develop and change in interactions with one another. Every change in the family or in the individuals in it will have influence on the entire family. Families have rules, patterns of communication, patterns of force, and patterns of relationship and ways of addressing problems and pressures. family dealing with a child with special needs is a family that is forced to move to the "special family" track (Greenbank, 2016). This topic is written in the literature review on pages 80-86 and expresses the coping characteristics of parents 'children with special needs and the impact on the family. A child with special needs is not a topic only for his parents but influences the entire family system – its economic situation, its social relations, and its patterns of leisure activity and family satisfaction. The family life is very complex and demanding; all families deal with the complexity of the managing of the household, the finding of sources of livelihood, the raising of children, the development of a career, the planning of the future, and so on. The child's entrance into the world constitutes a turning point in the development of the family; the parents are required to develop suitable abilities and talents that will allow their child to grow up under the best of conditions that preserve him and empower him. The reality and the coping become more complex when speaking about the entrance into the world of a child with special needs. This effect is reflected in the

conversations that took place with the parents in the interviews and during the group meetings. And are described in this theme. First, I will address the nuclear family and systems of relationships between the partners, between the parents and the adolescent with ADHD and the siblings in the family. In the continuation I will address the systems of relationships that are expressed in the extended family that includes grandparents and more distant family members (aunts, uncles, and cousins).

3.3.2 Systems of Relationships in the Nuclear Family

A family is a system of emotional mutual relationships. The behavior of every person in the family has influence on the others, and vice versa (Fowler, 2002). The behavior of children and adolescents with ADHD is sometimes characterized by impulsive responses, fits of anger, excessive movement, and so on. This behavior causes the parents to accumulate over the years a heavy emotional load, anger, frustration, and disappointment. These feelings lead them in many cases to negative interactions among the family members and may lead the child to a situation of lack of trust in himself in light of his parents' steadily increasing disappointment and anger (Einat, 2003; Gilat, 2006; Solomon, Pistrang, & Barker, 2001). These parents, who feel that the control of occurrences is in the child's hands, feel powerlessness, anger, depression, and guilt. The relationship between the child and his parents is upset in some of the cases, because of the difficulty in laying down boundaries. In addition, the child can feel that he is a failure in the parents' eyes, and in certain cases this is truly the parents' feeling, since they do not understand why the child causes problems (Yishai-Karin & Perry, 2002).

Systems of Relations between the Parents

The parents in the group described more than once the shared ways of coping and difficulties that arise with the adolescent who has ADHD. The outlook on the problem is not always similar. Many fathers saw in this similar behavior to the way they experienced their youths and therefore they found it difficult to see this as a meaningful difficulty.

"My husband all the time says: let the child alone, I was the same thing at his age and I turned out completely fine. As if I am inventing for him the difficulties, this maddens

him. Certainly, what bothers him is he comes home in the evening and is not interested in anything. All the conversations and complaints from the school I get, sometimes I want to send the teachers to him, let's see what he will do?" (M.G., 3)

"All the coping falls on me, he (my husband) prefers being their friend, he does not come to the parents' meetings, to the conversations with the teachers. And when I want to share with him I feel that this does not really interest him. I feel exhausted with the issue and there is nobody to appreciate. He comes at the end of the day, is not interested in their homework, their tests. I feel alone, and this is ruining our couple relationship." (S.A., 1)

The mothers' statements indicate a feeling of loneliness and lack of partnership in the understanding of the components of the problem and the need to address it. The considerable involvement required in the care of a child with ADHD can be understood from the repetition of the two mothers on the conversations with the teachers and the complaints that are received about their son. The feeling of lack of partnership in the effort is expressed in the words, "He is not interested in anything", "He is not interested in the lessons, the tests". The mothers, who spend more time with the child, deal more with the difficulties that accompany the ADHD. The considerable effort required by the care of the child with ADHD when the spouse does not address the difficulty in the same way was expressed in statements such as "feel exhausted", "feel alone". This difficulty also harms the system of couple relationship, and the mothers state this explicitly. The reference to the spouse in the third person, "let's see him", "he is not interested", "he comes at the end of the day", "let's see what he will do", indicates the distance, anger, and lack of trust between the couple. The mothers express a feeling of I am on one side and he is on the other side, and a feeling of partnership in the dealing with the complex family tasks is lacking. The mothers in the group also shared about the way the father perceived the son's difficulties and his treatment of them this is reflected in the following statements:

"My husband sees the other things, he thinks I'm just stressing the child out too much. He keeps saying 'I was the same when I was his age, I did not like to study and everything is fine.' It's mostly because it leaves me messing with the difficulties" (L.G3)

"Knowing my husband is great and not forcing him to study. He thinks I should calm down He and A. are friends, sitting together watching football, sports. He's not as stressed as I am and they have a better relationship. Sometimes I go crazy not caring about the child's future." (S.B.S1)

In these statements one can see the gap in perception between mothers and fathers and the difference in the sense of distress caused by the difficulties of the adolescent. The difference also causes differences in relationships and the level of conflicts between the adolescent and his parents. Both mothers point out that the father sees in their pressure something unnecessary "just stressful" "should calm down" which also indicates a lack of support for mothers and leave them alone in the campaign. Mothers understand that the treatment may damage the relationship between them and their children compared to a better relationship maintained with the father. Barkley notes that the research literature indicates that the load imposed on the mothers is greater than on the fathers (Barkley, 2003). The examination of the situation in the families where there are adolescents with ADHD found that the mothers report more conflicts with the adolescent on different issues than did the fathers (Edwards, 1995, in Barkley, 2003). One of the explanations lies in the amount of time that each one of the parents spends with the adolescent, especially time in which the response to the learning and other tasks is required (Fowler, 2002). In our society, which is a traditional society, the mothers are still those who for the most part deal with the afternoon tasks.

The coping with ADHD contributes sometimes to the destruction of the relations between the parents. One of the mothers described this:

“I am agitated all the time, most of the time there is yelling at home, my husband began to come home late, he comes and disconnects, as if he does not care about anything. Sometimes I feel that I am completely alone on this issue. It is easy for him to criticize me, I feel totally screwed that I am not succeeding in communicating with my son and the atmosphere at home is loaded, I all the time am complaining. My husband already wants to get a divorce, he is tired of it.” (A.Y., 1)

The mother expresses in her statements the difficulties coping with her son’s ADHD and the implications on her and on the family. She feels defeated, a personal failure, and a

failure in her couple relationship. She chooses difficult words to describe her feeling, “I am agitated”, “I feel totally screwed”, since she is found most of the time with the children her feeling of guilt lays heavily on her and she not only does not receive support from her husband but also feels that he is criticizing her motherhood, and is thus adding to the difficulty in self-perception. In the home a cycle of blame and loaded feelings is created, which endangers the continuation of the couple relationship between her husband and her. The educational challenge in the handling of the adolescent with ADHD is not easy, and consequently in some of the cases the parents tend to be conflicted between them because of differences of opinion relating to the education of their child. In addition, it is very difficult to maintain consistency and self-control with the behaviors of ADHD. The difficulties frequently cause conflict between the parents. The arguments and the pressure, the tension and the concern, bring the parents to search for somebody to blame and to be impatient (Kazanelson & Brent, 2017). The distress and problems sometimes cause not only a feeling of guilt but also mutual guilt (Yishai-Karin & Perry, 2002).

Many research studies indicate that the parents of children with special needs report higher levels of depression, powerlessness, and guilt (Dervishaliaj, 2013), in comparison to children without handicap. Mothers are influenced by the child’s disability more than are fathers and report higher levels of depression. Apparently this is related to the division of roles in the home, as it is expressed also in the groups and in the interviews. In addition to the emotional distresses, parents of children with disability tend to report also higher levels of lack of satisfaction with their life (Alfassi-Henley, 2016; Heiman, 2002) and difficulties in the couple relationship, to the point of lack of satisfaction with the marital life (Gau et al., 2012). Moreover, a research study carried out among about 30,000 families with and without disabilities found that the rate of divorce among the parents of children with disability was higher than in the parallel group (Carroll, 2013, in Alfassi-Henley, 2016). These difficulties between the spouses are a part of the broader harm in the systems of relations in the home.

System of Relationships between the Adolescent Suffering from ADHD and the Parents

The system of relationships between the adolescent suffering from ADHD and the parents was described extensively in the interviews and intervention groups. Harm to this

system of relationships frequently constituted the reason why the parents come to sessions in order to obtain help on the topic. The coping with different causes of ADHD sometimes created distance between the parents and their child who is suffering from ADHD and awoke in them feelings that it was not always comfortable for them to admit, such as the desire to give up, to stop treating their child, and so on. Testimonies of these difficulties were described by the parents:

"He feels that I love his brothers more, it is hard for me with this, but he is so difficult, to deal with him, it's like banging your head on the wall every day, and this distances me from him." (A.Y., 1)

"Every attempt to speak with her ends with yelling, she curses me, and I feel that if I could I would stop treating her. I wanted us to be like friends but she is impossible." (S.G., 2)

"The relationship between us is so distant, he distances me and does not speak and sometimes it is convenient to me to ignore. This way we do not fight. But I am depressed about it. I do not know how to speak with him." (L.G., 3)

"In the beginning of the middle school I felt that I am losing him, I would comment to him a lot, everything he did received criticism. After every phone call from the school I would tell him difficult words like you are disappointing me and I felt that our entire system of relationship is changing. He was sad and distant. I came here since I do not want to lose him, nothing is worth this, nothing!!"(B.G., 1)

These quotes of the parents indicate a range of behaviors that indicate harm to the system of relations between the parent and the adolescent. The parents express the influence of the difficulties with which the adolescent and the parents deal on the feelings and ability to maintain a positive and empowering system of relationships, both for the parent and for the adolescent. The parents bravely express feelings like distancing, giving up, and disappointment. Sometimes the parents begin the discourse in the first person, "I felt", "I would comment", and move to speak in the third person, "he was sad and distant". These transitions in the style of the discourse indicate on the one hand high awareness of the

parents' emotions and thoughts and the ability to share this with others and on the other hand the need for distance from things that are unconsciously emotionally painful for them. Description in the third person, "she curses me", "he feels", "he distances me", can express anger, struggle, disappointment. The fear is expressed also in words that repeat themselves and emphasize the fear of loss, "I am losing him" and "I do not want to lose him". A word that is so strong that appears twice in the statement of the mother indicates the strength of the harm to the system of relations as it is reflected in the mother's feeling. The feeling of distance recurs three times: "he distances me", "this distances between us", and "distant and sad" and expresses powerfully the harm to the system of relations. The aspiration for a good system of relations is expressed, "I wanted us to be like friends …", with the feeling of disappointment from our parenting and from our relationship we had imagined with our son or daughter during adolescence. Another expression of the difficulty is expressed in expressions such as "banging your head on the wall" and "impossible", which indicate the parents' sense of daily struggle with the difficulties entailed by adolescence and the factors of ADHD.

Many parents of adolescent boys and girls with ADHD express themselves in sentences like those above. Barkley describes a mother who turned to him with a request: "Help me, I am losing my child, he is distancing from me, and I may lose him completely" (Barkley, 2003). Mothers, from, Israel and Polish, experience almost the same pain, distress, difficulties, and feeling of powerlessness. These parents whose children have been diagnosed with mental-emotional disorders need support in the process of coping with their difficult life situation. These families try to understand the symptoms of the disorder, interpret it and deal with it. This is a difficult and sometimes impossible task. The parents feel fear in the face of the sense of indiscipline in the boy's behavior (Kubiak & Zieba, 2015). This is the essence of parenting of adolescents with ADHD. The system of relationships that both mothers are in the process of losing is the dynamics that activates all the mutual relations between the parents and the children. The efforts that the parents invest, the heavy pressure, the attempt to enforce the instructions and performance of tasks, and conversely the adolescents' recalcitrance and disconnection – all create a cycle of anger and clashes (Navon, 2007). According to the research literature, adolescence is characterized by the building of the self-identity. For this purpose, the adolescent boys and girls undergo a process of

distancing from the family and from the parents, and in contrast an adolescent with ADHD disconnects through the creation of many explosions, complications, lack of obedience to the parenting authority, and breaking boundaries and frameworks. Sometimes they are found in real danger of entanglements with the law. The unique characteristics of ADHD are extreme during adolescence (Sagie, n.d.).

Testimony of the change in the system of relationship between the parents and the children when they reach adolescence can be found in the conversation that one mom related:

"I do not remember difficulties talking with him in the grades of the elementary school, even then he had difficulties concentrating and there were sometimes problems in the school. But it was possible to talk with him and to understand what is happening with him and how he feels, and I felt that we are dealing with this together, there was no wall. Today he puts a wall between us, you are right, you said at the start of the session that adolescents change and we need to change the diskette with them. It could be that I do not understand enough what he is going through." (S.A., 1).

In the above passage, the mother indicates the differences in the child's openness in her system of relationships with him between elementary school and middle school. While in the elementary school he would talk to her and share emotions, in the middle school he stopped, and she describes this metaphorically as a "wall", or in other words, a complete lack of communication, which obviously makes it difficult to deal with the disorder. She reflects her words through contradictory words: if at the start the mother used positive words such as it is possible to talk, to understand, cope together, during adolescence the words are wall, do not understand enough. The mother understands that change lies in the characteristics of adolescence, but finds it difficult to adjust herself to the new situation that was created. The understanding of the changes during adolescence as described in the research literature address dramatic changes – physical, cognitive, emotional, and social, which disrupt the adolescent's psychological balance and the family system in which he belongs. The physical and emotional changes are expressed in the change in the outside appearance, the self-image, and a higher level of expression of negative emotions (Steinberg & Silk, 2002). These changes influence also the system of relations with their parents. The parents must cope with

the adolescent, who sometimes appears adult in his appearance but is not necessarily mature emotionally, and they must also adjust their responses to the frequent expressions of negative moods (Greensfeld, Alon, & Feldman, 2014). The relationship between most of the adolescents and their parents is a complicated relationship, characterized by ups and downs, distancing, and closeness. Some adolescents succeed in remaining relatively close to their parents during adolescence, while others have more distant or tenser relationships. All these are normal phenomena, even if it is not always easy to deal with them (Kazanelson & Raviv, 2017). There is usually no real harm to the relationship between the parents and the adolescents, and non-destructive conflicts promote the adjustment of the parents and the adolescents to the developmental changes that the adolescent undergoes on a personal and interpersonal level (Torel, 2013). There are a number of situations in the relationships with the parents that are very detrimental, and it is important not to reach them

Older adolescents reported a lower level of warmth and a higher level of open clashes with their parents than did younger adolescents. This report characterized both boys and girls both in the relations with the mother and in the relations with the father (Meiseles, 2001). The change in the system of relationships between the parents and their children during adolescence is considerable and complicated. On the one hand, the parents are the stable and familiar factor in their children's lives in this confusing period, and the parents are the ones to see to their children's physical and mental-emotional wellbeing, help them deal with the emotional turbulence characteristics of this period and with the demands of reality that are steadily serving as an important model for adult lives, both positively and negatively. On the other hand, the parents are members of the previous generation, with experience and values different from those of their children. Their concern and intervention, which during childhood are accepted positively, may bother the adolescents who are attempting in this stage of their lives to define the self and current identity and therefore to undertake more things in their way. All the laws and limitations, the interest and the questions – this is perceived by many adolescents as proof that their parents do not understand them or do not respect them or still see them to be young and powerless children, who cannot make independent decisions or deal with life by themselves. Many of the tensions that characterize adolescence derive from these complicated relationships between the parents and their children (Kazanelson & Raviv, 2017). The parenting style has a significant contribution to

the adolescent's relationship with his or her parents especially an adolescent suffering from ADHD. Parents who exercise an authoritative parenting style, which combines providing support and autonomy to the adolescent along with demanding adult behavior, complying with family rules, and avoiding acts that may harm him or her. This parenting gives a sense of security and influences their ability to develop uniqueness and self and emotional regulation (Torel, 2013).

System of Relationships with the Siblings

The system of relationships with the siblings is one of the complex systems in a person's life. In Israel, the average number of children in a family is about 3.7 children. Also, among the parents in the intervention groups, the average number of children in the family was close to four children. Traditional families tend to have larger families (Central Bureau of Statistics, 2020). When there is one child with difficulties in the home, this constitutes an especial challenge for the parents regarding the maintenance of normal relationships with the other children. The siblings in the home suffer from the impulsiveness and excessive activity of the child with ADHD. They may feel strong jealousy because of the many efforts the parents invest in the child who has special needs (Yishai-Karin, 2002). This is expressed also in the conversation with the parents:

"Perhaps you will tell me what to do, how do I face his siblings? Sometimes I want to be considerate of him and not ask him things that he cannot do. But they say why do you let him get away with it. So that they will not be jealous I give in to everyone and I know that I am making mistakes but I feel many times defeated. But I do not know how to end this jealousy." (M.G., 3)

This mother begins her story with the use of the question "how do I face his siblings". This is in essence a rhetorical question; the mother does not wait for an answer but wants to emphasize the issue, to intensify the difficulty she experiences. She addresses the understanding of his difficulties that lead her sometimes to give in to the adolescent with ADHD regarding his obligations at home and the receiving of preferential treatment that leads to a feeling of jealousy among the siblings. To prevent this, she gives in to everyone regarding the home chores, behavior that leads her to a feeling of defeatism and

powerlessness. The research indicates that sometimes the siblings of the child with ADHD adopt patterns of lack of discipline, forcefulness, and recalcitrance (Yishai-Karin & Perry, 2002).

Other parents describe the symptoms of their children's ADHD and the influence on the family.

"You need to see them in the car, when we have a family journey, she speaks constantly, jumps from topic to topic, does not let anybody get a word in. If you comment to her on this, she does not understand what is not right, she is insulted, so we are careful. In general, you need to walk on eggs with her, since her results are exaggerated, she is not aware of herself. In most cases her sister simply despairs and gives up the possibility of sharing or talking. For the most part they succeed in getting along, she understands her, but because of this I feel guilty that I expect her to always give in, this is not fair towards her." (R.R., 3)

"He explodes easily, and it is not always possible to anticipate his behavior. It is difficult to play with him at home, sometimes it seems to me that his siblings are afraid of his response when he loses or searches for something. He is a ticking bomb. I feel that keeping him and them safe requires of me constant alertness." (A.A., 3)

The parents' statements indicate that they understand the difficulties of the siblings of the adolescent with ADHD. They describe feelings of jealousy of the treatment the adolescent receives from his parents and their need to deal with the factors of the disorder, such as taking control of the conversation, outbursts, anger, and sometimes harm to the self-confidence. The parents illustrate the difficulty when they use images such as "ticking bomb" and "walk on eggs", two images that clarify the lack of confidence and the fear that accompany every interaction with the adolescent with ADHD at home. Here too the parents describe the different situations, when they speak in the third person about all the situations. "he explodes easily … his siblings are afraid of him" This conversation indicates the pain and powerlessness, but also, she tells her narrative with a certain openness. She returns to herself and shares her personal feeling ("I feel") about being alert at home to keep everyone

safe. Words such as feeling of guilt, anger, and despair accompany the parents' narrative regarding the system of relationships in the family.

"There is a lot of jealousy in the family, his siblings think that he gets preferential treatment, they and my husband think that he uses the ADHD. They always tell me: you know he is manipulating you. Many times, they criticize me. I know that it bothers them that I refer to him more than to anybody else. One day Talia (her daughter) said that if it were for Eyal that I would have found the time. You have time only for him, when I need you, you are never available. I know that this hurts me in my system of relations with her, but she is older, I invested in her when she was in high school, how does she not understand that he needs me the most now." (M.B., 2)

In addition to the description of the siblings' coping with the factors of ADHD of the sibling who is suffering from this in the home, the parents who understand the harm to the systems of relationships between the siblings and the adolescent describe also the harm between the siblings themselves. In this narrative too the mother describes a critical and accusatory system of relations that harms the fabric of the relations at home and causes a distance in certain circumstances. Her description expresses a feeling of loneliness since she notes in her words: they and my husband … they tell me. This is a description of two sides, she is on one side and the family members are on the other side. Every side addresses differently the coping with the ADHD of the child or the sibling.

The research literature on the topic describes the family system as an arena in which there are emotionally charged conflicts and interactions. The system of relations between the siblings constitutes the climax of the intrapersonal and interpersonal conflict. A keyword for the understanding of this charged system is "competition". The competition for the parents' love, the competition for the material and emotional resources – this is understandable in the family, between the siblings, and we see how it represents the person's basic existential conflicts. The appearance of ADHD and learning disorders on the family agenda demand from the parents greater attention to the needs of one of the children. The unending engagement with providing immediate responses for the child who has ADHD both on the operative level and on the personal level in most cases takes away from the attention given

to the other siblings. The siblings feel a bit neglected but generally do not express aloud their feelings since they understand the parents' situation and are trying to protect them (Navon, 2007).

The development of children in general and of children with ADHD in particular is very important since it influences the relations with the parents and with the friends, and hence the development during childhood and adulthood. Sibling relationships are the longest family relationships in the person's life. During childhood, the siblings spend more time with one another than with the parents, mainly in the modern era during which both parents are often working for long hours (Kazanelson & Brent, 2017). They are a figure of identification, a source of protection, of learning, of sharing, of holding, and of support. Relationships between the siblings enable the learning of negotiations on conflicts and how to deal with differences in temperament and needs (Newman, 1994). Good sibling relationships contribute to the development of social skills and mental health of siblings (Branje et al., 2004), but they can also be a hostile and competing factor, an object of jealousy and projection of negative emotions on them, and there can also be abuse. Relationships between siblings are dynamic and may change during childhood from closeness to distance, from support to hostility, and the reverse. Despite the genetic commonality and the life with the same parents, there is a great difference in the characteristics of the family in which each one of the siblings is raised: different parenting experience, different level of parent availability as a result of the child's birth order, the gap of ages between them, the gender, and the parents' place in the life cycle. Salovey (in Kazanelson & Brent, 2017) maintains that siblings put forth effort to be different from one another in order to moderate the competition for the love of their parents and extended family. The characteristics of each one of the siblings may be different: differences in temperament, in innate abilities, in personality data, and of course there are unique characteristics such as illness or genetic data such as ADHD (in Kazanelson & Brent, 2017). Research studies on the topic of sibling relations when one sibling is diagnosed with ADHD found that children with ADHD have a greater chance of problematic relationships with their parents, with friends, and with siblings. The difficulty may be caused as a result of limitation in the regulation of emotions and behavior, in expression of aggression, in difficulty conducting a dialogue, in reading codes of interpersonal behavior, in keeping in a line and the rules of a game (Whalen & Henker, 1992).

Kendall (1999) described the relations between the hyperactive child and his siblings as chaotic, as characterized by conflicts and fits of anger, as confrontational and exhausting. The research of Greene et al. (2001) found less good sibling relations when one of the children was diagnosed with ADHD. Smith et al. (2002) cite a report of mothers of many conflicts between siblings when one of them has ADHD.

Mikami and Pfiffner (2008) describe conflicts between children with ADHD and their siblings more than expressions of love and closeness. This was found also in the relations between the child with ADHD and his mother and friends. However, it is difficult to generalize about the difficulties experienced by siblings of children with ADHD. This depends on the intensity of the ADHD, the child's age, and the siblings' age, on the place of the child in the family relative to the child with ADHD. Often the coping of the parents with the characteristics of the adolescent with ADHD broadens outside of the nuclear family, the extended family.

3.3.3 Systems of Relationships of the Parents and Adolescent with ADHD with the Extended Family

It is important to understand the family as a system and the reciprocal influence of people in the family. The family is a system in which people establish roles and relations, grow, develop, and change in an interaction with one another. Every change in the family or in individuals in it – will have influence on the entire family. The extended family consists of relatives with a strong emotional relationship who are found for the most part outside of the home and can belong to different generations (Fine, 1991). In this part I will address the grandparents and the parents' siblings as a part of the extended family. Society in Israel is characterized as a family society, that is, a society in which the normative family is a central factor in the life of the individual and society (Vogel Bijawi, 2003). The parents who participated in the intervention group were traditional families These families emphasize family values like family cohesion and maintain strong family ties of the nuclear family with the extended family that includes the parents, their children and grandchildren. A survey conducted in Israel in 2012 reveals that grandparents are highly involved in the education and upbringing of their grandchildren, sometimes to the point of interfering with the

educational principles of young parents (Wizo, 2012). Extended families, including grandparents, fill a meaningful role in the care of the children. They are expected to provide support of the parents in logistical, emotional, and economic terms. The parents develop, each one in their way, mechanisms of resilience, which aid them in the difficult coping entailed by the care of the child who has special needs. The researchers Peer and Hillman (2014) recently presented an interesting and comprehensive review of a number of factors of resilience that advance good coping of parents of children with disabilities. One of the factors addresses social support. Accessibility and support on the part of friends and family members are a very meaningful factor in the effective coping with the raising of a child who has special needs. Social support is expressed in the access to conversations and alleviation of tensions, advice, practical help, and cultivation of social and family relationships. A number of research studies found that social support influences the reduction of parenting stress more than the severity of the child's problem. Social support helps not only in the raising of the child but also in the preservation and cultivation of the relations between the parents and their ability to cultivate a work life (HaRamati, 2015).

In the group of mothers, the mothers shared the support or lack of support they received from their extended family. Their statements indicate the role of the extended family. Some of the mothers described painful and critical encounters with members of the extended family.

"My sister-in-law has much advice every time she sees me 'you need to be stronger … don't give in to him, he sees that you are weak'. All sorts of such angering comments. Who does she think she is that she judges me? I just can't take it anymore. I do everything so as not to meet her. It seems to her that she is better than me. If she had to cope with half of my difficulties, she would already collapse." (M.B., 2)

"Every family encounter everybody has something to say to my son, they blame him for everything that happens, it is convenient to make him into a victim. I feel that I need to fight for him. I justify him and protect him and then it seems to them that I am weak. My mother thinks that he is playing me. Every time she says that when they were little they did

not dare to behave like that. After every such meeting I am depressed, I feel like a total failure." (M.G., 3)

Another mother added on the topic:

"I a long time ago disconnected, already when Ariel was little, he had a temperament and was full of energy. He would speak loudly, argue, and everyone would allow himself to comment to him. If there were arguments between the siblings they would blame him automatically. I found myself in a position of defensiveness each time anew. When I understood that this is hurting me and Ariel, I stopped coming. Nobody who does not go through this can understand what we feel." (S.B.S., 1)

In these narratives of the parents, it is possible to hear much pain. The mothers share with great openness their coping with the extended family. They tell in first person the feeling that accompanies them in the different family encounters. This feeling is accompanied by the need to protect against the family, they feel that they have to protect their parenting and their child who is dealing with ADHD. Frequently the meetings with the family contribute to lack of parental confidence, and this is reflected in their words. "I feel like a total failure" and "it seems to them that I am weak". The research literature, as expressed in the review of the literature on pages 80-86, indicates social criticism towards the parents when they are judged on their children's overt behavior and achievements. The environment blames them for not good parenting, which finds it difficult to set boundaries and provide appropriate education (Plotnik, 2008, 2013). They tell about a feeling of depression that accompanies the meetings and choose words such as "fight", "protect", since from their perspective this is a war and the terms that are taken from this semantic field empower and emphasize the way in which they perceive the parental experience and their role for the child and for themselves. Not for nothing do they give up or avoid these meetings, which are very necessary for them to cope. The family social support is important to the alleviation of tensions and the filling of batteries. The avoidance of these meetings deepens the isolation that the parents feel in the coping with the ADHD and its symptoms. Research studies show that parents of children with ADHD suffer from tension, depression, and guilt regarding the raising of their children. Many parents reach a situation of social isolation when relatives, friends, and neighbors try

to avoid contact with the family or they themselves avoid this because of the feeling of judgment and criticism that they feel in these meetings. This situation can bring parents to burnout, despair, and exhaustion and a feeling that they are emptied of the emotional resources for the caring of their child (Mash & Johnston, 1983). Frequently the parents find themselves in a conflict with other family members in the attempt to determine means of discipline suitable for their children (Oh & Kendall, 2009).

Grandparents and sometimes other family members who in part are not aware of the difficulty and whose familiarity with the topic is limited and sparse often look at the characteristics of the grandchild's disability and experience him as wild, lacking discipline, or alternatively shy and avoidant, anxious and alarmed, and project the blame on the parents (their son or daughter and the spouse). Therefore, instead of a source of support and relief, in many families another front is created: the grandparents who judge and blame. A similar process occurs also with other family members who meet together in family events or in the home of the grandparent. To help the child who is suffering from the disability, the mobilization of the extended family is necessary, to provide all the members with knowledge and understanding, management skills for the child, holding and sensitivity, acceptance and love, despite his difficulties, and mutual support (Plotnik, 2013).

Others described the extended family as an important part in the system of family support, even if there is criticism or partial understanding of the daily coping, the family still constitutes a source for strength and assistance. There are descriptions such as:

"My mother, may she enjoy health, she always has something to say and sometimes she has comments that are not appropriate but she loves me, my children. When they come to her, they feel special. Even if she comments to them, she balances this with hugs, with pampering. I also can come to her and complain without her criticizing me." (A.Y., 1)

"My parents and my siblings are like oxygen for me, I go to my mother to rest. They accept all my children as they are. When my son speaks to them not nicely or is upset at the cousins and grandchildren, they can comment to him but everything is calm and with laughs. We laugh at everything and I can tell them everything without this coming back to me like a boomerang. They are the only ones that I do not need to be vigilant against and to be afraid

what now will Natanel do and what will they say to him or to me, if they will insult him or will hurt him. This is not the same thing with my mother-in-law, where there everybody has something to say." (S.A., 1)

It is possible to see the narratives that in essence build the advantages of support that the mothers receive from the family and their contribution to the mothers. It is important that the mothers feel that their son is loved despite the behavior that he sometimes presents. Words such as "they feel special", "they accept my children as they are", "they balance with hugs" emphasize the importance of the parents that others can see in their children also something positive, when the child meets the extended family he is not weakened and this enables in essence the parents to lower the defenses that they are accustomed to mustering for themselves. The ability to feel good with themselves and with their parent is expressed in metaphoric words such as "oxygen for me". This image indicates the difficulty and the strangulation that the mother feels in the daily coping and the need to be helped by somebody to continue to breathe, to continue to cope. The fear of the criticism that they experience certainly in different circles is expressed here when they feel that some of the support they receive is the lack of judgment and criticism.

Another important thing that arose in the groups is that it is meaningful to them the support and good advice based on knowledge, understanding, and empathy. An expression of this can be seen in one of the statements that arose in the group.

"It is my luck that my sister is a teacher and she knows the difficulties, she encounters this in the classroom. When it is hard for me I ask for help from her. I learned much from her, she counsels me, she sometimes criticizes me, but I do not feel the need to be defensive since I know that she cares, she is not judging me. I do not know what I would do without her support. Every time that it is hard for me she is my first address, without her I would be lost in this everyday war." (S.B.S., 1)

This mother explains clearly and chooses for this words that express what characterizes the daily coping with the adolescent who has ADHD. She chooses to use words like "without her I would be lost in this war". This mother emphasizes the response she receives from her sister as saving her, the feeling of being lost accompanies my parents who

do not understand the nature of the disorder and do not know how to cope with its changing expression through the course of life (during childhood, during adolescence, and so on). Some of this parental coping is in essence the need to acquire knowledge and tools for coping with the characteristics of ADHD, a listening ear, and a good word. When the parent has an address for the request for help, this contributes to the parents' confidence in their manner of dealing with the adolescent suffering from ADHD and consequently this positively influences the life of the entire family.

An abundance of testimonies emphasizes the strong relationship between the perceived social support and the severity of the ADHD of children (or behavior problems) and parenting styles. To raise a child with ADHD is generally a serious challenge, especially if there is no help from the family or close relatives (Muñoz-Silva, Lago-Urbana, & Sanchez-Garcia, 2017). Unfortunately, a number of research studies showed that families of children with ADHD receive less social support and experience greater social isolation than do the control families (Gau, 2007). Other works declared that when the social support lessens the children's behavioral problems increased (Akcinar & Baydar, 2016). Moreover, the feeling of being alone and lacking in social and family support is related to less effective parenting. The family's endurance is associated with its ability to be helped by outside resources: extended family, professionals, and friends (Heiman, 2001), and the professional environment can uplift or humiliate the parents (Mishori, 2014).

The system of family support is joined by additional systems of support, such as the school and the community. The system of relations and support in the school is very important to the family coping with the adolescent who has ADHD.

3.3.4 System of Relationships of the Family with Factors in the School

Education system in Israel Characterized by integrating students with special needs, both in the regular classes and in the special education classes in a regular school. Students with special needs who learn in the regular education frameworks are defined as "inclusion" students and the teachers who teach these students are teachers from general education and do not have a specialization in special education. The inclusion of students with special needs in the regular formal education frameworks, which by nature do not include the knowledge,

the tools, and the abilities suited to aid the appropriate coping with these needs, has received considerable research attention in the past two decades (Morley, Bailey, Tan, & Cooke, 2005). Most of the research studies that engaged in the field indicated the existence of a relationship between the objective limitations of the regular education frameworks in providing a suitable response for students with special needs and the educational, mental, and emotional distresses of these students (Lombard, Miller, & Nazelkorn, 1998).

The groups of parents who participated in this research study included parents of adolescents with ADHD, some of whom were integrated in the regular education system and some of whom were integrated in special education classes in the regular school. The parents of students who study in special schools for special education did not participate in these groups. Parents of adolescents with ADHD who learn in the unique schools will experience differently the system of relationships between them and the school.

The family in which one of the children is a child with special needs copes with many challenges that influence the intrapersonal relationships and the child's functioning in academic, emotional, and social terms. Over the years, educational staffs accompany the child and his family and help them deal with these challenges. The relationship between the family and the educational staffs is a complicated relationship saturated with conflicts, and therefore it appears that it is important to understand these families' needs and the influence on the relationship formed with the educational staffs.

Throughout all the years of the studies, reciprocal relations exist between the child's parents and the educational establishment. Since the education system in Israel supports the involvement of the parents in general and the involvement of the parents of children with special needs in particular, the parents are invited over the years to be partners in the meetings and discussions on the different topics related to their child, such as the choice of program or method of treatment, thinking about a continuation framework, and so on. The question that arises is as follows. How are these reciprocal relations conducted? Can the education system that puts the child's needs at the center take into account the needs of the child's partners, the members of the child's family?

This topic frequently arose in the parents' interviews and in the intervention groups. The parents feel frequently exposed and vulnerable when facing the education system in general and the schools in particular. The parents reported lack of responsiveness and lack of ability of the educational staff in the school to contain their children's difficulties. An example can be seen in the following expressions.

"I receive countless complaints from the school, the teachers call to complain and speak about my son as if he is ruining their life intentionally. You do not understand the number of phone calls and complaints that I receive from the school, soon they are opening for me here an office so that it will be easier for me to come. (laughs) This is their only solution, every nonsense a phone call home, so that we come and get him. They are exaggerating, it is really a war of attrition. They expect a robot, it does not seem to me that they understand that this is a part of him and they need to know to approach him, sometimes this is despairing but I cannot allow myself to give up." (M.G., 3)

"One day his teacher called to complain that he got up in the middle of the lesson, speaking, and not concentrating on what is happening in the class. So I try to explain to him that this is his problem, that he should give him short breaks, that he should allow him to stand up periodically. But he says to me: "With me there is no such thing, everybody learns quietly, there are no concessions to anyone." So, tell me, how can he teach my son, he has no chance with such a teacher. It hurts me for him every morning when I send him to school, I feel that I am doing him a wrong, I know that it is bad for him there, that he suffers insults and comments and he for the most part is dealing with this badly, this escalates his problematic behavior." (M.B., 2)

The mothers describe here the powerlessness of the system in handling the difficulties with which their children cope in the school. The parents feel that the school does not have ways to handle, except for the telephone conversations to complain about the child. The use of the word 'complain' to describe the communication with the school repeats itself with one mother **three** times. *"I receive countless complaints". "they call to complain", "the number of telephone calls and complaints"* and another time with another mother: "*The teacher called to complain"*. The repetition of the word indicates the emotional load that the parents

experience in their system of relations with the school. In addition, the mother (M.G., 3) emphasizes and intensifies the difficulty when she chooses to use empowering and exaggerating descriptions such as "countless", "war of attrition" and the integration of humor "*they are opening for me an office here"*. The choice of these words indicates the mother's pressure; in her perspective the school removes the responsibility from itself in that it conveys it to her. The word 'complaint' has a negative connotation, and it is possible to learn from this that the parents do not experience the school as cultivating or caring for their child but as tossing the responsibility to them and blaming them for their child's behavior. In these passages the mothers describe their experience of being a mother when facing the school, which is combined with concern and difficulty in the coping with the phone calls that come from the school and concern for the wellbeing of their child, who is experiencing the difficulties in the school.

The following passage strengthens this feeling and focuses the understanding regarding the distress that the parents experience:

"I begin the day and I know that there will be telephone call from the school, I am anxious about this. When I see the phone number of the homeroom teacher or the principal on my screen, my pulse races, it takes me a few seconds to regulate my breathing before I answer, if I am beside people I prefer not to answer, out of embarrassment, and I try to get back immediately when I am available, in the meantime my heart is racing, since I do not know what has happened with my son in the meantime, what did he do this time? I know that he is behaving not nicely he can be angry and insolent and it is important to me to teach him how to behave but not in a way that will destroy his self-image. These difficulties began when he went to the middle school and from the moment this happened this disrupted my life entirely. I feel that the school does not handle anything, it only wants quiet. I go around with distress in my heart many times I cry, I cannot image him found in such humiliating situations." (B.G., 1)

This mother describes in her story with great pain (*"many times I cry* ") the process of receiving conversations every day from the school, the anxiety (*"I am anxious")* towards it during the day, and the lack of quiet that accompanies the entire process. She describes in

a real manner the emotional process that she experienced from the moment she sees the phone number identified on the telephone screen until she answers and addresses the topic. Her description is related in the first person and reveals openly and directly the mother's thoughts and emotions. It is possible to notice her awareness of her child's difficulties: "I know that he behaves not nicely, he can be angry and insolent", alongside the concern for his advancement and his self-image. It is possible to understand and feel her pain when she uses the image, "my pulse races" to describe the anxiety that grasps her when she sees the phone call. She tells openly of the feeling of distress and sadness and shares her personal pain and concern for the place where her son is found in different situations into which he is thrust because of his difficulties.

The feeling of distress obtained from the previous narratives and from this narrative indicates two main issues. The first issue pertains to the mother's coping during the work day with the phone calls from the teachers or the school management, the fear of such a call that will come and embarrass her in front of her work colleagues and with the teaching staff that sees her to be responsible for her son's behavior. The second issue addresses the parents' feeling that their child is found in a place that does not really want to help him, that he can behave not nicely and suffer insulting and humiliating responses that will escalate his behavior and also harm his self-image. The feeling that the mothers feels is that their son is in a school that does not really look to find a way to help him but points at them an accusatory finger and expects them to handle the problem. Moreover, the mothers describe openly the feeling of anxiety and concern for their son when he is in the school, they do not rely on the school to see the good of their child.

The raising and care of a child with special needs in the family is complicated and entails feelings of guilt. On the one hand, "what has happened to us?", and on the other hand, "why does he deserve this?" Feelings of guilt lead the parent to a complicated system of relationships with the establishment, since he comes from an inferior place from which he needs the establishment. When the parents and their children depend on the grace of the establishment, there is sometimes a victimized dialogue with the establishment (Piron, 2013).

Piron (2013) presents the complexity in the mutual relations between the special family and the establishment, which includes the schools. It is possible to identify in his statements the feeling of frustration and insult felt by the families at the attitude towards their needs on the part of the establishment. Yishai-Karin (2004) describes the parents of special needs children as "exposed in the turret" – in an uncontrollable way, throughout the years, the family is required to be exposed to a large number of therapists and education staffs. Frequently this exposure entails pain and the trampling of the parents' dignity. The therapists and education staffs do not always respect the parents' ways of coping and sometimes direct towards the parents criticism and blame, and they feel, explicitly or implicitly, that the child's difficulties derive from their personal problems. The reciprocal relations created between the families and the education staffs are charged and expressed frequently in a judgmental attitude towards the families, lack of respect and trust, and difficulties in communication with the parents and lack of attention to them (Lavan & Heiman, 2011; Plotnik, 2008). Valle (2011) notes that although more than thirty years have passed since the Special Education Law was legislated, which obligates the involvement of the parents, the educational staffs have yet learned to cooperate with the parents of children with special needs. The reference to the parents is still critical, disrespectful, and inconsiderate. Another important component is the problematic power relations that characterize the system of relations between special families and educational staffs. The educational staffs have knowledge; they are "experts" who know what is good for the child. This situation frequently inspires among the families harm to the self-value, suspicion, difficulty recruiting for the child's good, and investment of energy into attacks of the education system. Sometimes a feeling is created that instead of dialogue there is a power struggle that harms the collaborative work (Greenbank, 2016).

The relationship between the parents and their child's educators is the foundation stone in the child's development, functioning, achievements, and mental health. Psychologists who treat the children and the parents and the education system often encounter problems in the relationship between parents and teachers (Kazanelson, 2014). In the first years of the State of Israel between 1948 and 1960, educational policy was centralized and at that time the attitude of a "closed door" towards parents or a "school without parents" prevailed. The parents were almost completely excluded from the education system they relied on the school to teach their children and to shape their behavior, and there

was very little contact between parents and teachers. From the 1970s in Israel there were changes, the relationship between the family system and the education system was exclusionary, in the 1980s a more meaningful change began, when the involvement of the parents in the education system commenced (Friedman, 2011). A great change was expressed in the relations between parents and educators on the topic of the responsibility and way of coping with the child's difficulties. If in the 1970s the education system dealt mainly with learning and behavior problems itself, then today the parents have decisive responsibility for the child's achievements and behavior. The parents are supposed to see to the coping with their children's learning difficulties and are called to the school or the preschool whenever the child is not behaving as he should. The parents feel that they are subject to the criticism of the system of their child's difficulties and are graded on it (Kazanelson, 2014).

The education of every child, including the education of a child with special needs, is an ongoing process. This process has many partner factors – parents, educators, and professionals who accompany the child. The involvement of the parents and teachers is a basis for the student's success in attaining academic, behavioral, and social achievements. The parents address the teachers as experts and as possessed of knowledge and eager to guide the parents. During the interviews and in the groups a feeling of disappointment arose from the teacher's method of work and the parents expressed great criticism of the teacher's performance.

"Sometimes it seems to me that they want me to sit in the class to watch over him, all the world is talking about ADHD but it doesn't seem to me that the teachers understand how hard it is to be an adolescent with ADHD. They think that Ritalin is a magic pill, but it is not enough. All that you explained to us here about ADHD they need to learn, they do not know how to cope with this in the class, perhaps you should do an in-service training course for them?" (L.S., 3)

The mother expresses in her words the lack of belief she has in the teachers' ability and desire to deal with the adolescent's difficulties with ADHD. She explains this in the lack of knowledge about the components of the disorder and expectations from the medicinal treatment (Ritalin) and her to do the teachers' work "to sit in class and watch him". Her

statements indicate the distance between her and the homeroom teachers, whom she addresses in the third person, “they”, which appears three times regarding the teachers: “They think”, “they need”, “they do not know”, and thus create two sides. This makes it harder to treat the adolescent who requires joint work for his advancement and success. The relations between the parents and the education system depend on the mutual perception of the parents and the teachers of the nature of the relationship between them and its importance. A positive situation will exist when parents and teachers see one another as allies and as a significant resource for the adolescent. A problematic situation is the parents’ reference to the teachers as service providers, and if the service is not to their satisfaction they can criticize the teachers and even attack them (Kazanelson, 2014). The teacher’s perception as an ally will contribute to a higher quality and more effective dialogue.

Additional statements that criticize the teacher’s work are expressed in the following passages.

“Every time he disrupts, the teacher calls me, what does she want me to do? What, do I call her everything he causes problems in the home? She needs to be professional, she learned how to be a teacher. If she does not know how to manage the students, then she should not be a teacher. What does she expect, that I will run every time she does not manage?” (L.G., 3)

“Listen to something, I come to the teacher and I ask him to work together and to help him be organized in the tasks, you know he is very messy, he does not remember that he has a test, when he has to submit the work, and he misses many assignments and then I need to help him complete them all. I asked the teacher to inform me, I thought this would be good for all the students in the class. To prepare a weekly summary with the assignments. He answered me, “My educational creed is that they are mature and they need to take responsibility over their lives, they are no longer children, we are not in elementary school (erased the teacher). From my perspective, this is a teacher who does not understand a thing at all about ADHD. I do not rely on him to help my son and this is very despairing.” (S.B.S., 2)

These passages indicate the difficulty of holding a reciprocal system of relations that helps cultivate the needs of the adolescent with ADHD. The system of relationships as can be learned from the statements of the mothers is characterized by frustration and lack of trust. In the first passage, the mother uses many rhetorical questions in the narrative description of the situation she is sharing in the group. The mother uses rhetorical questions in her story to emphasize what she thinks about the teacher's professionalism and the difficulty she experienced with the phone calls she receives daily. These questions indicate also many hesitations regarding the parental role and lead to lack of parental confidence when they deal with the education system.

The second passage indicates the mother's experience to recruit the teacher to help advance the needs of the adolescent who is dealing with the characteristic difficulties of ADHD, difficulties expressed in the deficient organization and management of tasks that derive from the harm to the executive function. The mother expresses in her story despair and powerlessness when she says, "I do not rely on him … this is very despairing." The mother is very aware of her son's difficulties and seeks to create a system of relationship that will uphold a mutual alliance, the goal of which is to realize her son's ability and to promote him according to his strengths and difficulties. From her perspective, a teacher who does not see things as she sees them is not professional and finds it difficult to understand the needs of the adolescent with ADHD and successfully integrating it into the regular classroom.

In the research literature there is a broad reference to the difficulties of teachers to integrate students with special needs. Research studies that examined the topic of inclusion found a positive relationship between the teachers' attitudes and the teachers' involvement and willingness to integrate in their class's students with special needs and between the teachers' attitudes and the perception of their ability to succeed in inclusion. As their attitudes towards the inclusion are more positive, they perceive themselves as more capable of succeeding in the inclusion. The teachers' negative attitudes are not directed towards the inclusion itself, its educational importance, but towards the focused arguments on how to implement it. The main argument arising from these teachers addressed the lack of knowledge about the disorder and ways of coping with academic, social, and behavioral problems (Grider, 1995; Heiman, 1999). The teachers and the parents expressed concern that

the students with special needs will not receive a response adequate for their needs (Shechtman, 1991). Another research held by Sadler (2005) examined during three years the attitudes of teachers in early childhood, who had specialized in preparation for the first year of studies in the school, towards the inclusion of linguistically disabled students in the regular schools. The findings of her research indicate a low level of confidence in the abilities to meet the special needs of the students following the lack of professional knowledge. Lombard, Miller, and Nazelkorn (1998) analyzed the attitudes of 160 teachers in the vocational high schools in 45 different states in the United States regarding the integration of learning-disabled students in their class and regarding the degree of contribution of the vocational lessons to these students. The findings of their research indicate the relationship between the lack of involvement of the teachers in the building of unique curricula suited to the unique learning needs of the students with disabilities as well as the professional and practical training that is deficient in the field and negative attitudes towards the process of inclusion and low willingness to support it. Although there are many professional instruments in the field of inclusion, many research studies in the Western world and in Israel indicate the difficulties of the teachers with implementation (Amaya-Monda & Barnett, 1998; Cohen & Lazer, 2006; Vargan, 2009). These difficulties focus on the sparse professional knowledge or lack of appropriate training of teachers in the field of inclusion (Einat & Sharon, 2015).

Facing these narratives, there is another narrative of another mother who shared the success of cooperation with her son's teacher:

"My son began the seventh grade in a school where there was no understanding of my son's needs and we had a black year, a nightmare, I lost a year of my life. In the eighth grade I moved him to another school. At first, I met the teacher and I was afraid the story would repeat itself. D' was not easy, very insolent after an unsuccessful year, I felt that I am losing control and this alarmed me greatly. The teacher in the eighth grade did not have knowledge of ADHD but he was very attentive and very consistent. Together we took a step, another step. He would call quite a bit, but the tone was not accusatory, it seemed he truly wants to help my son and this succeeded in lowering the defenses I would bring up every time I saw his phone number. It was difficult but together we succeeded in doing this. In the

middle of the year, he gave D' a certificate of excellence for behavior, this was on the parents' evening and I was so excited, I cried from excitement. He saved my son, he brought him back on track. Not that the problems were solved but the situation began to balance. I will be grateful to him for this all my life." (B.G., 2)

The mother's narrative indicates the strength of emotion of the parent who is dealing with the difficulties that require treatment of the adolescent with ADHD. The understanding that the education system has the power to effect a change in the student is important to the teachers and enables the parent to trust the system to which she sends his child every day. She tells openly and in first person about the turnaround in the coping with her sons in the years in which he went to the middle school. She uses loaded words to express the way in which she felt with the teachers she coped with, she speaks of the first year in which she did not feel the containing of the teaching staff of her or her son with difficult words such as "nightmare", "black year", and so on. These words carry with them an emotional load and indicate criticism and express well her feelings in the situation. She describes the change and contribution of the teacher's desire and adopted educational approach to the cultivation of a positive and advancing system of relationships between the parents and the teachers. She describes her meeting with the new teacher in the eighth grade, after a year that was not easy, a teacher who in her opinion lacked knowledge of specific ways of coping with ADHD but had the desire to help and contain her son's difficulties. She expresses this in emotional and exaggerated words, such as "I will be grateful for him my entire life". The mother describes the feeling of many parents when the conversations from the school are frequent and have an accusatory character. In this passage, the mother relates how the telephone conversations that were characterized by an including and non-accusing tone enabled a different system of relationship, a positive conversation between the teacher and the parent, a conversation that displays empathy for the parent and the teacher, sees the advancement of the student as a main goal, and builds a shared work program that enables positive parental involvement.

The mother addresses here the respectful attitude she received from the teacher during the coping with her adolescent's difficulties with ADHD in the school. Respect is an important component that contributes to the establishment of positive reciprocal relationships between educational staffs and special families. Manor-Binyamini (2004)

explains that the avoidance of the discussion of the child's difficulties or problems does not mean respect for the parents. Respect means referring to the parents as experts in their child, the parents have the right to receive information about their child, even if the information is not positive. The information needs to be conveyed clearly, professionally, in a caring, respectful, and nonjudgmental manner. Stenger and Rimmerman (2006) focus on the topic of being judgmental. In their opinion, parents use a range of ways of coping, and the educational staffs need to avoid a judgmental and critical viewpoint of the parents who differ in their style and to respect the different ways of coping.

The different passages presented above express another thing that addresses the parents' styles as detailed in the review of the literature pages 25-27. Some parents have difficulties accepting the teachers' attitude because of the problem in the ability to control their children's behavior and the ability to give them autonomy (Baumrind, 1991). There is difficulty with implementing the teachers' requirements in everyday reality. These parents include permissive parents, who know they will not meet the teachers' expectations to set boundaries for the children and are afraid to ruin their relationships with them, and authoritarian parents who do not succeed in holding a conversation with attentiveness and patience for the children but attempt to force their will on them and when they do not succeeded they often expect the education system and the teacher to do the work without involving them (Kazanelson, 2014; Yishai-Karin, 2004). Effective communication between parents and teachers exists mainly with authoritative parents, who put boundaries for the children but do not force them but attempt to conduct negotiations with the child from awareness and understanding of his difficulties.

The difficulties in the home accompany pressures from the direction of the school. Sometimes the school becomes a battle front in which the teachers and parents fight between them and every side expects the other side to deal with the child. The teachers find it difficult to control the student and expect the parents "to educate their child". Conversely, the parents are powerless and expect the teacher, who is a professional, to do his work (Shechtman & Bosharian, 2015).

The difficulty of parents with receiving complaints on their children primarily is because of the sense of powerlessness since they do not have knowledge and tools to help their children deal with the difficulties dealt with the adolescents with ADHD. The lack of parental efficacy to help may cause sabotage in the parent-child relations because of punishing the child or doing homework instead of the child. These parents expect the teachers and the educational treatment staff in the school to help instruct the parents since they have professional knowledge.

Systems of Relations with the Treatment Staff – Upholding the Student's Rights

Already more than twenty years ago Garcia-Coll et al. (1998) reported the struggles of mothers of children with special needs in the different institutions and their incessant insistence to receive all the rights the children deserved. About seven years later, the reports on conflicts between the parents and their children with learning disabilities and the teachers in the schools continue (Einat, 2003). About eight years later, it was found that for the child with disabilities and for his family the years of studies in the school are still perceived as a type of ongoing struggle with the representatives of the education system (Avisar, 2010). However, conversely the fact that the schools do not have adequate conditions to help the students who have difficulties is also revealed.

The issue of preserving student rights came up in parent groups and in preliminary interviews. The parents talked about the need to preserve their children's rights as reflected in the diagnosis. In the didactic assessment document there is different reference to the accommodations on the topic of the testing and learning. Frequently the parents and the adolescents are required to fight with the teachers to obtain these rights. This is expressed in the following passages:

"Every time that there is a test I need to remind the teacher that she is allowed to be tested orally, sometimes I am tired of pleading for what my daughter deserves, but if I do not do so, then it will not happen. I already talked with the school principal, the counselor, everybody I could turn to. Each time they promise me, and in the end in real time, they give S, my daughter, the test and promise to also do it orally but this does not happen, and this so irritates me, truly this is exhausting, what lack of caring, really evil hearted." (R.R., 3)

"There is no psychological therapy, there is nobody to talk to. I asked the counselor to take him for a conversation maybe one thousand times, complete opacity. He does not have the motivation to come learn and there is nobody to talk to. Aside from commenting to him whether he has taken Ritalin or not, they do not know to do anything." (S.A., 1)

"Her counselor is very nice on the phone; she promises mountains and hills and in actuality nothing happens. All the time it is necessary to ask again. If I would not keep my hand on the pulse, my girl would not receive anything of what she needs to succeed. I take her privately for psychological therapy, but this costs a lot and it is hard to manage, I do not have money. This is not something that the school needs to give, I asked to have a weekly hour with the counselor. They promised, they promise endlessly, but no such thing. All that they know to do is to ask that I give Ritalin." (S.G., 2)

In these passages it is possible to understand the degree of frustration and struggles of parents of children with special needs in the different institutions to obtain the rights they deserve. The three mothers speak about the promises given but not kept. Rights such as testing accommodation or personal conversations with a psychologist or counselor are not fulfilled, although these needs were specified in the recommendations of the didactic assessment and some are event obligated by the Director General's Circular[8].

The stress and pressure are expressed by S.G., when she says, "If I do not keep my hand on the pulse …", an expression that indicates that even when her girl is already in adolescence and a parent of a regular child can turn to other occupations, she must be involved to a high degree in order to help her daughter succeed. S.A. expresses the struggles in obtaining her son's rights when she expresses the number of promises and their strength in exaggerated expressions, such as "I asked one thousand times". Use of this description, with its number and power, indicates the despair she experiences in dealing with the system. Promises given to them and not fulfilled are expressed also in the way in which she chooses to describe what she feels in short and cutting sentences. "There is nobody to talk to", "complete opacity". The entire conversation is held in the third person and indicates the

[8] The Director General's Circular is a document of guidelines published by the Ministry of Education and expressing the educational and administrative policy of the Ministry and the ways of implementation.

painful struggle of the mothers and the feeling of alienation towards their children's needs. S.G. expresses another difficulty in the struggle that the parents have – the financial difficulty. Because of the lack of support in the school, she is forced to seek counseling privately, an activity that exacerbates the economic situation of the family. Her use of the expression "not so much" indicates the great disappointment with the education system, which is supposed to cultivate her daughter's abilities, and she feels alienation and distrust in the system. This lack of trust will also influence the system of relations of the adolescent girl with the school and can lead to behavior problems.

Different research studies in the literature that engage in the topic of the difficulties with the inclusion of students who have difficulties in the regular education system report a lack of additional resources, a lack of satisfactory involvement of the parents, a lack of monetary funding, a great work load, a lack of facilities and suitable aids, and so on (Avisar & Almog, 2003; Dror & Weisel, 2003). This information can perhaps balance the equation between the sides in that it expresses the true difficulties of the teachers in the field. However, it appears that despite the systemic difficulties presented in the researches and despite the achievement-oriented policy that is dictated by the school system, the teacher, in the four walls of her classroom is still given some autonomy to use a more caring and maternal approach towards the students with difficulties (Krispal, 2014). On the basis of the last passages of the interviewees, it does not seem that the school staff was willing to use this autonomy. It is important to know that the parent-school relations are an inseparable part of the school life, and they are related to main processes that occur in it. The school principal, by virtue of the position, has the responsibility to determine the rules of dialogue and its limits, out of attention to the needs of the staff, the students, and the parents (Noy, 2017).

3.3.5 System of Relationships with the Community

Another system of relations that was mentioned in the instruction groups was the system of relations with the community in which the family lives. In the reference to the community, in the group great emphasis was placed on the community in the synagogue and in the residential neighborhood. Many families who were partners in the group are traditional families that tend to go to the synagogue on the holidays and on the Sabbath to pray.

Therefore, the synagogue was one of the focuses that the parents discussed in the intervention groups. The system of religious Jewish life revolves around considerable activity in the synagogue and community. The difficulty that is expressed derives from a main reason mentioned in the review of the literature and addresses the adolescent's desire to examine the values he was educated in as a part of the formation of his personality during adolescence. The adolescent tries to examine the attitudes and values in the light of which he was educated, he tries to question the truths that were instilled in him in order to formulate his attitudes and his religious identity (Fisherman, 2002). Frequently the synagogue constituted a source of dispute between the parents and the adolescent, since the adolescent is required to pray three times a day, including on the Sabbath and holidays. According to the keeping of tradition, there is also reference to the dress code of the adolescents, both boys and girls, who do not always succeed in adopting it according to their parents' desire.

When the adolescents have difficulties accepting the codes, they expose their parents to the criticism of the community for the parents' lack of success in instilling the values of Judaism. The comments obtained in the synagogue embarrass the parents and add to the pressure they feel in any event. Description of this situation can be seen in the following passages.

"My husband is destroyed about the hour he comes to pray on the Sabbath, you know the whole synagogue sees that he enters at the end of the prayers and each one has something to say. I plead with M to go to the prayers, do we not deserve for him to respect us at least on the Sabbath? He does not understand how this shames his father." (S.A.,1)

"One of my biggest arguments with my husband was about praying on the Sabbath, A' does not succeed in getting up, it does not matter how much I wake him. And my husband responds in an exaggerated manner since from his perspective this is his failure and everyone sees this every Sabbath. The friends in the synagogue poke at him, and when A' finally comes he gets all sorts of jokes about the time he gets up. In the end I directed my son to pray at a different synagogue, this provided him with a good excuse for the other worshipers (such gossips) and what shall I tell you, what you do not know will not hurt you, right?" (S.B.S., 1)

In these two passages it is possible to feel the pressure added to the parents by the criticism they experience in the community in which they live and have their traditional lives. The feeling of pressure and disappointment is expressed in the words of "my husband is destroyed", "his failure". This feeling harms this ability and sometimes contributes to greater distance from the parents' values. The mothers in their statements repeat that they all see the behavior, this is already outside their areas of control, and does not remain only in the home, but they are required to deal with the problem and with its disclosure and this makes the coping even more difficult. In the two passages the mothers use rhetoric questions that indicate the powerlessness and the need for the confirmation of their deeds in order to obtain confirmation of their emotions and their ways of coping. In the two passages it is possible to understand that the mother has more acceptance of the difficulty and she is trying to solve this with the father, who is at the forefront of the criticism of the other worshipers.

In the community where there is understanding of the topic and many of the people praying their deal with similar problems, there is a system of support and encouragement and in essence the other people feel a shared fate. It is possible to hear this from the response of one mother in the group.

"You are in good company, feel comfortable. With me too the same thing, a world war to wake him for prayer in the morning. Sometimes I persist and sometimes I give in. In our synagogue he is not the only one, there is distancing of many young people from prayer, from religion, and nobody comments about this to one another. Come pray with me, you will not feel alone. In the synagogue there are children and adults, the young people are not regular guests." (S.B., 1)

This passage describes the importance of the support of the community in the coping with difficulties, a community that supports the parents and avoids criticism and judgment allows them to feel relief. This mother expresses the importance of prayer to her and describes coping with this as a "world war" when she needs to wake her son for prayer, she does not give up on this. However, she succeeds in looking at this with humor and finding the power to comfort and be comforted. She understands the mother's feeling and therefore she suggests she come to them so she does not feel alone. It can be learned from the two

stories on the topic of prayer about the power of the community to strengthen or make difficult the parents' coping. Prayer in Judaism is not just a mitzvah to stand before God, but a personal social reality whose value is very great against the foreign reality outside the synagogue. The synagogue is part of the fabric of community life. Parents of religious families feel the need to educate for a religious lifestyle that is derived from Torah study and observance of mitzvos, with prayer being a significant expression of this (Fisherman, 2002).

Additional coping that arose from the parents in the intervention groups expressed the system of relations of the family with the neighbors and friends of the family. One mother talked about her feeling of embarrassment regarding the neighbors who live near her apartment and often hear the behavior in the home, which includes screaming and arguments.

"I know that the neighbors hear us, there are hours in the day when the house is a battlefield, for instance in the morning, about her going to the studies, our home is a madhouse. So, there are neighbors who comment to me about the yelling or ask questions, prying, and I am ashamed but I do not wish them to be in my place. They are not capable of understanding what is happening in our home. I do everything for things to be good for her, but she drives me mad. Not a single one of all those who look at me side-eye would manage. I am lucky that the neighbor closest to me has a good relationship with E (the daughter), when she goes completely mad, I am helped by her, E listens to her. Periodically I go to her for coffee and pour out everything, she does not judge me and I do not feel like a screwed-up mother." (S.G., 2)

"You know the conversations in the home frequently reach high tones, more in the direction of shouts. He does not get along with his sisters, who try to educate him. They fight so much. One-time Police came to the house (she whispers). I was so ashamed, I wanted to die when I understood that the neighbors called them. For a long time I would go outside, praying not to meet a single neighbor. I do not know who did this. I only can imagine to myself what they think about me, I distance myself. I do not have a relationship with any neighbor." (M.B., 2)

Neighbors are a part of the community in which the parents deal with the implications of the characteristics of ADHD. The mothers share the feeling that they feel exposed when

the behavior in the home is known to the neighbors and feel that they are judged for their manner of education. They describe the communication in the home among the family members in words like “yells”, “shouts” as a part of the daily discourse. In the first passage, the mother describes openly the feeling she copes with; she describes in first person and accuses the neighbors who judge her without being in her shoes. She describes the climate in her home as a “battlefield”, a “madhouse”. The choice of these images has a negative mental load and expresses the mother’s feelings and emotional involvement. The role of these images is to bring the listener into the parents’ world while describing the family system with words known to them from another semantic field. In this passage it is possible to see the parents’ coping with the neighbors as a part of the community in which they live. On the one hand, some neighbors are critical and judge the family that is subject to pressures and a sense of stress regardless, while on the other hand she notes the contribution of one neighbor, who helps her in the everyday coping.

In the second passage it is possible to hear about the pain experienced by the parents who are dealing with a system of relationships between the adolescent with ADHD and his siblings. The parents’ pain is accompanied by shame at the knowledge that the neighbors are exposed to what happens in their home and judge them for it. This sharing that Police were summoned brings with it great shame, to the point that although time has passed she still whispers about the situation. The parents’ awareness that the voices in the home are heard well from the outside cause a distancing from the neighbors and avoidance of the formation of a relationship. This behavior frequently characterizes parents of children who have special needs and contributes to the parents’ feeling of loneliness.

The social support, which includes the community and the neighbors and friends, constitute a factor for the coping of parents with the child who has special needs. As written in the review of the literature on pages 30-31, parents whose children were diagnosed as suffering from ADHD experience high levels of psychological distress, problems with couple relationships, and significant levels of parental stress (Harrison & Sofronoff, 2002). These parents are discriminated against by the community around them and receive little support from professionals and family (Oh & Kendall, 2009). Research studies on social support among populations who cope with ADHD showed that the size and closeness of

families to their support network are associated significantly with the stress they experience. As the family is closer to the relatives, friends, or professionals, they report lower stress (Lovell, Moss, & Wetherell, 2012; Neff, 2010). Social support, along with symptomology of ADHD, is found consistently to be a significant predictor of the parents' tension (Lovell et al., 2012). The parents, like the entire family, must organize and develop patterns of coping in order to live with the emotional and functional difficulties that derive from the exceptionalness of their child (Feigin & Barak, 1991). Systems of social support were reviewed in the clinical and research literature as a significant resource for coping of these families. One of the prominent resources that help the individual and the family is natural and/or formal support systems. It was found that the most meaningful part in the acceptance of support is the emotional part that contributes to the reinforcement of the feeling of self-esteem, sense of control, and feeling of the person's belonging to his environment, family, and community (Cohen & Wills, 1985). All these contribute to the person's satisfaction, mental health, and wellbeing. Emotional support contributes also to satisfaction with social relationships, provides a solution to needs of acceptance, affection, and emotional involvement, which contribute to effective coping (Kulik & Mahler, 1993). Thus, it appears that the knowledge for the individual that he is loved and that there are people who will put forth effort to help him in an hour of need is the essence of social support (Hodtov, 2001).

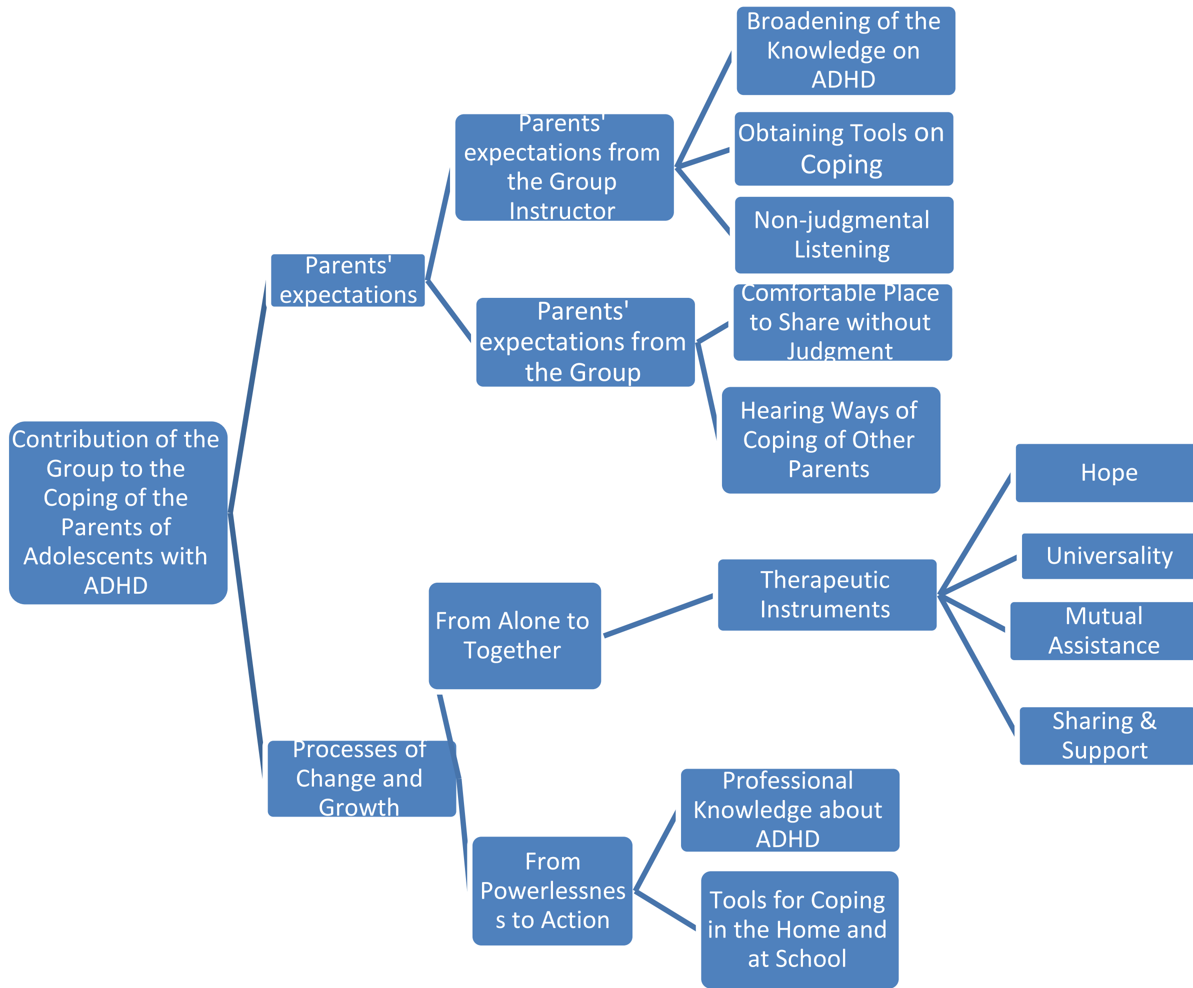
3.4 Theme 4: The Contribution of the Group to the Parents Dealing with the Difficulties of Adolescents with ADHD

The fourth theme addresses the contribution of the group to the parents who deal with adolescents who have ADHD. As was reviewed extensively in the fourth chapter of the Review of the Literature, the field of the groups for the guidance of the parent developed in order to give the parents a response to deliberations and questions in all that pertains to the education of their children and their relationship with them. At the end of the 1960s, this field was included in the assistance professions (psychiatry, psychology, and social work). From the 1970s on the basis of these professions' methodical educational approaches for the guidance of the parents developed. Their objective was to supply information, to develop awareness among parents regarding different aspects of the parenting, and to develop the ability to use parenting skills (Carlson & Fine, 1992; Fine, 1980). The fourth theme that arose

from the data obtained from the intervention groups address the meaning of the group for the participants and its contribution to the coping with the difficulties that accompany parents who care for an adolescent who has ADHD. The data obtained were divided into two main sub-topics: the participants' expectations from the instructor and the group members and divides mainly into the reason for which the parents chose to participate in the group and the processes of change and growth that the parents in the group experienced. The data were obtained from the personal interviews and the group meetings.

The following figure describes the contribution of the group.

Figure Number 4: Theme 4: The Group's Contribution to the Parents



3.4.1 The Parents' Expectations from the Participation in the Group

The group is a collection of individuals. Each individual comes with a system of beliefs, tendencies, knowledge, and values, from which the individual's expectations from the group and what is expected of the individual are derived. Proper planning of a group intervention plan is an important condition in the assurance of its effectiveness. This planning includes the definition of goals and objectives, when a part of this addresses the participants' expectations of the level of change that will occur following the participation in the group. Normal functioning of a group is expressed in the awareness of its members of the expectations of them and their expectations of others (Schmuck & Schmuck, 1978). The group goal is shaped during the encounter between the instructor and the participants (Kassan, 1995). The coordination of expectations prevents conflicts between the participants' expectations and the instructor's or teacher's expectations. When the boundaries and the laws are defined, a person feels physical security and freedom to express his attitudes and ideas. The coordination of expectations offers the participants to experience their uniqueness as an individual on the one hand and as a part of the group on the other hand (Givraam, n.d.). Hence, in a preliminary stage to the establishment of the group's interviews are held with the participants in order to clarify the goal of their participation and their expectations from the group of intervention. Both in the interviews and in the initial meetings of the groups the parents raised different expectations from their participation in the group. These expectations were divided into expectations from the group instructor and expectations from the group members.

3.4.1.1 Parents' Expectations from the Group Guide

Many of the participants in the group had expectations of the group instructor. The expectations from the group instructor were directed to the topics that would be taught during the meetings: the broadening of the knowledge, tools, and ways for coping and a listening and nonjudgmental approach of the group instructor.

3.4.1.1.1 Parents' Expectations to Broaden the Knowledge about the Disorder

Many parents, mainly during the interviews, expressed the desire to better understand what their adolescent child who has ADHD is dealing with. It is important to note that during adolescence the characteristics of ADHD change little, but rather characteristics that derive from adolescence are added. The research literature notes that the characteristics of adolescence intensify when they encounter the characteristics of the attention disorder (Al-Yagon, 2003), as reviewed at-length in the Review of the Literature on p. 81.

"I do not understand why he behaves like this, I think that if I succeed in better understanding what attention disorder is then it will be easier to handle it." (M.B., 2)

The mother expresses what she feels and her powerlessness that is expressed in the lack of understanding of her son's behavior. It is hard for her with this, and she expresses this when she addresses him in third person and does not mention him by his name, in that she is distancing from herself the embarrassment or frustration at her inability to understand her son. It is important to her to better understand the attention disorder, and she hopes that this will contribute to her to better care of her son.

"All that he does, we excuse with his attention disorder, even he does this, sometimes even his teachers. I want to know what causes the disorder and also how is it possible to help him. To excuse everything with the disorder will not help me help him." (S.B.S., 2)

In this passage as well, the mother addresses her son's behavior at a certain distance from her, "he does", "his teachers". The use of the word "excuse" creates a slightly negative connotation, since in a positive manner there will be use of the word explanation to understand behavior and not as an excuse. It is important to her to better understand the disorder and to obtain tools to deal with this better and in a manner that she will be content with the way. She understands that the use of attention disorder is not sufficient to cultivate her son.

"My children blame me that I am helping him in that everything he does I blame the attention disorder, perhaps I am giving him a 'bear hug'. I do not know but I am really afraid to hurt him, so I prefer to require as little as possible but I know that this is not right. If I

know what about what is happening? What is related to the disorder and how it is possible to manage the situation and not to flow and to hope for the best, to stop being afraid." (B.G., 2)

In this passage the mother is expressing a feeling according to which she is blamed by her immediate family for the lack of coping with the son's behavior out of the desire to keep him safe. She describes this with the concept of "bear hug", which is a term for a hug that is too strong, protective, which comes out of a good intention but becomes harmful. The parents feel that the society and close family are blaming them for not taking care of their children and excusing the behavior of their children with the ADHD from which they suffer. The reference to the behavior as an excuse recurs in the statements of many mothers. The lack of understanding of the attention disorder and its characteristics causes mothers to blame all behavior as a result of the attention disorder, and they understand that even if this derives from it they lack the knowledge and the tools for coping and helping him grow and succeed with and despite the disorder. Beyond the knowledge about the disorder and its symptoms, another main part is expressed in the familiarity with the instruments and ways of coping with the behavior that characterizes the adolescents. There is an important place in the research literature for understanding the symptoms of ADHD and its effects on adolescent behavior, in order to have a space of relationship necessary for the adolescent's experience and to help him cultivate self-esteem and a sense of personal efficacy for coping with the daily tasks (Chessner, 2005). It is possible to find in the literature many picturesque descriptions that attempt to illustrate the feeling of the intensity of the difficulty as building a tower of cards at its end or the war of Don Quixote. Some of the difficulties with which the parents cope, and especially the parents of a first child, derive from the lack of knowledge about the developmental processes and the raising of children. It is important that each one of the family members involved in the care of the child will understand the meaning of ADHD, with its behavioral expressions, will know the different options for care, and mainly will feel more competent to deal with the difficulties, and thus the feeling of frustration that accompanies the coping of the parents with the children who are suffering from ADHD will be slightly alleviated. As a part of the process, it is important that the awareness of the family members of their responses to these behaviors will be created (Manor & Tyano, 2012). The humanistic approach (Rogers, 1951) in parental guidance focused on the parent as a person

and parenting as a meaningful experience in his or her life. The rationale for parental guidance stems from three main reasons: First, a person's normative development at different stages in his life. Second, emphasizing parenting and family-related content that takes shape and changes according to the realities of life. Third, the ability to learn to be parents who are oriented and aware of the needs of the children (Gilat, 2009). Acquiring knowledge and tools is aimed at developing abilities, skills and attitudes that create behaviors and feelings that benefit parents and their children (Cohen, 2007).

3.4.1.1.2 Parents' Expectations to Obtain Tools and Ways of Coping with Adolescents Who Have ADHD

Parents of children with special needs cope with pressures that are above and beyond those with which the parents of healthy children cope. They seek to better understand their children's needs and know how to set boundaries without compromising the important relationship between them and their adolescents. Parents also feel the need to have tools that will help them guide their children to success in school academically, socially and behaviorally. The mothers expressed their desire to obtain assistance for coping with the behaviors caused by adolescence and attention disorders from which their children suffer.

“I am already despairing, I come for you to tell me what to do, I already do not know how to behave with him. I attempt to understand him but do not succeed … I need the tools that will help me cope, what to do in certain cases, tips for situations that will direct me how to respond correctly so that we will cope correctly and will not exacerbate the situation.” (A.Y., 1)

“I am willing to hear everything, I must understand how I can cause him to prepare homework. I go crazy from that he does not do anything and all that I tell him does not help.” (L.G., 3)

“Listen, I am at the edge, how I heard about the group, it was clear to me that I need this. I am at a loss, I need to hear from someone professional that I'm normal, who will tell me what to do. All that I am doing is not working. I am not succeeding in speaking with him

without arguing with him in the end. I understood that I must have help and then this group fell from the sky for me." (S.A., 1)

It is possible to learn from these passages about the parents' expectations from the group to obtain tools for coping and to broaden the knowledge about the disorder. The need of the parents in the group comes from a feeling of powerlessness and despair in their unsuccessful coping with the adolescents. The three mothers express this in the first person, thus indicating their full openness versus the difficulty they are experiencing. They express their feeling with words such as "I am going crazy", "I am in despair", "I am at a loss", and so on. They express this with the exaggerated description in order to emphasize what they feel. "I need to hear that I am normal". In vernacular (slang), spontaneous the phrase "abnormal" is a nickname for a person with strange, complicated behavior. The mother expresses in these words the feelings of her heart. For her, she is not normal because she manages to produce a benevolent dialogue with her son and she is unable to meet his needs.They come to the group since they feel that what they are doing until now does not succeed in creating a feeling of success in the coping with the adolescent. S.A. expresses the need for a professional image that would give her approval of what happens to her with the child, to give her the possibility of feeling normal. The difficulty with her son causes her to challenge herself and her parenthood, and she describes the feeling of coping when she says "I am on the edge". The choice of these words indicates the powerlessness she experiences and the coping difficulties. These statements and many others express the reason for joining the group. They seek to obtain tools that will help them succeed in the daily coping. They express this need out of distress with words such as "I need", "I must know", "I need help, this group fell from the sky for me." These expressions indicate the urgency in the need to obtain tools that will facilitate the parents' success in different situations in everyday life. The feeling of obligation is expressed twice by two different mothers, when they were expressed in the word "must". Another thing that can be learned from these passages is the mothers' personal feeling: they speak about themselves in the first person as having the need to know and care. In their statements they take the responsibility and the blame on themselves; in their statements there is no evidence of sharing with the partner, they do not speak of the need as something shared by them and the fathers. In families with children who have special needs, it was found that the father's involvement tends to be lower than the

mother's involvement and the division in the roles of the home and the family is more traditional in families of a child with a cognitive disability (Bristol et al., 1988).

3.4.1.1.3 Empathy and Non-Judgmental Listening

The constellation of expectations of the parents from the group instructor as indicated in the preliminary interviews addressed mainly the instructor's professionalism and the knowledge and tools that he can give them. However, from the first meetings the parents' need for non-judgmental listening and the display of empathy towards their difficulties became clear. This is expressed in the following passages.

"It is important to tell this to somebody who understands in this field and then he will not judge me. I need a framework like this when I come to pour out my heart and tell all that I feel since it is clear to me that you will not label me as a bad mother. Until I talked with you I did not understand that this is really what I need. When I decided to join the group I thought that I am coming to learn, to better understand what my son is coping with and to obtain tools for coping. I came, as if, for him, but now I understand that this totally for me, this gives me a kind of back wind for the rest of the week. Every week I wait for this meeting, here I can stop being on guard. From my perspective, I would continue the instruction all year." (M.G., 3)

The mother shares her feelings and needs very openly with the group. She tells about her need to pour her heart out in the group of parents in which there is a professional and experienced instructor, who can understand what she is going through out of empathy and understanding. She expresses her desire to share without being judged as a bad mother. This indicates the way in which she thinks that others perceive her, perhaps even the mother herself. Her powerlessness is expressed in her need to obtain tools for coping, to learn to understand her son better. After the participation in the group, she understood that she thought that she is coming for her son but found that the participation contributes primarily to herself. She describes the contribution using the concept of a "back wind", which addresses the meeting as providing reinforcement and support for the continuation of the week. From her perspective, in these group meetings she can fall apart, be honest with herself and with what she is feeling. She can drop the alertness and tension that characterize the

coping, and she expresses this in words “not being on guard”, an expression borrowed from the field of war and expressing the feeling of stress and alertness of the parents. The responses to these statements in the group by the parents taught about the additional expectations of the parents, which are expressed in the expectations from the parents in the intervention group. The need to be on guard derives from the fact that frequently the child’s behavior is perceived by the environment as a mirror of the parents, and the children who display significant adjustment difficulties pose a large question mark regarding their parents’ parenting abilities, thus causing the parents frequently to be distant and to isolate themselves (Hagai & Hagai, 2014; Plotnik, 2008), as discussed also in the Review of the Literature, on p. 81.

3.4.1.2 Expectations from the Group Members

Alongside the expectations from the instructor, it was important for the parents to express the expectations that they have from the group members. The expectations that arose in these interviews clearly addressed the parents’ need to share similar experiences with acceptance and nonjudgmental listening and learning from other parents how they cope and what helps them succeed. The place of the support that the group provides lies in the possibility of sharing with others the experiences of coping and emotions that accompany this coping.

<u>3.4.1.2.1 Sharing and Support</u>

The mothers described the contribution of the group to them as an hour of relaxation, of tranquility. Sentences such as “*I am waiting for the group the entire week”* or *“From my perspective, to continue in the group all year, this is good for me to be here with all of you”* indicate the desire and need of the mothers from the group to be together with parents who experience emotions and difficulties similar to theirs. The ability to feel a part of the group contributes to the parents’ good feelings and the group constitutes for them an island of normalcy. In the interviews that preceded the formation of the groups, in questions that addressed the parents’ expectations from the group, the parents addressed their desire to feel good and to be among people who can understand the course of their lives from a similar experience. This desire is expressed in passages:

"I hope that the parents in the group will understand about what I am talking, somebody who does not go through this does not know what is being talked about. Friends tell me all the same thing, they give advice but do not truly know with what we are coping." (M.G., 3)

"There are groups that have dynamics and cooperation that feel comfortable, I truly hope that it will be comfortable for me to share in the group." (S.Z., 2)

"I also think that this can be a sort of refuge from the load of the entire week." (S.A., 1)

M.G. expresses in her words the gaps between what she experienced in coping with an adolescent who has ADHD and the experience of parenting of parents of adolescents who do not have ADHD and the lack of their ability to understand her. In the passages, it is possible to identify the hope that the atmosphere in the group will be comfortable for sharing. They speak openly about their need to share. S. thinks that the group will constitute for her a place of refuge, the use of this expression indicates the emotional load that she experiences in her everyday coping with her son. Given the lack of the support and direction, they frequently feel that they do not succeed in helping their child and sometimes also respond with great anger or giving up, following which they develop feelings of guilt, shame, and despair in that they do not succeed in being parents as they dreamed of being, and all this despite the constant effort to help their child (Barkan, 2013). To help the child who is suffering from disability, the recruitment of the extended family is necessary, to give all the partners knowledge and understanding, management skills of the child, holding and sensitivity, acceptance and love despite

his difficulties, and mutual support (Plotnik, 2013). This need for non-judgmental listening is very important especially for the parents who need a longer process to feel safe to share in the group. Alongside the parents who openly shared with the group anecdotes from their lives, there were parents who chose to be in a position of listening and found it difficult to share the group and speak openly in front of strangers. The ability to develop is a process that the person has to go through in group participation. In the group, it was possible to notice differences between the participants in their level of openness and also in the internal process that takes place in each of the participants as the group meetings progressed.

3.4.1.2.2 Non-Judgmental Listening

Expectations of including and nonjudgmental listening were expressed both in the observations from the instructor and in the observations from the group. A parent who asks himself questions and examines himself is a parent who takes responsibility for his parental functioning. When the questions are expressed in the group space, they enable the other parents to experience the legitimacy existing in the engagement in these questions and to know that they are not the only ones "who do not know how to cope".

"It is possible to speak without feeling a need to apologize for who I am and what I am doing, I know what I am making mistakes with my son, that I am not perfect, but here I feel that I can say this. It is alright to receive comments, suggestions, but I still feel that this comes from identification, you understand what I am talking about." (S.A., 1)

"I hope that one who will participate in a group will know to listen and will not voice criticism" (A.Y., 2)

"I think that the parents who have children with attention disorder in adolescence understand better one another. I hope that I will feel that they understand me and do not judge or condescend to me." (L.K., 3)

The three passages are said in the first person, which indicates a level of openness and awareness of their needs versus the group. There is a significant need for listening that does not convey criticism or is not judging and describes their reality in the immediate environment that judges them, condescends to them, and causes them to feel a need to apologize for their children's behavior. They believe that the conversation in the group will come from a more respectful place. Alongside the aspiration to speak in groups without judgment, parents expressed anxiety about the possibility that they would be judged on what they would say during the sessions. This was expressed in the words "I hope they will voice criticism about me". This anxiety stems from a feeling that parents sometimes get from the environment close to them. And in addition, due to their coping over the years with difficulties of attention deficit disorder in the family that contributes to a sense of parental incompetence. As was extended in the expectation from the instructor for nonjudgmental

listening, this was commensurate also with the expectations from the group members. There was the desire to feel confident to tell and share in the group out of a feeling of sharing and without fear that they would be defined as not good parents. In the treatment process, the parents are instructed to enable everyone to emotionally vent. It is important to create conditions that enable the expression of emotions without judgment and criticism. It is necessary to do this out of understanding and acceptance, with all the difficulty that awakens in them such emotions. Sometimes similar emotions resonate in them as parents towards the child, and they feel guilty in light of the existence of these "forbidden" emotions among them (Plotnik, 2013).

3.4.1.2.3 To Learn from the Experience of Others – How Others Cope

Additional expectations of the parents were expressed during the interviews and in the guidance meetings and addressed the learning from the experience of other parents who are coping with academic, behavioral, and social difficulties with which they cope regarding the adolescent with ADHD. It is possible to see this from the passages:

"It is important to me to hear how it is possible to cope with the lack of desire to learn, I truly do not know what other parents do. Sometimes it seems to me that I am the only one who does not succeed in causing him to learn." (S.A., 1)

"Listen to me, I know that your advice is professional and you know many things, but to hear the mothers, how they respond, how they survive this madness, it appears to me more important since this is real, like a reality television."

In both of these passages, the mothers emphasize the desire to hear how other parents cope with the situation, since it appears to them beyond theory, a realistic part of life. They consider the experience of the parents to be important for them, out of the thought that they are coping with similar situations that exist in the same routine with which they cope.

In contrast to the desire to learn from others' experience, some mothers identified their personal experience as a topic that will contribute to the group. According to these mothers, they have the ability to help other mothers in that they will share their experience about their ways of coping that were found to be effective and to promote their children's

behavior, primarily in the coping with the education system. This can be seen in the following passages:

"I think that I will bring to the group my experience with the education system. I fought there, and I want to tell the parents not to give up, in the end the system learns to listen." (S.Z., 2)

"I am a secretary in school, in a middle school, many times these mischievous ones come to me and I hear from them what way they would like to be treated, I can share it with the mothers, unfortunately although I work with them in the school this does not always help me when talking about my children, this is harder, I believe that we will learn from one another to cope and to accept ourselves." (S.B., 1)

In both of these passages, it is possible to learn about the areas that the mothers address and from which they can contribute from their experience to other mothers. It is possible to understand from their statements about the degree of difficulty that the parents experience with the education system that finds it difficult to include the adolescents with ADHD mainly when the child is integrated in regular education. S.Z. describes the coping as a war, when we want to think that both the school and the parents find it important for the adolescent to develop and realize his abilities to succeed.

It is possible to understand from the statements of S.B. the degree of difficulty in the coping with the adolescent with ADHD. Although she works with adolescents during the day and knows what their needs are and how to approach them, when referring to her children, the coping is difficult for her and she needs advice, support, and listening from other parents.

The mothers, in most cases, addressed the receiving of tools for coping with their children for the purpose of the adolescent's advancement and cultivation; however some of the mothers asked to learn from the parents' experience how to cope with the low sense of parenting efficacy and preservation of a balanced family system for all family members. This was expressed as follows:

"I know that I am bad, how is it possible to preserve sanity in this situation? I am interested in knowing how they preserve their mood? What do they do so as not to become resentful like me. I am all the time sad, agitated." (A.Y., 1)

"How do I succeed in keeping her safe and addressing her as she needs without her brothers being jealous, she demands a lot of attention. This bothers me so much and this comes at the expense of my other children. At the expense of my husband. How do you do this? All the time I feel guilty. I feel that I am totally screwed up." (R.R., 3)

Throughout all the years the parents were accustomed to addressing the child's difficulties and less their own difficulties (Feigin & Barak, 1991). From these passages we understand the importance of the group in the personal assistance to the parents beyond the coping with the difficulties of the child with attention disorder. We see the parents' need for support for their personal difficulties, to succeed to cope with the daily task. We learn from A.Y. about the harm to the personal mood and the mental situation to which they arrive because of the emotional load imposed on them over time in this coping.

The group conversation enables the in-depth understanding of the conflicts and difficulties that accompany the parents and creates a feeling of empowerment. In the group the parents discover that other parents also are found with deliberations and also make mistakes. They are exposed to a range of copings and accept support from a number of people to attempt to deal with the things at home. The fact that this is not only a single professional who says what needs to be done but a number of people who are parents like them, who learn together what is necessary and who understand together that they will not always succeed in everything and this is human influences the feeling of efficacy (Harris-Siani, 2008).

Beyond the professional knowledge conveyed by the instructor, the group enables the parents to hear a wide range of ways of coping, solutions of other parents. This enriches in essence the "toolkit" at the parents' disposal in their copings in the home. The formation and existence of the group as a supporting environment enable the release and freer expression of thoughts and emotions, which contributes on the one hand to relief and a feeling of partnership and similarity with others and on the other hand to enrichment of the emotional world of each one of the group participants (Siperpal, 2018).

3.4.2 Processes of Change and Growth

The uniqueness of the group work with parents of children who have special needs is that it enables the parents to examine the dimensions of the influence of attention disorder on them and on the family and to develop skills for the cultivation of the parental functioning with the help of parents who cope with similar situations (Eisenberg, 1999). Work in the group that is held in a comfortable and accepting atmosphere enables the parent to display openness and helps the parents in the ways of coping with the child who has special needs while providing attention to the changes that the child is experiencing (Weisskopf, 1990). This research study addressed the contribution of an intervention group for parents who are coping with an adolescent who has ADHD. The contribution of the intervention was found in two main components: from alone to together, the improvement in the feeling of isolation and despair of the parent, and powerlessness to act, the change in the ways of coping and the feeling of parental efficacy. The research findings as they arose from the intervention group are presented in the following sections.

3.4.2.1 From Alone to Together

The contribution of the group as expressed in the intervention group addressed the coping with the feelings of loneliness and despair experienced by many parents who are dealing with children who are suffering from ADHD. In the treatment groups the parents meet other parents who are dealing with similar situations and who can understand one another better. Yalom and Leszcz (2006) list eleven therapeutic forces that are in effect during the meetings and the interpersonal interactions in the group that works through emotional exposure, detailing and explanation of these forces appears in the chapter of the Review of the Literature on p. 110 (Yalom & Leszcz, 2006). These forces motivate the processes in the group and enable the participants to experience a remedial experience. Similarly, participants in treatment groups in this research study reported different factors that have helped them understand that they are not alone and to feel empathy, identification, support, and hope for the future. The improvement and change of the feeling of loneliness to feelings of acceptance of support and empathy enabled the parents at a later stage to better deal with the adolescent who has ADHD and to cultivate skills and a better feeling of

parenting efficacy. The treatment factors in the research literature and as they arose in the research are presented separately, but in fact they are mutually dependent and not one of them occurs or acts separately (Yalom & Leszcz, 2006).

Giving Hope

In a mixed group, with participants in different stages of development or recovery, the group members can be inspired and encouraged by a participant who has succeeded in overcoming the problems with which they are still struggling. In the group of parents in this research study, the participating parents were parents who had dealt in the past with their adult children with ADHD and who are coping now with young children who also live with the same disorder. As known, attention disorder is genetic and can appear among other children. These parents have shared their experience and told about the success of their adult children. An example can be found in the following passages:

"Listen to me, I know what you are feeling, when my older son was in adolescence I went through hell, I was certain that this would completely take me apart. I was ashamed of him, I was ashamed of myself, and this destroyed us greatly. Look at him today, he was a combat soldier in the military, he studied, he works, who would have believed that this would happen. You would not believe that it was so difficult. To see him now gives me hope when I am again dealing my daughter who has similar problems, while this is different between a boy and a girl, but still you are all the time revolving about the attention disorder, the studies, her emotional difficulties. I really understand what you are talking about, it is not simple, but believe me it is possible." (D.S., 2)

"I must say that in the end it works, this is my second children with ADHD that I am caring for, while this influences each one differently. With the oldest child it was difficult but different. Today he is in the military, he deals with things that I would not believe he would survive, I was afraid for him before he was inducted into the military and he really matured. Despite my experience with him, I came here since I need somebody to remind me that I am alright, that it will be alright, do that I know that I am here to say also that it will be alright. You need a tone of patience and love." (S.B. 1)

In these two passages, it is possible to learn from the parents' experience that in the end the difficulty is surmounted. This gives the other parents hope that the difficulty is temporary and helps reduce the anxiety from the future. The mother describes her tremendous difficulties with the oldest child as hell, and this description indicates the great difficulty in the coping that the parents have with the adolescent who has ADHD. In the two passages the mothers choose to speak in the first person openly about their parenting experience with another child in order to allow the parents to feel hope that there is always a chance to succeed and this is a part of the coping at this age. S.B. explains her need for the group to remind her that she is alright, since the daily coping harms her parenting image and it is important to her to be in a group that will understand what she is dealing with. In this way, she conveys a message of mutual support in the group, I am here since I need you to remind me that I am alright and I am doing this for you to the same degree. The power of the group is expressed in that the participants share with one another information related to a topic that unites them and give one another advice and suggestions from their experience. The group instructor also provides relevant information and provides didactic suggestions and guides processes of problem solving. Everyone in the group is found in another place on a scale between coping and collapse. The group members hear about effective coping of other participants and about changes and improvements that they succeeded in doing, and this raises new hope. The participation in the group causes a person to believe that there is hope for change, there is something to do, not all is lost. It is important to instill hope in the participants so that the members in the group will remain in it and so that the other therapeutic forces can act (Seligman, 1993). However, hope is an effective treatment means in itself. It was found that people who had faith in the treatment had more positive results of the treatment (Yalom & Leszcz, 2006).

It is important to note that the two mothers spoke about the military. The conscription into the IDF (Israel Defense Force) in the State of Israel is mandatory by law and embodies many values of giving and love of the country. The IDF is one of the meaningful agents of socialization in Israeli society. Beyond the contribution of the soldier to the security of the state, during the military service, the military provides the young person with significant abilities for his adult life, and it constitutes one of the transition stations from youth to adult. The abilities reflected in this process include independence, responsibility, planning, and

carrying out the directives of the superiors, and so on. To realize its objectives, the IDF is an organization that is sociologically characterized as a “comprehensive institution”, which requires the participants to obey the staff, an authoritarian hierarchy, and meeting clear and rigid procedures. The people after the IDF service report an empowering and strengthening learning experience, because of which these young people learned and grew up. These characteristics are sometimes contradicting with the natural behavior of young people who have ADHD, a disorder that at its basis creates a difficulty with the creation of a routine and organization ability. The mothers in the group addressed the choice of their son with ADHD to be a combat soldier, a choice that created a meaningful change in his behavior. The research literature on the topic indicates that a soldier with ADHD who has motivation (for the most part in the combat service) adjusts more rapidly than another soldier, and during his basic training learns about himself that he is an excellent person. All the things that bothered him in the school that are associated with monotony, such as distraction, hyperactivity, search for thrills, excessive concentration on something focused, and high energy level, now in the basic training are an advantage over his peers who do not have attention disorder. These traits make him a better, more agile soldier, who can make faster decisions and work wonderfully under conditions of high stress and load. The level of adrenalin that he has in his coping during the period of basic training builds in him especially high abilities to concentrate and enable him to identify traits of leadership, rapid decision making ability, and orientation in space. If the soldier identifies and strengthens these traits as a new recruit, his level of motivation for service will be high, and he will benefit from the military and will contribute to it. He will identify in him exceptional qualities that until now were not expressed when he was a student in the school. It is interesting in this issue that most parents do not notice these things. The parents are afraid of their child’s ability to adjust to the rules of the military. However, in actuality the very restricted and clear framework and the stable, consistent, and clear authority enable the child to build clearer boundaries and respond better to this authority. The external stability keeps him safe, also from himself (Meor & Meor, n.d.).

I Am Not Alone – Universality

The feeling of universality addresses the feeling of the person who is dealing with difficulties that he is unique in his suffering and in the life pressures with which he is coping. In many cases, the interpersonal difficulties and the social isolation caused as a result of the continuous coping with the disorder deny them the possibility for in-depth intimacy and they do not get to share experiences and emotions with others in personal things and in the end in obtaining approval and being accepted by the society in which they live (Yalom & Leszcz, 2006). The disconfirmation of the patient's sense of uniqueness results in an especially strong sense of easement. Universality helps remove the feeling of loneliness among all the group members, validate their experience, and consequently helps boost the self-esteem. These feelings are expressed in statements, such as:

"Believe me, I am willing to continue these meetings all year, I come here and I know that I can take off all the masks. I do not need to be happy, I do not need to be a lioness, I do not need to fight about anything. To sit and listen and to pour or what I have on my heart, you do not know how much I am waiting for this weekly session. I feel that I come here and I rest. (S.A., 1)

Instructor: Rest in what sense?

Ah, from the war with the children and with myself. Here they all remind me that I am not so bad and I am not screwed up. I succeed in understanding that this is a part of the coping with the difficulty of caring for children, that I am not the only one who feels sometimes so exhausted from being a mother." (S.A.1)

"I really understand what you are talking about, before I came here, I thought that there was nobody worse than me, that only for me nothing is working and I am not succeeding in causing my children to listen to me. When I came here I understood suddenly that I am not alone, that perhaps not everything is my fault, perhaps I am not totally bad, already from the first meetings I returned with the belief that this possible." (A.Y., 1)

These passages express the feeling of many of the participants in the group – there is the knowledge that there are other people who experience the same difficulties and the same feelings that sometimes are taboo. A mother is not supposed to feel towards her children

negative feelings; we are expected to love our children and what will be will be. In this group, when everyone understands the feeling, it is possible to reduce the tension and the alertness and be truthful. She expresses this when saying: “I come here and I rest.” She describes the participation in the group as a place in which it is possible to take off the masks, to enable yourself to feel alright even when you are not happy since the feeling is that here in the group I am not alone with this feeling. There is somebody who understands me, there is somebody who experiences the experiences of motherhood as I am experiencing it, so it is alright to take off the mask and be true. The mother A.Y. responds to her words and tells about her personal experience before the participation in the group and after the start of the meetings. She shares that she felt that she is not succeeding in anything, that she thought as she said “there is nobody worse than me” and after the first meetings she began to feel that perhaps not everything is her fault and began to believe that there is room to improve and that there is hope. The mothers in the group hear about the coping of other people in the group and during the work in the group they discover that the other participants have similar problems and similar emotions and they feel that they are not alone in the battle – this is a feeling of universality (Seligman, 1995; Stewart, 1993). A research study that examined the therapeutic forces that influence the group found that the most significant therapeutic force for the participants in all the groups was “to learn that I am not alone with a problem like mine” – universality. In the second and third examination, this statement was ranked in the first place and in the first examination it was ranked in the second place (Gilat, 2006).

According to McKenzie and Monk (1997), in the stage of the creation of the group engagement, the group members are busy getting to know one another as a basis for the sense of belonging and involvement in the group. The sharing of the group members of personal details, even on the biographic-factual level, enables the identification of shared topics and the creation of a sense of universality. These outline the way for an atmosphere of acceptance, security, and group cohesion. The factors that contribute in the group to a sense of cohesion and support are the instilment of hope, acceptance, universality, and altruism. Patients who suffer from social isolation can acquire a feeling that they can understand the emotional lives of their peers in the group (McKenzie & Monk, 1997).

Sharing, Support, and Mutual Assistance

In the first stage of the group work, the parents bring up questions and problems on topics that engage and concern them. The participants share with one another information related to the topic that unites them and give one another advice and suggestions from their experience. These feelings of universality contribute to a feeling of relief and encourage the participants to give and receive support from one another and encourage sharing and mutual assistance during and after the meetings.

R.R.3: "I told her, when each time it is hard for her, if she cries or is agitated, to call me. I do the same thing, this greatly calms me."

M.G.3: "I truly do this, sometimes I feel that this is a saving conversation, this helps me stay on track and not go crazy."

This dialogue shows the level of support that the group members gave one another. In this case, the two mothers became friends even after the meetings and benefited primarily from the possibility of sharing and feeling that there is somebody who understands the intensity of the experience and can provide a listening ear and provide help in real time.

The support and the help given in the group were expressed each time that the parents shared the difficulty he experienced and asked how they recommend him to behave. Problems such as insolence, lack of motivation in the studies, many arguments at home around topics such as smoking and drinking alcohol arise in the group and indicated the understanding of the common denominator of the difficulties with which the parents of adolescents with ADHD cope.

S.B.S.1: "He sits in the garden with the friends and smokes a hookah, I do not like this, in the hookah there is a social element and each time that I comment to him about this, he is certain that I do not understand him and the friends, I do not know what to do to stop this despicable custom, does this happen to you? What do you do with this?"

S.B.1: "I understand what you are talking about, I have the same battles, I am disgusted by this hookah, I do not know where he brought this from. This appears to them

lighter than a cigarette. He says I am ancient. I propose to you to continue to speak to him about how dangerous this is. I understood that this more a social element than the need to smoke. Don't take it to heart, we are all in the same boat on this topic."

B.G.1: "My son also began with this, I did not speak about this to anyone, since I am really ashamed of this and I do not succeed in ending this with him. He all the time says everyone smokes, but this is his regular excuse for everything."

In such a case, when the mother shared the difficulty, this gave room for other mothers to bring up the topic and a discussion developed on the ways of coping of each one of the mothers. The understanding that this is a difficulty of many others also helped B.G. share on the topic that she felt ashamed to admit it beforehand. There was agreement in the group that the topic of smoking a hookah is mainly a social activity; many social activities are held around the hookah. The adolescents perceive the smoking of the hookah to be less harmful to the health than smoking cigarettes, a perception that causes the adolescent to not take it seriously and to participate in hookah smoking with friends. This difficulty is commensurate with what is described in the research literature for adolescence in which the peer group has great importance for the adolescent. The need to belong and be accepted socially makes it difficult for the adolescent to choose wisely or to adopt his parents' values, as described in the Review of the Literature on p. 51.

When the intervention group addresses the parents of adolescents, it needs to include unique elements for this age period. With the child's entrance into adolescence, the parents exhibit that they must develop new parenting skills and adjust to the change in the parenting style. Thus, for example, many parents experience difficulty in the transition to a mixed and less intensive parenting style in their child's life, find it difficult to accept the way in which the adolescent distances them from different aspects of his life, and encounter – for the first time in life – a meaningful difficulty in setting boundaries and coping with the insolence and undisciplined behavior. Research evidence linking parenting style to the educational and behavioral functioning of children with developmental and emotional disabilities emphasizes the dynamic and two-way nature that exists between child and parent characteristics. In general, authoritative parenting seems to be more difficult to implement and less stable over

time among children with various developmental disabilities, because the parent relies more on the characteristics of the child, and not just on the characteristics of the parent (Gau & Chang, 2013). Studies in relation to children with ADHD show that the parent's characteristics mediate the effects of the child's characteristics on his development and adaptation in the various life cycles (Yaffe, 2016). Raising a child with ADHD is fraught with a lot of mental stress that affects his parental functioning and style. In addition, Adolescence is an age in which the adolescent forms a self and sexual identity, deepens the interpersonal relationships, and develops autonomy and independence. In this stage, the adolescent examines whether and how it is possible to integrate between the formation of autonomy and personal independence and the preservation of a positive and meaningful relationship with his parents (Erikson, 1987). More than a few adolescents develop behavior problems in this stage, problems that are expressed in emotional difficulties, like depression and anxiety, eating disorders, and so on. These problems may be intensified when speaking about the adolescent with ADHD (Barkley, 2003).

In a mixed group, with participants in different stages of development or recovery, the group members can get inspiration and encouragement from a participant who succeeded in overcoming the problems with which they still struggle In the intervention groups, the parents had shared subjects for concern; this constituted a unifying force and helped the participants open their hearts. The group members create a supportive, accepting, and encouraging environment, and this is another reason for the participants' ability to speak about their distresses (Spiegel & Classen, 2000). Parents of children with ADHD feel frequently feelings of guilt or difficult feelings towards the children, as is expressed also in the groups of statements such as "I am ashamed of him and myself", "I hate him for …", "I am a screwed-up mother"; however, they are afraid to say this and thus feel isolated. In the group, where there is a sympathetic atmosphere and there are other parents who can identify with the difficulty of another person or feel empathy towards him, the parents have an opportunity to address the problem using group interaction. The parents feel that the group is a safe and comfortable place for sharing and for leaving the loneliness they feel. The legitimacy to express every emotion invites the participants to deal with the negative emotions that until now were repressed because of shame. This process is accompanied by the group by intervention that is expressed in providing constructive feedback. When the

participant receives constructive feedback on his action, emotions, thoughts, or problems, he becomes aware of the influence of his behavior on others. When he learns about himself, he can make effective decisions for his life (Gilat, 2006; Trotzer, 1999). The group engages in the relationship between the parent and his child, the conflicts and struggles alongside the setting of boundaries, self-image, fits of anger, siblings, medicinal treatment, and so on. The meeting between parents with similar experiences gives an experience of support and sharing (Plotnik, 2013). The research literature has found that social support, feeling of parental self-efficacy, and parenting style are important to effective parenting in general and to parents of children with ADHD in particular. To help parents improve the perception of the social support, the feeling of self-efficacy, and their parenting style, it is necessary to have intervention that fills these goals (Danino & Shechtman, 2012).

A conversation on the difficulty that is shared, including from the participants, constitute a productive platform for the learning of the difficulties of adolescence from the adolescents' viewpoint and the influence of the difficulties on adolescents with ADHD. Discussion of this topic indicated another treatment factor that is expressed in the treatment groups and addresses the inculcation of knowledge. We further the discussion of this treatment factor in the continuation.

3.4.2.2 From Powerlessness to Action

Parents of a child with ADHD cope with challenges that are not simple. Sometimes the relationships between the parents and the child are limited to the coping with the problem, and the child appears through these narrow glasses. In the relationship between the parents and the child a description of the challenging child is built. Often, in the encounter with the parents and the adolescents who are coping with ADHD, the adolescent is described as "lacking control", "getting into trouble a lot", "difficult", and so on. These descriptions push the parents to the edge or leave them powerlessness, worried, and at a loss. ADHD conceals the child's best parts. Since the parents are focused on coping with the problems, over time, even the child's more positive experiences, abilities, and positive capacities become marginal and non-meaningful in the experience of the relations between the child and his parents (Siperpal, 2018). One of the treatment forces expressed in the group was expressed in the

change in the parents' feeling of powerlessness. The parents in the group were helped by one another in addition to the instruments obtained from the group instructor.

"I am ready to come to the meeting every week, from my perspective this will continue the entire year. I come here tired, totaled. I charge the batteries and return for another two weeks of war, but I already know that I have no reason to throw my hands up." (M.G., 3)

"Before I came to the group, I was already indifferent, I did not think that there is something I can do to cause him to learn, the power that I receive from everyone here returned me to the track. This does not become easier but I know that I am not giving up. How did you say, love and more love, and love will win. So I returned to love." (M.B., 2)

*The parents in the intervention groups have over the years dealt with children with ADHD and with learning and emotional difficulties. The nature of parental coping varies in the process of child and family growth. Many times, parents have experienced successes alongside difficulties and have been able to cope with the complexities involved in raising a child with special needs. However, as children get older, their learning and emotional needs become more complex and parents feel more stressed in the daily coping process. This intensifying difficulty sometimes causes a feeling of helplessness and impairs the sense of parental ability. This expression can be seen in the words of the mother*s.

From these two passages, it is possible to see the expressions of the meaningful difficulty that the parents experience and the emotion that accompanies this coping. The mothers talk about their feeling of powerlessness in their adolescent's coping. M.G. describes this as a "war", a word that indicates that daily complexity. However, she describes the group meeting as making this war possible, as giving her strength. In addition, when she says "I am willing to come very week … all year" she expresses her personal need for the group meetings that constitute for her a regular framework for support and for filing her batteries. The two passages indicate the contribution of the group for them for the change of the sense of parental efficacy in the daily coping with their adolescent. The mothers describe the feeling of submission and surrender they felt before their participation in the group, "I was already indifferent", "I already know that I do not have a reason to throw up my hands", and the power they receive from the group in the words "charges batteries", "I returned to love". The expression itself of the words I returned to love expresses with great honesty the

mother's feeling towards her son and indicates more than anything the complex emotion of parents who are coping with an adolescent with ADHD. The research literature indicates the uniqueness of the group work with parents of children with special needs, it enables the parents to examine the dimensions of the influence that their child's exceptionality has on them and to develop abilities and capacities for the realization of their functional potential as parents, using the system of support of people who are dealing with similar situations (Feigin & Barak, 1991). Group work can serve as a counter-power for powerlessness, for the sense of loneliness and despair, in that it enables people to share with others their problems and to use the resources common to all (Power & Dell-Orto, 1988, in Feigin & Barak, 1991).

3.4.2.2.1 Professional Knowledge about ADHD

Didactic instruction in a range of manners in group therapy is used to convey information, build the group, and explain the characteristics of ADHD. Frequently, such instructions constitute the first connecting power in the group, until other therapeutic factors become active. People always have recoiled from the lack of certainty and over the generations sought to order the universe by providing explanations, primarily religious or scientific ones. An explanation of a phenomenon is the first step towards the control of it (Yalom & Leszcz, 2006).

One of the main things that the group added to the participants and contributed thus to the change of behavior was the extension of the knowledge of the understanding of two main topics: (1) what is ADHD and how is it expressed in different areas in the life of the children and adolescents over the course of their lives and (2) the characteristics of adolescence in general and their meaning to the adolescent who is coping with ADHD, as detailed in the Review of the Literature in the relevant topics. The parents' understanding of the signs of adolescence and the intensity of their influence on the adolescent who is dealing with ADHD focused for many parents the importance of the parenting role in their children's normal development as mediators of reality. The intervention group offered information on normative and problematic developmental and psychological processes, in a way that will help the parents better understand their child's behavior and view of it in the developmental context and contributed also to the extension of the parent's empathy and strengthening of

the parent's ability to respond in a more adaptive manner to the child's behavior. The contribution of the knowledge to the parents is expressed in sentences such as:

"I did not think about this like you explained now, I never heard about executive functions, you said? They always explained to me that he explodes, disrupts, he has ants in his pants. You totally surprised me, nobody ever explained this in this way. It does not seem to me that his teachers understand it this way. If you ask me, you need to hold a conversation for the teachers." (A.A., 3)

"I never connected his difficulty in the studies to another difficulty outside of the difficulty sitting in one place and focusing over time. I was certain that this is related to motivation, to the desire, to the ability to concentrate over time. Now you are talking about organization, in integration of all the learning difficulties. How is it that I did not know until know that there is a relationship between the things. We always blamed the ADHD, we provided medicinal treatment, but nobody ever said that perhaps he needs help with the learning itself. It feels like a real miss to me." (S.B.S., 1)

In both passages, it is possible to understand the parents' lack of knowledge about what ADHD is and how it is expressed in the child's life. The two mothers note the very known and popular component of hyperactivity that accompanies the ADHD and is expressed in the inability to focus over time or to sit in one place. This is behavior that is especially prominent because this is external behavior, and it constitutes a meaningful difficulty when the student needs to sit over time in the lesson. The feeling that they did not understand the child sufficiently is expressed in the sense of missing out, which the mother speaks of, and also in a type of disappointment from the teachers who did not know to indicate for the parents the problem and help direct them to better guidance. The mothers' statements indicate that it is possible to feel her lack of trust in the system that she recommends to the instructor to go teach the teachers.

The first step in providing help for children with learning difficulties is that the parents will understand the nature of these difficulties and will learn to accept their children as they are and not according to the expectations they have about them. The parents' lack of knowledge about the characteristics of the disability and the parents' lack of understanding

of the learning patterns and difficulties of their learning disabled child may lead to the development of unrealistic expectations from the child, which may create harm to the self-esteem and the reduction of the motivation (Danino, 2007). For this purpose, it is important that in the first stage of the re-organization the parent attempts to learn more about the nature of the phenomenon and the appropriate ways of treatment. The parent searches for books or articles on the topic and participates in the lectures that broaden his knowledge and understanding in this complex phenomenon. Part of the broadening of the knowledge has importance in the acquisition of knowledge and tools for correct and effective coping.

3.4.2.2.2 Tools for Coping at Home and in the School

Parenting of children with attention disorder is difficult parenting in both practical and emotional aspects. In the practical aspect, it obligates learning and acquisition of unique skills. Counseling groups for parents frequently include also the inculcation of tools and practical skills for dealing with a range of parenting challenges, according to the needs that arise in the group.

"I returned from our previous meeting, when we spoke about listening that brings us closer. We all spoke about the system of relations with the children and about the way in which we listen to them. From the examples I understood that my entire conversation with the girl becomes a police interrogation, it is a wonder that she does not want to tell anything? I set with my daughter half an hour a day that we sit on a cup of coffee and speak about everything but the studies. In the first time she did not understand what I want from her, she suspected me, she all the time asked: 'No, really, what do you want?" I told her to sit with you without pressure, relaxed, for a half an hour. Later we can talk about other things, but this time is net for us. You do not understand how good this was, especially for me, suddenly I understood that I am criticizing her and barking at her all day and thinking that this is how I love her the most. With all the pressure that she will succeed in the studies I forgot that that there many other important things. I am destroying our system of relations and this scares me. The previous meeting helped me understand what is important and what is the way to achieve a change." (S.Z., 1)

The parents in the intervention groups are parents of adolescents with ADHD combined with learning and behavioral difficulties. Parents report a lack of motivation of children to cope with the tasks assigned to them. In adolescence the task of searching for identity intensifies the difficulties experienced by adolescents with ADHD and often impairs relationships between parents and their children.

The mother describes a pattern of conversation that is created between her and her daughter as a result of the coping with difficulties of her daughter in the school. She characterizes the conversations with her daughter by negative motifs as a "police interrogation" and "bark at her". The mother understands how she is heard when she is talking with her daughter and understood why this way led to arguments and the distance of her daughter from her. Her ability to identify the pattern of behavior and to change it was made possible through reflection that occurred in the group conversation. The inculcation of the instrument "listening that brings closer – nonviolent listening" contributed to the parents to examine their ways of conversation and their effectiveness and to search for additional ways of creating a relationship with their adolescents. The mother reports an improvement in her feeling as a result of the change; she succeeded in releasing the pressure and anxiety and enjoying her daughter.

Communication that draws closer is a communication approach that includes a regular protocol for the management of a dialogue/conversation in a way that increases the chance of connection and understanding between people and helps a beneficial and pleasant conversation through avoidance of an argument and aggressiveness. The method, known by the name of Non-Violent Communication (NVC), was developed in the 1960s by the clinical psychologist Dr. Marshall B. Rosenberg, and the method suits every person who seeks tools and interpersonal skills on the personal and professional level (Kishtan, 2009).

There were other responses to the story of S.Z. in the group of parents who told about their experience to change the style of conversation at home, so that it would be more effective and would maintain a pleasant atmosphere at home. The parents said:

"It is necessary to practice this, it is not easy to change. I tried a number of times to speak in a way that he will agree to listen, I need to be consistent and not to explode quickly." (M.B.,2)

"I try to change, this is a process for me and for him. It is necessary to build trust anew. If I had known this beforehand then it would be easier. It is difficult to change habits. It is a good idea to set a time that is not linked to the homework or to problems at school, a time that is net for us, it will perhaps be easier to begin the change." (A.K., 2)

It is possible to learn from these passages how important the group is in the development of a toolkit of the parents for coping both by the instructor and by the other participants. It is not enough to present the way to create a nonviolent conversation; the experience of others makes the tool applicable and gives hope to the other participants and trust in their ability to effect a change. The positive story of S.Z.'s experience encouraged the other mother (M.B.) to continue to try, with emphasis on the consistency and practice that will help her achieve the desired behavioral change for the achievement of the goal. A.K. describes the mother's help for the practical implementation of the way of coping proposed in order to attain a conversation and listening that draws people closer. The proposal to set a regular time in which we succeed in talking, expressing our emotions, and speaking without angers enables the parent to renew the closeness with their child.

Harm to the executive functions characterizes children and adolescents with attention disorder, as detailed in the chapter of the Review of the Literature, pages 80-81. The executive functions are responsible for the ability to plan and solve problems, organize, processes of control, inhibition, and regulation, cognitive flexibility, and choice of relevant sensory information (Manor & Tyano, 2012; Yishai-Karin, 2009). Brown (2006) poses a broader definition and includes also the affective domain. According to Brown, executive functions include initiative of activity: organization, prioritization, and work initiatives; focus, preservation, and shift of the attention between tasks; effort: regulation of alertness, preservation of the effort, and speed of the response; emotions: management of frustration and regulation of emotions; memory: use of working memory and accessibility to retrieval; action: actions of monitoring and self-regulation. In the meeting on this topic, the parents

shared their difficulties when dealing with their adolescents who have difficulties meeting schedules for the performance of tasks at home and in the school. Another example of such a process can be seen in the following passage:

"I know what you are talking about, this was the story also with S my daughter, she does not remember to submit works in time, tests she remembers the night before and this has often created many arguments with yelling to the heavens. When you interviewed me, I told you how difficult it is for her to get organized and that I am all the time chasing her. This gets her angry but if I leave off, then the complaints come that she does not prepare homework or she does not submit works, this was frustrating, instead of her telling me thank you she says that I am interfering and I do not rely on her. And then I suggested to her to organize for her a time schedule with tasks in her room. I went with her, we bought a nice corkboard, we decorated it, and we organized her tasks according to the calendar. I shifted the responsibility to her. You remember, our conversation was before the start of the group, and we are doing this already for some time and this is working well. I can get an update from the board and give her a small reminder without nagging. It is enough to ask her whether she is following after the board. This was an excellent idea, and I tell about it to everyone that I know." (R.R.3)

"After we spoke in the meetings about the difficulties of the organization and order, which are a part of the attention disorder, it was important to me to change the approach to the subject. I would be completely crazy about the mess that he has in the room, in the bag, in the closet, and this would reach explosions, yelling. I learned here to approach this topic from another place. You told me to pick the battles. I learned how to ask him and this really helps. He really likes his mobile phone, so I taught him to use it for reminders. I will not tell you that everything looks perfect now, but I feel that I am more in control. I would lose this and say terrible words and it is impossible to take words back." (M.B., 2)

The two mothers in the two different groups brought up a similar problem, the problem of the organization and planning of the adolescent that influences the environment at home and the adolescent's ability to deal with the tasks expected from him. This difficulty caused tension at home and angers. They describe the influence of the difficulties in the

organization, in the functioning of the adolescent in the school, in social terms and in behavior at home. They share openly the behavior at home on this topic with words such as “yelling to the heavens”, “explosions”, and so on. The mother describes the coping at home as a war. It appears that the group conversation caused her to understand her responsibility for problematic behavior with the son and the escalation of situations when she tells “I would lose it, I would say terrible words”. According to the mothers, the participation in the group helped them understand the source of the difficulty and ways of coping. M.B. emphasizes that the problem was not completely resolved but she felt that she restored to herself the feeling of parental efficacy and control of the situations. R.R. also indicates a change in her ability to cope and to feel that she is succeeding in advancing her daughter and in avoiding a system of relations that is insulting or frustrating.

Additional tools for coping were expressed in different situations in the school that required parenting intervention. Every event in the school poses a question mark anew regarding the correct way of handling the problem. Pain (1999) says that the search for information sources about the child’s situation and about sources of advice for help and support derive from the parents’ need to improve the care of the child, to help them cope emotionally with the given situation, and to increase the effectiveness in the field of the different services: to know what it is possible to receive and from which factor. The parents search for solutions for their problem and ways to advance the child. The parents told in the group also about the improvement in their coping ability with the teaching staff in the school.

“This week they invited me again to the school since he caused a mess. I came this time and I felt that I have more confidence. I knew more what to ask and how to answer. I knew to advocate for my son and to keep him safe in a system that does not believe in him enough. I did not sit like a scolded girl as I generally am, I was far more in control, and this is far more effective. Generally I would leave these conversations shattered and lost. This would increase my fear about his future, with all the frustration I would come home and take it all out on my son. When I think about these cases, my heart breaks. It is a pity that I did not come to this group earlier, perhaps I would not behave like this.” (A.A., 3)

In this passage, the mother tells about the change she experienced in the coping with different situations in the school. She tells openly about the way she acted previously and how she felt when she was invited to the school frequently. She describes the feeling of sitting in these meetings and the sense of anxiety and the subsequent response. The change is expressed in the ability to understand her son and to advocate for him with the school staff, to provide him with support and not only criticism. Apparently it is also to fear less from the future. The mother expresses the heartache she is feeling now ("my heart is shattering") as she thinks about these cases after she knows a little more about the circumstances and difficulties of her son.

Another time the mother said:

"I want to share with and thank the group for something that happened to me this week. On Sunday the school called, generally I would see the phone number of the school and I would completely pale, my pulse would be about a hundred. I know that if they call it is to complain. And I was afraid what they would say to me now about A. Before I answered the telephone, I spoke with myself. I reminded myself of things that we spoke about in the group about my role and our difficulties. The conversation occurred completely differently and for the first time I dared to ask them how they help me cope better aside from calling and complaining about him. This was the first time that such a conversation did not destroy the mood for the entire day. This gave me strength. I had to share with you since you gave me strength." (M.B., 2)

In this passage too it is possible to learn about the improvement of the confidence and sense of parenting efficacy after receiving tools for coping with different events in the school. The mother shares her feeling when she sees on her telephone screen the telephone number of the school and she understand what something not positive happened. Generally her response was anxiety and great worry. She chooses the metaphor of a rapid pulse ("my pulse is on one hundred", to illustrate the fear that accompanies the conversation from the school. She chooses to share the group in the change that occurred in her. She describes speaking to herself and remembering the advice and knowledge she obtained from the group that caused self-calm and in the continuation better coping with the situation.

The narrative approach sees the parent to be an expert in her child; she knows best what will help him. The goal of the instruction group is to increase the parent's understanding about the functional, behavioral, and emotional difficulties of his child with ADHD. Every parent has her unique ways of coping, the main goal of the group instruction is to connect to the unique powers of coping of every parent and to empower the parental efficacy through the inculcation of the knowledge on the topic of ADHD and its implications on the child's behavior, as well as the providing of practical tools for parents in order to cope with the emotional and behavioral difficulties in the space of the relations between them (Plotnik, 2013). Yalom notes as a part of the therapeutic forces the powers of the inculcation of information and direct advice. Under this title Yalom includes didactic instruction about ADHD by the instructor. As well as advice, suggestions, or direct instruction regarding the life problems proposed by the group instructor or other patients. Direct advice provided by the friends occurs without observation in every treatment group. The giving of advice serves a goal in an indirect manner. The process, more than the content of the advice, can be beneficial, since it hints at the mutual interest and concern. In other words, what is important is implied by the very suggestion of the advice, which appears to the patient to be a gift (Yalom & Leszcz, 2006). Providing advice is a type of interaction that is mainly common at the start of the group process, and the benefit provided from it derives mainly from the feeling of caring and involvement between the participants in the group and less from the practical content of the "advice" (Flowers, 1979). People who are found in distress search for information and guidance to feel better control and less powerless. Following the processing of emotions, the participants can deal with the search for solutions and the learning of new skills, or in other words, the person succeeds in mustering his forces to obtain guidance and counseling (Spiegel & Classen, 2000).

Many interventions of parents who have children with ADHD are based on psychoeducational interventions and are focused on providing guidance and on the learning of effective parenting skills (Siperpal, 2018). These interventions indicate an improvement in the parental functioning and an improvement in the child's emotional situation (Webster-Stratton, Reid, & Beauchaine, 2011). Some also indicated an improvement in the parents' emotional situation, since strategies for solving problems and improving effective coping

can help the parents deal with the daily pressure and tension associated with the parenting of a child who has ADHD (Daley, Jones, Hutchings, & Thompson, 2009).

3.4.3 Advantages of the Work in the Group for Me as a Researcher

The professional literature in the field of qualitative methodology greatly addressed the researcher's place in the research field, out of the understanding of the importance of the researcher's participation to a certain degree in the participants' world. The uniqueness of my participation in the intervention groups was expressed in the dynamics and diversity of the characteristics of the experiences of parenting of adolescents with ADHD. During the meetings we developed relationships of closeness, trust, and friendship. My involvement helped me to see and understand their coping as the parents see it, to identify their problems and concerns, and in this way to decode their conversation and behavior. "In essence, the ability to be with others is what makes the qualitative researcher unique" (Maykut & Morehouse, 1994). The fact that I am a mother of an adolescent with ADHD constituted the first basis for the building of trust with the parents. From a methodological perspective, this means that as a researcher who is close to the world I am researching and as somebody who is aware of and knows the coping of the participants in this research, I have the possibility of understanding the parents' feelings and difficulties, but nevertheless I must remain separate and distinct (Patton, 1990).

The advantage of this research study for me as a researcher was expressed in the ability to add knowledge on the topic of ADHD among adolescents and its impact on the broad circles of the child and his family. Unlike my perspective as a teacher and instructor in the educational field, which focused on the student's needs and the family's ability to help him grow and develop, the groups allowed me to understand the parents' viewpoint and the meaning of the coping with the adolescent who has ADHD on their experience of parenting and sense of parental efficacy. In addition, I learned to respect the parents' knowledge and the ability of the system to benefit from this knowledge and to recruit it for the support of the adolescents and the families that cope with similar difficulties.

4. Summary and Conclusions

4.1 Summary and Conclusions

The objective of the research study was to examine the resources of parents of adolescents with ADHD, to describe their parenting experience, to identify factors of ADHD of their children with which the parents are coping, and to examine the contribution of the treatment group for the parents. This research study proposes a different look at ways to help students with ADHD through intervention groups with their parents, from a holistic mindset that perceives parents as a significant and important part of promoting their children. The study showed that counseling support groups led to positive changes in the parents, who reported improvement in the systems of relationships and in their ability to advance their children academically and behaviorally. It appears that parents can make changes and improve their parenting when there is an empowering framework that offers them a way to study their parenting role, develop insights, and take responsibility for their children's behavior. Hence, there is room to allocate resources and to implement counseling support groups for parents of children who have ADHD.

Here are the conclusions that emerged from this study:

1. Adolescent care affects parenting experiences and relationships within the family at school and in the community.
2. The importance of family support
3. Social support
4. Mothers are more involved than fathers
5. Therapeutic factors - the sense of universality
6. Contribution of an intervention program focused on the emotional factors of the parents
7. Cognitive contribution of the intervention program
8. Providing the information.
9. Address the contribution of the partnership between parents and teachers
10. Parental Involvement in School.

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1. The experience of parents dealing with an adolescent with ADHD and their feelings that are expressed in different circles and affect relationships within the family, school and community. These experiences sometimes are expressed in the harm to the systems of interpersonal relationships in the family, in the school, and in the community. This research study indicates that the care of the adolescent who has ADHD may harm the fabric of the relationships in the nuclear family. This harm is caused as a result of the emotional load and the stress accompanying the daily coping with the characteristics of the disorder and contributes frequently to arguments in the family about the right way to treat different situations. These difficulties harm the system of relations between the parents themselves, between the parents and the adolescent, and between the siblings and the adolescent who has ADHD. This datum is commensurate with the research literature on the issue that notes the difficulty that accompanies the care of the child with ADHD. Pressman et al. (2006) described the relations of the child with ADHD and his siblings as characterized by conflicts and fits of anger. Smith (2000) also presents the mothers' reports of the many conflicts between the siblings when one sibling has ADHD. The process experienced by the parents in the group helps them work through their emotions, examine their parenting perceptions, and improve the interaction with their children. The participation in the narrative intervention group in this research contributed to the reduction of the parenting stress, and we see an improvement in the parents' ways of dealing with their children's emotions and behaviors and a positive change in the parents' perceptions of the relationship with their children. Previous research studies showed that this group intervention is effective for parents of children with learning disabilities (Gilat, 2006) and attention disorders (Siperpal, 2018) more than group therapy based on providing information through lectures on the characteristics and common behavior of children with these disabilities.

2. Working in a group emphasized the **importance of family support** in dealing with the difficulties that accompany raising a child with special needs. The family holds emotional relationships that contribute to the individual's sense of security and fulfill basic mental needs (Katz & Kessel, 2002; Ayalon, 1983). In society in Israel, a person considers the extended family as a meaningful part of his nuclear family, mainly the grandparents (Findler, 1997), which is expressed in the different groups. The system of family support is called the primary support system since it appears first in the individual's life and the intensity of its

influence exceeds the influence of all the rest of the support systems. In this context, it should be noted that in Israel too it was found that the typical extended family is still one of the main sources of help and support in situations of crisis (Mualam-Meron, 1985). Parents who enjoy the family support and feel that the family constitutes for them a listening ear report a higher sense of efficacy for coping with everyday difficulties. In contrast, parents who feel that they are judged by the close family as not good enough parents and who receive criticism from family members, such as the grandparents, avoid sharing with their relatives. These parents often feel loneliness and a low sense of parental efficacy. This research study indicates the importance of the extension of the parents' support circles as a part of the tools for better coping.

3. Another tier. The importance of family support for a family that has a child with needs is the **significance of social support**. During the group meetings, the parents shared with one another, and the support they received from the group members was very meaningful and contributed to the change of their perception of parenting efficacy and self-efficacy. This support helped the parents handle the tasks assigned to them in the raising of their children and in the dealing with the characteristics of their children's ADHD. It was possible to differentiate in the group between parents who had social support before the participation in the support group and parents who did not have social support according to their style of parenting. **Parents who lacked social support tended to be authoritative with their children and expected high responsiveness with close supervision, and the conversation with the adolescents did not include giving them autonomy. In contrast, parents who received social and family support expressed in the group more attentive parenting and a higher feeling of parenting efficacy.** This conclusion is reinforced in the research literature that attributes considerable importance to social support that facilitates the reduction of stress, increases the parents' ability to deal with difficulties, and predicts a situation of mental wellbeing (Siperpal, 2018). It was further found that the parents who enjoy social support have a high sense of parenting self-efficacy that enables them to adopt supportive and attentive parenting behavior while setting boundaries (Izzo, Wiess, Shananhan, & Rodriguez-Brown, 2000). Research studies that compared between parents of children who have ADHD and parents of children who do not have ADHD found that parents of children with ADHD experience greater distress and parenting stress, low feeling of self-

efficacy, and less social support and are characterized by an authoritarian parenting style (Siperpal, 2018; Yaffeh, 2016). This research study found that the counseling intervention groups that provided support for parents and increased their sense of self-efficacy contributed to the parents to integrate in their parenting behavior more parenting that is authoritative, which is expressed in giving increased autonomy to their adolescent, listening to his needs, and understanding his difficulties. According to the parents' reports, they improved their system of relations with the adolescent.

4. Involved mothers more than fathers - This phenomenon was prominent in the three intervention groups. The parent groups that participated in the study were predominantly mothers, with the exception of one father. This fact indicates the difference in the level of involvement between fathers and mothers. We clearly see that women in general participate more in the educational framework. Men participate in the educational framework at lower levels of participation, while among the women the participation in the frameworks was at a higher level (in planning, performance, and making decisions). These findings are reinforced in the research of Sadan (1997) and the research of Reinharz (1984), according to which women are more involved and participate more than do men in activity in the children's educational environment. It should be noted that in general men tend to turn for help less than do women, in a range of difficulties and problems also when they experience significant mental stress (Farrell et al., 2006). Hence, in the interventions for parents of children with ADHD it can also be expected to have the greater response and participation of mothers than fathers, as was the case in this research. Today as well, in most of the families, although there is more flexibility in the definition of the roles of men and women, there is still the traditional division of the roles of the father and the mother. For the most part, the mother was the one in charge of the main care of the children. There is no doubt that in the family with a special needs child the mothers' contribution to the child's care in particular and to the family system in general is significant. In addition, the care of the child obligates the mother to be in a daily relationship with the school and additional services in the community that facilitate the care of the child. When the mothers' coping with the different factors is successful, they feel more empowered and stronger, believe in themselves, and have the power to act for their families (Shrift, 1982). Reskin (1988) maintains that for women to feel empowerment, they must properly assess their contribution

to the family system. Thus, there is room for dynamic counseling groups that place at the center their coping and provide support, counseling, and tools.

5. Additional conclusions obtained from this research study address the **therapeutic factors** that are obtained from the participation in the group and help the parents cope better with the difficulties in the raising and cultivation of the adolescent with ADHD. These factors are an important component that create change and influence the treatment process in the group (Crouch, Bloch, & Wanlass, 1994).

The participants in this research study came to the counseling group with similar problems that focus on the difficulties of the coping with adolescents who have ADHD and feel often anxiety, stress, and powerlessness. For this reason, there is room for therapeutic forces of **universality**, **support**, and **hope** that develop during the group sessions. **The parents emphasized the powers of universality, the instilment of hope because of the distress and loneliness the parents feel before the participation in the group.** The strength of the group enables the transition from the experience of loneliness and inability to share to the experience of "**we are all in the same boat".** The feeling of universality is one of the strengths of the support group, in that its members share information and emotions, and the group members can help one another and be helped by one another. The range of opinions in the group and the experience and considerable knowledge of the participants make the group a source for the solving of problems and the making of decisions. The parents also expressed feelings of hope after they heard parents who coped with adolescents who have ADHD, and they are found in another place on the continuum of the coping and also previous success with adult children. The instilment of hope improves the morale of the parents and creates motivation to invest in the process.

6. In this study, **the intervention program focused on the emotional needs of parents of adolescents with ADHD**. This intervention, unlike most existing intervention programs that are focused on coaching, instruction, and inculcation of parenting skills (Siperpal, 2018), has the aim of providing an answer to the parents' difficulties and developing in them a change of consciousness and behavior. Following the positive contribution of the parents, I find it appropriate to cultivate intervention programs that see the parents and their difficulties and

empower them. This success has an impact on all of the adolescent's environmental circles both in the family environment and in the school environment. An empowered parent who has a sense of self-efficacy succeeds in cultivating authoritative parenting that enables the autonomy that the adolescent needs in order to cultivate his personal identity, which is the main role during adolescence.

7. Along with the group's contribution in the emotional and behavioral aspect, another contribution is made in the **cognitive aspect**. The understanding of the reasons for the behavior difficulties and the ability to attempt other patterns of behavior enable the parents the opportunity for a corrective experience of parenting (Yalom & Leszcz, 2006). A combination of the behavioral, emotional and cognitive aspects allows for the best outcome for the change parents need. This achievement occurs through group interpersonal learning. After the initial meetings, in which the group is created and a sense of cohesion and a sense of support develop, the participants felt safe to bring up their behaviors in the meetings and to understand together with the group how their behaviors contribute to the problem. They indicate the cognitive investigation of the behavior through the feedback they receive from the instructor and the group members, and they are able to better understand themselves, to attain change, and to fulfill themselves. I find that intervention groups that extend the duration of the sessions to a longer time beyond ten sessions will help parents to develop and share more with the group members and as a result go through deeper and more meaningful change processes.

8. **Providing information** about ADHD in adolescence is a significant part of group sessions and they influence the process that parents go through in the session groups. Every parent has unique ways of coping, and the group aspires to connect to the parents' strengths and to increase the parenting efficacy through the inculcation of knowledge on the topic of adolescence, ADHD, and its implications on the adolescent's behavior. In addition, the group strives to provide practical tools for coping with behavioral and emotional difficulties in their system of relationships with the adolescent and additional systems of relationships in the home. The reference to the parent as an expert on her child, who knows best what are her difficulties and her abilities, the increased depth of understanding about the disorder, and the functional and emotional difficulties will cultivate new insights and will help the parent

include the difficulties and direct the adolescent to success. The understanding of the characteristics of adolescence, which are combined with the ADHD and sometimes intensify the adolescent's difficulties, will sharpen the need to adjust the parenting style to the child's age and needs and will further the understanding of the need to grant autonomy to the adolescent to search for his identity while providing a safety net, boundaries, stability, and support. In the research literature, the formation of the identity is a main developmental objective during adolescence. The adolescents with attention disorders tend to take risks, be radical and extreme, and act so that the dominant factor in their behavior is the immediate urge. The parents' role to regulate and include is critical to the building of inner boundaries that will guide the way of the adolescents in the future (Plotnik, 2008).

As a part of the inculcation of knowledge in the parents about ADHD, the knowledge about the rights and benefits in the fields of education, health, and welfare was expanded. The reinforcement of this channel constitutes one of the ways of action required for the empowerment of the families with the knowledge, tools, and strengths necessary in order to fill the task of special parenting. As a part of this information, the parents asked for tools for coping with the processes of placement in special education and rights to assistance in the school framework. The conclusion is that receiving knowledge in the field helps the parents improve their ability and sense of efficacy when they reached meetings in the school that decide regarding the giving of help to their children. This knowledge also contributed to the great involvement of the parents in the school and community activity.

9. Partnership between parents and teachers lays the foundation for the success or failure of adolescents with special needs in the education system. During the sessions the parents reported many difficulties in feeling a partnership which led to much frustration. Frequently in all the intervention groups the parents reported the absence of understanding and knowledge of many educational staffs about ADHD among adolescents and the absence of tools for coping primarily in the regular education frameworks. These reports indicate the lack of trust between the most important partners for the actualization of the adolescent's ability to develop and learn. Partnership between parents and teachers lays the foundation for the success or failure of adolescents with special needs in the education system. During the sessions the parents reported many difficulties in feeling a partnership which led to much

frustration. ADHD, the characteristics of adolescence, and the impact on ADHD among adolescents in the teaching staffs in the regular schools. There is a difference between to know and to 'be aware'; many teachers and parents know a little but do not totally understand the meaning. Frequently the behaviors of adolescents with ADHD are erroneously interpreted and thus the way is short to label the child as disturbed, lazy, and lacking boundaries. One of the main reasons for this erroneous interpretation is that all the symptoms of the problem of ADHD can be interpreted differently, or in other words, the disability is transparent (Ministry of Education, 2013). A research study that examined the contribution of a program for the encouragement of the care of children who suffer from ADHD that incorporates goals of the broadening of the knowledge and understanding about the disorder and the inculcation of practical knowledge in the educational staff and main professionals who engage in education (teachers, counselors, psychologists) found that orderly instruction can help the teacher, who constitutes a main figure who knows from up close the behavior of the child in the class, to identify children with symptoms that arouse the suspicion of ADHD and can help the teachers to become aware of ways of teaching that are different from the traditional approaches and to adopt new ways to deal with the phenomenon (Sharon, Chessner, Asher-Or, Strosberg, Vilansky, & Neon, 2008).

10. Parental Involvement in School **- This conclusion addresses the considerable importance of parental involvement in children with special needs in school as part of building the partnership and trust that will promote children.** The building of a systemic program that includes the school and the parents is essential, since the children live and are influenced by the school environment and the family environment (Siperpal, 2008). Throughout the entire systemic treatment process, the system of relations based on cooperation from both sides is very important in the planning of the objectives and in the making of the decisions, out of respect, openness, and mutual trust (Dempsey & Keen, 2008). In recent years, the professional literature has recognized the powers and strengths of the family as central in the treatment process, with emphasis on the development of control and empowerment. The literature defines the feeling of empowerment as an internal resource that helps the family cope with the raising of the child who has special needs (Hodtov, 2001). There is agreement in the literature that the parents who are the regular figures in the child's life can define and identify the child's needs, and they have great influence on the success of

the process (Dempsey & Keen, 2008). A research study that is performed on the curricula for the parents of underserved children found that the involvement of the parents in the school activities and the learning from the parents of their ways of interaction with their children contribute to the parents and in parallel strengthen the parents' self-confidence and increase their value in their own eyes as people and educators (Yaffeh, 2016). The partnership between the educational staff, the parents, and the school contributes both to the school programs and to the school climate and to the student's family, which is seen in the more positive parenting behavior towards the child, the better adjustment of the child and the child's suitability to the school (Sperling, 2019), and the improvement of the relationship between the student and the teacher (Park, Stone, & Holloway, 2017). A number of factors influence the quality and scope of the partnership between them: the parents' sense of efficacy to advance the child's academic achievements, personal construction of the parental role, and the ability to make changes according to the stages of development. It is possible to conclude about the importance of the parents' partnership with the school and the role of the school and the parents to create and enable these partnerships, in order to advance the student and allow the student to realize his abilities.

In addition, I believe that a professional school center on the topic of ADHD will constitute an address for consultations and inclusion of teachers, parents, and students. Such a center will improve the alliance between the parents and the teachers and will influence the adolescent's performance in the academic, social, behavioral, and emotional fields.

4.2 Research Contribution to the Educational Field

The present research study has a number of contributions to the educational field. First, the findings that arose in the framework of the analysis of the data constitute a treatment model for parents who cope with adolescents with ADHD and provide them with ways to improve the systems of relations and interpersonal interactions that were harmed as a result of coping throughout the years of the raising of the children.

In addition, the research data constitute a basis for the positing of additional hypotheses and the finding of new ways of observation for the research of the influence of

the participation of the parents in the treatment group on the students' achievements and involvement in the educational system.

This research study is unique in the framework of the instruction of parents who are dealing with ADHD. The narrative instruction of parents is performed generally in the family framework, and not in the group framework, and it is possible to continue to research this topic in additional dimensions.

The understanding how the parents perceive the treatment framework may greatly influence the results of the treatment and the increase of the depth and breadth of the treatment framework in the education system. In this way, the education systems can create a framework that will contribute to the parents who are coping with adolescence and with the difficulties of ADHD that empowers the coping difficulties and to the reinforcement of the alliance between parents and teachers at the age of the middle school, an age that invites significant educational challenges.

In addition, this research study strengthens the recommendation of the report of the Margalit Committee (2014), which recommended to train all the teachers (in the framework of professional development) in the acquisition of broad knowledge on the characteristics of adolescence and their influence on adolescents with attention disorders, in order to increase the understanding of the education staffs of these students' complex needs and the difficulties with which their parents cope. This research study can contribute knowledge to the educators and to the training system regarding the mutual relationships between children who have ADHD and their parents and regarding effective ways of helping and supporting them.

Last, it is necessary to note another contribution of the research study according to the processes of the reform in special education that are happening in the last three years in Israel. In the summer of the year 2018 the Knesset approved of the Amendment to the Special Education Law. This reform was undertaken according to the UN Convention on the Rights of Person with Disabilities. The Convention was adopted in the UN in December 2006, Israel signed it in the year 2007, and now it is taking another step with the ratification of this document.

The reform in Israel is aimed at providing a tailored response to the student according to the characteristics of his functioning, his special needs, and the support he requires, in order to allow him to participate in the learning process, to fulfill his abilities, and to advance in the scholastic, social, and emotional areas. The goal of the Amendment to the Special Education Law is to anchor the right of the special needs student for equal and active participation in society, in all areas of life, and to provide an appropriate response to his special needs in a way that will allow him to live his life with the utmost freedom, privacy, and respect, with the fulfillment of his abilities and to advance the integration of students with special needs in the regular education institutions (Ministry of Education, Department A of Special Education.

The success of the reform depends on the ability of the education system to cope with the difficulties and on its ability to provide the conditions necessary for the advancement of these students' academic, behavioral, and social needs. A main part in the education system will be the training of the teaching staffs and the instruction of the parents. In addition, in the framework of the reform the parents will be granted the right to choose the framework suitable for the students, a decision that before the reform was given to the professionals. For this purpose, it will be necessary to give information and instruction to the parents about the characterization of the disabilities from which their children suffer. Learning disabilities and ADHD will be at the center of the change in the reform. I believe that this research study contributes to the understanding of the importance of the creation of centers for instruction and support of parents in the schools and in the community that will constitute an important step in the success of the reform for the best integration of the students.

4.3 Research Limitations

Alongside the advantages of the research study, it is important to also examine its limitations and to draw conclusions from them for future research. First, on the basis of the phenomenological paradigm, a relatively small sample was taken, and there is no emphasis on the ability to generalize the sample but on the ability to learn about a phenomenon in depth (Shkedi, 2003). Additional research studies, qualitative and quantitative, on larger samples, will allow additional possible themes to be raised about the parents' coping with

adolescents who have ADHD and about the contribution of the participation in the instruction groups, and the use of a larger number of interviewees will allow generalization.

Another limitation is associated with the homogeneity in the interviewees' sociodemographic characteristics. The decisive majority of the interviewees are traditional-Religious women from the north of the country. Belief in God is one of the resources that has a tremendous power that a believer has. The women's belief that this is God's will help them to accept the difficulties with love. Additional research studies that address heterogeneous populations in terms of gender and socioeconomic-cultural situation will allow a broader view of these issues and their possible implications on the issues that arise in the research and its findings.

Also, the parent population was of parents of adolescents with ADHD who attend regular schools. Parents of adolescents with ADHD studying in special education settings did not participate in the groups. Students with a higher level of difficulty come to the special education frameworks and have difficulty integrating into their regular education. The transition to special education school indicates a higher complexity of ADHD symptoms manifested in behavioral problems and learning difficulties at a higher intensity. It is possible that parents of adolescents with ADHD in special education will see a different picture of coping experiences and needs.

Last, since this is a qualitative research in which the researcher herself serves as a main instrument in the collection and analysis of the data, it is necessary to address the researcher's characteristics that may influence the possible bias of the findings. The researcher's familiarity with the topic is based on her work of about 27 years in the field of remedial teaching and special education in the State of Israel in different positions and as a parent of an adolescent who has ADHD. On the one hand, this continuous involvement enables closeness and a profound understanding of the research participants' attitudes and experiences and constitutes the important way to improve the credibility of the findings and their interpretation (Lincoln & Guba, 1985). On the other hand, it is likely that her feelings, thoughts, and opinion towards the topic created a certain bias and they may dull the ability to understand the participants' experience from their perspective

in a way that is both non-judgmental and non-identifying (Padgett, 1998). This fact required the researcher to preserve balance during the instruction and in the interviews.

4.4 On a Personal Note

My professional experience in the different "hats" that I have worn over the years, including special education teacher, teacher instructor, district supervision positions, and special education lecturer in the college for students and teachers, has helped me identify the tremendous need that is not satisfactorily met of the parents of adolescents who are dealing with the difficulties of adolescence that are intensified by the attention disorder. I have realized that when the children reach adolescence the parents are less involved in the school relative to their level of involvement in primary and elementary school education and they lack the tools with which to deal with the difficulties that accompany adolescence and ADHD, which increases and exacerbates the difficulties. The performance of such a research is an opportunity for me to make a meaningful contribution to this identified gap and to increase the awareness of the Ministry of Education, of which I am a part, for the purpose of providing an answer for the parents. It is necessary to encourage and to develop centers of support and instruction for the parents, in order to help them maintain the system of relationships in the family and with the education system. It is necessary to promote groups of parents that emphasize the empowerment of the parents and the listening to their needs, unlike the groups customarily found today, which focus on providing information on the characteristics of the disability or on treatment programs for the children.

References

Abramovitch, A., & Schweiger, A. (2009). Unwanted Intrusive and Worrisome Thoughts in Adults with Attention Deficit\Hyperactivity Disorder. *Psychiatry Research* 168(3), 230-233.

Ackerman, C. (2017). 19 Narrative Therapy Techniques, Interventions + Worksheets. Retrieved from: https://positivepsychologyprogram.com/narrative-therapy/

Agazarian, Y. M. (1997). *Systems Centered Therapy for Groups*. New York: Guilford Press.

Ahldén, I., Ahlehagen, S., Dahlgren, L. O., & Josefsson, A. (2012). Parents' Expectations about Participating in Antenatal Parenthood Education Classes. *The Journal of Perinatal Education*, *21*(1), 11.

Ainsworth, M. D. S., Blehar, M.C., Waters, E., & Wall, S. (1978). *Patterns of Attachment: A Psychological Study of the Strange Situation*. Hillsdale, NJ: Erlbaum.

Akcinar, B., & Baydar, N. (2016). Development of Externalizing Behaviors in the Context of Family and Non-Family Relationships. *Journal of Child and Family Studies*, 25, 1848–1859.

Albeck, S. (1990). Reinforcement of the Israeli Family. *Society and Welfare*, 10, 199-210. (Hebrew)

Alfassi-Henley, M. (2016). *"Special Families" – Parents of Children with Disabilities, Characteristics and Difficulties in Everyday Life*. Ministry of Industry and Finance, May. (Hebrew)

Allen, K. (2011). Introduction to the Special Issue - Cognitive-Behavioral Therapy in the School Setting. *Psychology in the Schools*, 48 (3), 215-222.

Alvidrez, J., & Weinstein, R. S. (1999). Early Teacher Perceptions and Later Student Academic Achievement. *Journal of Educational Psychology*, 91(4), 731.

Amato, P. R. (2005). The Impact of Family Formation Change on the Cognitive, Social, and Emotional Well-Being of the Next Generation. *The Future of Children*, *15*(2), 75-96.

American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing (DSM-5).

Anastopoulos, A. D., Guevremont, D. C., Shelton, T. I., & DuPaul, G. J. (1992). Parenting Stress among Families of Children with Attention Deficit Hyperactivity Disorder. *Journal of Abnormal Child Psychology, 20*(5), 503-520.

Anson, O., Antonovsky, A., Sagy, S., & Adler, I. (1993). Family, Gender and Attitudes toward Retirement. In: Azmon, Y., & Israeli, D.N. (Eds). *Women in Israel*. New Brunswick, N.J: Transaction Pub.

Antshel, K.M., & Barkley, R. (2008). Psychosocial Interventions in Attention Deficit Hyperactivity Disorder. *Child and Adolescent Psychiatric Clinics of North America*, 17, 421–437.

Avisar, G. (2011). *Inclusion and Accessibility – On Planning the Studies for Students with Handicaps.* Mofet Institute. (Hebrew)

Avisar, G., & Almog, A. (2003). Training Teachers in the Reality of Inclusion: Where Did We Come from and Where Are We Going?, *Issues in Special Education and Rehabilitation*, 18(2), 5-18. (Hebrew)

Ayalon, O. (1983). *A Fine Balance: Coping with Situations of Stress in the Family*. Tel Aviv: Sifriat HaPolaim.

Back, K.W. (1973) *Beyond Words: The Story of Sensitivity Training and Encounter Movement*. Baltimore, MD: Penguin Books.

Bagwell, C.L., Molina, B.S.G., Pelham, W.E., & Hoza, B. (2001). Attention-Deficit Hyperactivity Disorder and Problems in Peer Relations: Predictions from Childhood to Adolescence. *Journal of the American Academy of Child and Adolescent Psychiatry*, 40, 1285-1292.

Bales, R. F., & Parsons, T. (2014). *Family: Socialization and Interaction Process*. Routledge.

Banai, D. (2008). Introduction – Eighteen Plus: Young People Wandering in Search of Their Fate. *Encounter for Social Educational Work*, 28, 12-16. (Hebrew)

Barber, B. K., & Lovelady Harmon, E. (2002). Violating the Self: Parental Psychological Control of Children and Adolescents. In B. K. Barber (Ed.), *Intrusive Parenting: How Psychological Control Affects Children and Adolescents*. (pp. 15-52). Washington: American Psychological Association.

Barber, B. K., Xia, M., Olsen, J. A., McNeely, C. A., & Bose, K. (2012). Feeling Disrespected by Parents: Refining the Measurement and Understanding of Psychological Control. *J Adolesc, 35*(2), 273-287.

Barkan, O. (2013). Special Parenting: On the Parenting of Children with Special Needs. Retrieved from the Hebrew Psychology Website: http://www.hebpsy.net/articles.asp?id=3055 (Hebrew)

Barkley, R. A. (1997). Behavioral Inhibition, Sustained Attention, and Executive Functions: Constructing a Unifying Theory of ADHD. *Psychol Bull*, 121,65-94.

Barkley, R. A. (1998). *Attention-Deficit Hyperactivity Disorder: A Handbook for Diagnosis and Treatment* (2nd ed.). The Guilford Press.

Barkley, R. A. (2001). Executive Functions and Self-Regulation: An Evolutionary Neuropsychological Perspective. *Neuropsychology Review*, 11, 1–29.

Barkley, R. A. (2003). *Taking Charge of ADHD: The Complete and Authoritative Guide to Understanding ADHD*. Tel Aviv: Galila. (Hebrew)

Barkley, R. A. (2006). *Attention-Deficit Hyperactivity Disorder: A Handbook for Diagnosis and Treatment* (3rd ed.). New York: Guilford Press.

Barkley, R. A., & Biederman, J. (1997). Toward a Broader Definition of the Age-of- Onset Criterion for Attention - Deficit Hyperactivity Disorder. *Journal of American Academy of Child & Adolescent Psychiatry*, 36, (9), 1204-1210.

Barkley, R. A., & Cox, D. (2007). A Review of Driving Risks and Impairments Associated with Attention-Deficit/Hyperactivity Disorder and the Effects of Stimulant Medication on Driving Performance *Journal of Safety Research,* 38(1), 113-128.

Barkley, R. A., Fischer, M., Edelbrock, C., & Smallish, L. (1991). The Adolescent Outcome of Hyperactive Children Diagnosed by Research Criteria: 3. Mother Child Interactions, Family Conflicts and Maternal Psychopathology. *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 32, 233-255.

Barkley, R. A., Guevremont, D. C., Anastopoulos, A. D., & Fletcher, K. E. (1992). A Comparison of Three Family Therapy Programs for Treating Family Conflicts in Adolescents with Attention-Deficit Hyperactivity Disorder. *Journal of Counseling and Clinical Psychology*, 60, 3, 450-462.

Barkley, R. A., Murphy, K. R., & Fischer, M. (2008). *ADHD in Adults: What the Science Says.* New York, NY: Guilford Press.

Barkley, R. A., Shelton, T.L., Crosswait, C., Moorehouse, M., Fletcher, K., Barrett, S., et al. (2000). Multi-Method Psycho-Educational Intervention for Preschool Children with Disruptive Behavior: Preliminary Results at Post Treatment. *Journal of Child Psychology and Psychiatry*, 41, 319–332.

Barnes, G. M., Reifman, A. S., Farrell, M. P., & Dintcheff, B. A. (2000). The Effects of Parenting on the Development of Adolescent Alcohol Misuse: A Six-Wave Latent Growth Model. *Journal of Marriage and Family*, 62(1), 175-186.

Barnett, C., & Monda-Amaya, E. L. (1998). Principal's Knowledge of and Attitudes toward Inclusion. *Remedial and Special Education, 19*, 181-192.

Barry, T. D., Lyman, R., & Klinger, L. G. (2002). Academic Underachievement and Attention-Deficit/Hyperactivity Disorder: The Negative Impact of Symptom Severity on School Performance. *Journal of School Psychology*, 40, 259–283.

Bartholomew, K., & Horowitz, L. M. (1991). Attachment Styles among Young Adults: A Test of a Four-Category Model. *Journal of Personality and Social Psychology, 61*, 226-244.

Bartoszuk, K., & Pittman, J. F. (2010). Profiles of Identity Exploration and Commitment across Domains. *Journal of Child and Family Studies*, *19*(4), 444-450.

Bar-Yosef, R. (1996). The Sociology of the Family in light of Social Changes and Biotechnological Innovations. *Trends*, 38 (1), 5-29. (Hebrew)

Bates, J. E. (1980). The Concept of Difficult Temperament. *Merrill-Palmer Quarterly,* 26, 299-319.

Bates, J. S., & Goodsell, T. L. (2013). Male Kin Relationships: Grandfathers, Grandsons, and Generativity. *Marriage & Family Review*, *49*(1), 26-50.

Bates, J. S., & Taylor, A. C. (2013). Grandfather Involvement: Contact Frequency, Participation in Activities, and Commitment. *The Journal of Men's Studies*, *21*(3), 305-322.

Baumrind, D. (1971). Current Patterns of Parental Authority. *Developmental Psychology Monograph*, *4*, 1-10.

Baumrind, D. (1991). Parenting Styles and Adolescent Development. In R. Lerner, C. Peterson, & J. Brooks-Gunn (Eds.), *The Encyclopedia on Adolescence.* (pp.746-758). New York: Garland.

Beck, U. (1992). *Risk Society: Towards a New Modernity*. London: Sage.

Ben Hur, S. (2010). *The Family in Israel in the Postmodernist Era*. Beit Berl College, Israel. (Hebrew)

Benson, J. E., Johnson, M. K., & Elder Jr, G. H. (2012). The Implications of Adult Identity for Educational and Work Attainment in Young Adulthood. *Developmental Psychology*, *48*(6), 1752.

Bental, A. (1996). *Shared Experiences and the Background for Their Influence as a Preparatory Framework for Family Life*. Master Thesis, Department of Education, Ramat Gan: Bar-Ilan University. (Hebrew)

Berry, J. O., & Jones, W. H. (1995). The Parental Stress Scale: Initial Psychometric Evidence. *Journal of Social and Personal Relationships*, *12*(3), 463-472.

Bertolino, B., & O'Hanlon, B. (2002). *Collaborative, Competency-Based Counseling and Therapy*. Boston: Allyn & Bacon.

Berzonsky, M. D., & Adams, G. R. (1999). Reevaluating the Identity Status Paradigm: Still Useful after 35 Years. *Developmental Review*, 19(4), December, 557-590.

Betcher, H., Maple, F., & Wallace, H. (1974). *Group Composition*. Ann Arbor Michigan: University of Michigan School of Social Work

Beyt-Marom, R. (2001). *Research Methods in the Social Sciences: Principles and Styles of Research, Units 1-3* (2nd Ed.). Tel Aviv: The Open University. (Hebrew)

Biederman J., Wilens, T., Mick, E., Spencer, T., Faraone, S. V., & Blader, J. C. (2006). Pharmacotherapy of Attention-Deficit/Hyperactivity Disorder Reduces Risk for Substance Use Disorder: Which Family Factors Predict Children's Externalizing Behaviors Following Discharge from Psychiatric Inpatient Treatment? *Journal of Child Psychology and Psychiatry*, 47, 1133–1142.

Biederman, J., & Faraone, S. V. (2005). Attention-Deficit Hyperactivity Disorder. *Lancet,* 366, 237–248.

Biederman, J., Faraone, S. V., & Keenan, K. (1990). Family-Genetic and Psychosocial Risk Factors in DSM-III Attention Deficit Disorder. *Journal of the American Academy of Child and Adolescent Psychiatry*, 29(4), 526-533.

Biederman, J., Petty, C., Fried, R., Fontanella, J., Doyle, A., Seidman, L. & Faraone, S. (2006). Impact of Psychometrically Defined Deficits of Executive Functioning in Adults with Attention Deficit Hyperactivity Disorder. *America Journal of Psychiatry*, 163, 1730-1738.

Biederman, J., Spencer, T. J., Newcorn, J. H., Gao, H., Milton, D. R., Feldman, P. D., & Witte, M. M. (2007). Effect of Comorbid Symptoms of Oppositional Defiant Disorder on Responses to Atomoxetine in Children With ADHD: A Meta-Analysis of Controlled Clinical Trial Data. *Psychopharmacology*, 190 (1), 31-41

Bion, W. R. (1960). *Experiences in Groups*. New York: Basic Books.

Bishop, W. H. (2011). Narrative Therapy Summary. Thoughts from a Therapist. , May 16. Retrieved from: http://www.thoughtsfromatherapist.com/2011/05/16/narrative-therapy-summary

Björklund, A. (2007). *Does a Family-Friendly Policy Raise Fertility Levels?*. Svenska institutet för europapolitiska studier (Sieps).

Blatz, W. E. (1944). *Understanding the Young Child*. New York, NY: William Morrow and Company. http://dx.doi.org/10.1037/14682-000

Blatz, W. E. (1966). *Human security: Some reflections*. London, England: University of London Press Limited.

Bloomfield, L., & Kendall, S. (2012). Parenting Self-Efficacy, Parenting Stress and Child Behaviour before and after a Parenting Programme. *Primary Health Care Research & Development*, *13*(4), 364-372.

Blum, R. W., Beuhring, T., Shew, M. L., Bearinger, L. H., Sieving, R. E., & Resnick, M. D. (2000). The Effects of Race/ Ethnicity, Income, and Family Structure on Adolescent Risk Behaviors. *American Journal of Public Health*, 90, 1879–1884.

Blush, V. K. (1994). *The Phenomenon of Cohabitation in Israel – Characteristics and Patterns of System of Relations – Is It a Substitute for the Institution of Marriage?* Master Thesis, School of Sociology, Haifa: Haifa University. (Hebrew)

Bodenmann, G., Cina, A., Ledermann, T., & Sanders, M. (2008). The Efficacy of the Triple P-Positive Parenting Program in Improving Parenting and Child Behavior: A Comparison with Two Other Treatment Conditions. *Behavior Research & Therapy*, 46 (4), 411-427.

Borowsky, I. W., Ireland, M., & Resnick, M. D. (2002). Violence Risk and Protective Factors among Youth Held back in School. *Ambulatory Pediatrician* ,2, 475–484.

Bowlby, J. (1969/1982). *Attachment and Loss*: *Vol. 1. Attachment* (2nd ed.). New York: Basic Books.

Bowlby, J. (1973). *Attachment and Loss*: *Vol. 2. Separation: Anxiety and Anger*. New York: Basic Books.

Bowlby, J. (1980). *Attachment and Loss And Loss Sadness And Depression,* vol. 3, New York: Basic Books.

Bowlby, J. (1988). *A Secure Base.* London: Routledge.

Branje, S. J. T., van Lieshout, C. F. M., van Aken, M. A. G., & Haselager, G. J. T. (2004). Perceived Support in Sibling Relationships and Social Adjustment. *Journal of Child Psychology and Psychiatry*, 45, 1385-1396.

Bristol, M.M., Gallagher, J.J., & Schopler, E. (1988). Mothers and Fathers of Young Developmentally Disabled and Nondisabled Boys: Adaptation and Spousal Support. *Developmental Psychology*, 24, 441-451.

Brookman-Frazee, L., Stahmer, A., Baker-Ericze´n, M. J., & Tsai, K. (2006). Parenting Interventions for Children with Autism Spectrum and Disruptive Behavior Disorders: Opportunities for Crossfertilization. *Clinical Child and Family Psychology Review*, 9, 181–200

Brown, T. E. (2006). Executive Functions and Attention Deficit Hyperactivity Disorder: Implications of Two Conflicting Views. *International Journal of Disability, Development and Education*, 53 (1), 35-46. http://www.drthomasebrown.com/pdfs/ef-conflict.pdf

Brown, T. E. (2006). Executive Functions and Attention Deficit Hyperactivity Disorder: Implications of Two Conflicting Views. *International Journal of Disability, Development and Education*, 53(1), 35-46

Brumariu, L. E., & Kerns, K. A. (2010). Parent–Child Attachment and Internalizing Symptoms in Childhood and Adolescence: A Review of Empirical Findings and Future Directions. *Development and Psychopathology*, *22*(1), 177-203.

Bruner, J. (1986). *Actual Minds: Possible World*. Cambridge, MA: Harvard University Press.

Bruner, J. (1996). *The Culture of Education*. Cambridge, Massachusetts: Harvard University Press

Budman, S.H., Simeone, P. G., Reilly, R., Demby, A. (1994). *Progress in Short Term and Time Limited Group Psychotherapy: Evidence and Implications*. In A. Fuhriman & G.M. Burlingame (Eds.), *Handbook of Group Psychotherapy: An Empirical and Clinical Synthesis* (pp. 319-339). New York: John Wiley.

Buist, A., Morse, C. A., & Durkin, S. (2003). Men's Adjustment to Fatherhood: Implications for Obstetric Health Care. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*, *32*(2), 172-180.

Burke, J. D., Loeber, R., Lahey, B. B., & Rathouz, P. J. (2005). Developmental Transitions among Affective and Behavioral Disorders in Adolescent boys. *J Child Psychol Psychiatry,* 11, 1200–1210.

Burnett, S., Thompson, S., Bird, G., & Blakemore, S. J. (2011). Pubertal Development of the Understanding of Social Emotions: Implications for Education. *Learning and Individual Differences*, *21*(6), 681-689.

Byrne, J. M., Bawden, H. N, Beattie, T., & DeWolfe, N. A. (2003). Risk for Injury in Preschoolers: Relationship to Attention Deficit Hyperactivity Disorder, *Child Neuropsychology*, 9:2, 142-151.

Čablová, L., Pazderková, K., & Miovský, M. (2014). Parenting Styles and Alcohol Use among Children and Adolescents: A Systematic Review. *Drugs: Education, Prevention and Policy*, *21*(1), 1-13.

Cabrera, N., Tamis-LeMonda, C. S., Bradley, R. H., Hofferth, S., & Lamb, M. E. (2000). Fatherhood in the Twenty-First Century. *Child Development*, *71*(1), 127-136.

Caplan, G. (1974). *Support Systems and Community Mental Health*. New York: Behavioral Publications.

Carter, B., & McGoldrick, M. (1980). *The Family Life Cycle: A Framework for Family Therapy*. New York: Gardner Press.

Cartwright, D., & Zander, A. (Eds.) (1968). *Group Dynamics: Research and Theory*. New York: Harper and Row.

Casey, B. J., Duhoux, S., & Cohen, M. M. (2010). Adolescence: What Do Transmission, Transition, and Translation Have To Do with It?. *Neuron*, *67*(5), 749-760.

Centers for Disease Control and Prevention (CDC). (2007). Cigarette Smoking among Adults - United States, 2006. *MMWR. Morbidity and Mortality Weekly Report*, 56(44), 1157.

Central Bureau of Statistics of Israel (2020). *Families in Israel – In Honor of Family Day*. Retrieved from: https://www.cbs.gov.il/he/mediarelease/pages/2020/%D7%9E%D7%A9%D7%A4%D7%97%D7%95%D7%AA-%D7%91%D7%99%D7%A9%D7%A8%D7%90%D7%9C-%D7%A0%D7%AA%D7%95%D7%A0%D7%99%D7%9D-%D7%9C%D7%A8%D7%92%D7%9C-%D7%99%D7%95%D7%9D-%D7%94%D7%9E%D7%A9%D7%A4%D7%97%D7%94.aspx (Hebrew)

Charamaz, K. (2000). Grounded Theory: Objectivist and Constructivist Methods. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of Qualitative Research* (2nd ed., pp. 509-535). Thousand Oaks, CA: Sage.

Chase, S. E. (2005). Narrative Inquiry: Multiple Lenses, Approaches, Voices. In N. K. Denzin & Y. S. Lincoln (Eds.), *The Sage Handbook of Qualitative Research* (3rd ed., pp. 651-680). Thousand Oaks, CA: Sage

Chein, J., Albert, D., O'Brien, L., Uckert, K., & Steinberg, L. (2011). Peers Increase Adolescent Risk Taking by Enhancing Activity in the Brain's Reward Circuitry. *Developmental Science*, *14*(2).

Chessner, S. (2005). *The Child in the Armor: To Connect to the Child Suffering from ADHD and Behavior Difficulties*. Kiryat Bialik: Ach. (Hebrew)

Chorpita, B. F., Daleiden, E. L., Ebesutani, C., Young, J., et al. (2011). Evidence-Based Treatments for Children and Adolescents: An Updated Review of Indicators of Efficacy and Effectiveness. *Clinical Psychology: Science and Practice*, 18(2), 154-172. doi: 10.1111/j.1468-2850.2011.01247.x

Chronis-Tuscano, A., Molina, B. S., Pelham, W. E., Applegate, B., Dahlke, A., Overmyer, M., & Lahey, B.B. (2010). Very Early Predictors of Adolescent Depression and Suicide Attempts in Children with Attention-Deficit/Hyperactivity Disorder. *Archive Gen Psychiatry*. October, 67(10), 1044-51.

Cobb, B., Sample, P.L., Alwell, M., & Johns, N.R. (2006). Cognitive–Behavioral Interventions, Dropout, and Youth with Disabilities: A Systematic Review. *Remedial and Special Education*, 27 (5), 259-275.

Cohen, A., & Harel, Y. (2004). *Religious Zionism – The Era of Changes*. Jerusalem: Mosad Bialik Press. (Hebrew)

Cohen, A., & Lazer, Y. (2006). Attitudes of Teachers towards the Inclusion of Students according to Categories of Exceptionalness and Severity and Perception of the Abilities for Coping with These Students in the Integrating Class. *Study and Research*, 15, 19-38. (Hebrew)

Cohen, S., & Wills, T.A. (1985). Stress, Social Support and Buffering Hypothesis. *Psychological Bulletin*, 98, 310-357.

Connolly, M. P., Hoorens, S., & Chambers, G. M. (2010). The Costs and Consequences of Assisted Reproductive Technology: An Economic Perspective. *Human reproduction update*, *16*(6), 603-613.

Connor, D. F., Edwards, G., Fletcher, K. E., Baird, J., Barkley, R. A., & Steingard, R. J. (2003). Correlates of Comorbid Psychopathology in Children with ADHD. *Journal of American Academic Child Adolescence Psychiatry,* 42 (2), 193-200.

Connor, D. F., Glatt, S. J., Lopez, I. D., Jackson, D., Melloni, R. H. (2002). Psychopharmacology and aggression. I: A meta-analysis of stimulant effects on overt/covert aggression–related behaviors in ADHD. Journal of the American Academy of Child & Adolescent Psychiatry,41 (3), 253-261.

Connor, D. F., Steeber, J., & McBurnett, K. (2010). A Review of Attention-Deficit/Hyperactivity Disorder Complicated by Symptoms of Oppositional Defiant Disorder or Conduct Disorder. *Journal of Developmental & Behavioral Pediatrics*, 31 (5), 427-440.

Cooper, L., & Gustafon, J.P. (1979). Toward a General Theory of Group Therapy. *Human Relations,* 32, 967- 981.

Corey, G. (2013). *Theory and Practice of Group Counseling and Psychotherapy* (9th Ed). Belmont, CA: Brooks/Ole Cengage Learning.

Corsini, R., & Rosenberg, B. (1955). Mechanisms of Group Psychotherapy: Processes and Dynamic, *Journal of Abnormal and Social Psychology*, 51, 406-411.

Cote, J. E. & Schwartz, S. J. (2002) Comparing Psychological and Sociological Approaches to Identity: Identity Status, Identity Capital, and the Individuation Process. *Journal of Adolescence*, 25, pp. 571-586.

Creswell, J. W. (2007). *Qualitative Inquiry and Research Design: Choosing among Five Traditions* (2nd ed.). Thousand Oaks, CA: Sage.

Crnic, K. A., Gaze, C., & Hoffman, C. (2005). Cumulative Parenting Stress across the Preschool Period: Relations to Maternal Parenting and Child Behaviour at Age 5. *Infant and Child Development*, *14*(2), 117-132.

Crocetti, E., Rubini, M., Berzonsky, M. D., & Meeus, W. (2009). Brief Report: The Identity Style Inventory–Validation in Italian Adolescents and College Students. *Journal of Adolescence*, 32(2), 425-433.

Crouch, E.C., Bloch, S., & Wanlass, J. (1994.) Therapeutic Factor: Interpersonal Mechanisms, in A Fuhriman & G.M. Burlingame (Eds), *Handbook of a Group Psychotherapy: An Empirical and Clinical Synthesis* pp 269-315

Daddis, C. (2010). Adolescent Peer Crowds and Patterns of Belief in the Boundaries of Personal Authority. *Journal of Adolescence*, *33*(5), 699-708.

Dahl, R. E. (2004). Adolescent Brain Development: A Period of Vulnerabilities and Opportunities. Keynote Address. *Annals of the New York Academy of Sciences*, *1021*(1), 1-22.

Daley, D., Jones, K., Hutchings, J., & Thompson, M. (2009). Attention Deficit Hyperactivity Disorder in Pre-School Children: Current Findings, Recommended Interventions and Future Directions. *Child: Care, Health and Development*, 35(6), 754-766.

Daly, B.P., Creed, T., Xanthopoulos, M., & Brown, R.T. (2007). Psychosocial Treatments for Children with Attention Deficit/ Hyperactivity Disorder. *Neuropsychological Review*, 17, 73–89.

Danino, M. (2007). *The Parent as a Coach*, Rimonim Press. (Hebrew)

Danino, M. (2011). *Emotional Support of Parents of Children with Learning Disabilities: Comparison between Group Counseling and Personal Coaching and the Factors of Success in Every Intervention*. Doctoral Dissertation, Haifa University. (Hebrew)

Danino, M., & Shechtman, Z. (2012). Superiority of Group Counseling to Individual Coaching for Parents of Children with Learning Disabilities. *Psychotherapy Research*, 22, 592-603

Dempsey, I. & Keen, D. (2008). A Review of Processes and Outcomes in Family-Centered Services for Children with a Disability. *Topics in Early Childhood Special Education*, 28, 42–52.

Denzin, N. K (1995). Symbolic Interactionism. In J.H. Smith, R. Harre & V. Langenhove (Eds.) *Rethinking Psychology* (pp. 43-58). London: Sage Publications.

Denzin, N. K., & Lincoln, Y. S. (1994). *Handbook of Qualitative Research* (1st ed.). Thousand Oaks, CA: Sage

Denzin, N. K., & Lincoln, Y. S. (2000). Introduction: The Discipline and Practice of Qualitative Research. In N. K. Denzin & Y. S. Lincoln (Eds.). *Handbook of Qualitative Research* (2nd ed., pp. 1-28). London: Sage Publications.

Denzin, N. K., & Lincoln, Y. S. (Eds.). (2005). *Handbook of Qualitative Research* (3rd ed.). Thousand Oaks, CA: Sage

Derin, E. (2002). *The Hyperactive Child*. Kiryat Bialik: Ach Press. (Hebrew)

Dervishaliaj, E. (2013). Parental Stress in Families of Children with Disabilities: A Literature Review. *Journal of Education and Social Research*, 3 (7), 579-584

Diomon, V. (1995). The Family and Its Situation in Western Europe. *Social Security*, 44, 5-22. (Hebrew)

Doiron, D., & Mendolia, S. (2012). The Impact of Job Loss on Family Dissolution. *Journal of Population Economics*, *25*(1), 367-398.

Dopfner, M., Breuer, D., Schurmann, S., Metternich, T. W., Rademacher, C., & Lehmkuhl, G. (2004). Effectiveness of an adaptive multimodal treatment in children with attention-deficit hyperactivity disorder–global outcome. European Child and Adolescent Psychiatry, (Suppl. 1), 117–129

Doremus-Fitzwater, T. L., Varlinskaya, E. I., & Spear, L. P. (2010). Motivational Systems in Adolescence: Possible Implications for Age Differences in Substance Abuse and Other Risk-Taking Behaviors. *Brain and Cognition, 72*(1), 114-123.

Dosreis S, Myers MA (2008). Parental Attitudes and Involvement in Psychopharmacological Treatment for ADHD: A Conceptual Model. *International Review Psychiatry*. April, 20(2),135-41.

Dror, A., & Weisel, A. (2003). Organizational Climate, Self-Efficacy of Teachers, and Atittudes towards the Inclusion of Students with Special Needs, *Issues in Special Education and Rehabilitation*, 18(1), 5-18. (Hebrew)

Duckworth, A. L., Tsukayama, E., & May, H. (2010). Establishing Causality Using Longitudinal Hierarchical Linear Modeling: An Illustration Predicting Achievement from Self-Control. *Social Psychological and Personality Science*, *1*(4), 311-317.

DuPaul, G. J., Volpe, R. J., Jitendra, A. K., Lutz, J. G., Lorah, K. S., & Gruber, R. (2004). Elementary School Students with AD/HD: Predictors of Academic Achievement. *Journal of School Psychology*, 42, 285-301. doi: 10.1016/j.jsp.2004.05.001

Durkin, H. E. (1981). The Technical Implications of General System Theory for Group Psychotherapy. In J. E. Durkin (Ed.), *Living Group* (pp. 171-198). New York: Bruner/Mazel.

Dusi, P. (2012). The Family-School Relationships in Europe: A Research Review. *CEPS (Center for Educational Policy Studies Journal)*, 2 (1).

Duvall, E. M. (1957). *Family Development* (1st ed.). Philadelphia: J. B. Lippincott.

Duvall, E. M. (1967). *Family Development* (2nd ed.). Philadelphia: J. B. Lippincott.

Duvall, E. M. (1977). *Family Development* (3rd ed.). Philadelphia: J. B. Lippincott.

Duvall, E. M. (1988). Family Development's First Forty Years. *Family Relations*, 127-134.

Duvall, E. M., & Miller, B. C. (1985). *Marriage and Family Development* (6th ed.). New York: Harper & Row.

Dykas, M. J., & Cassidy, J. (2011). Attachment and the Processing of Social Information across the Life Span: Theory and Evidence. *Psychological Bulletin*, *137*(1), 19.

Eccles, J. S., Barber, B. L., Stone, M., & Hunt, J. (2003). Extracurricular Activities and Adolescent Development. *Journal of Social Issues*, *59*(4), 865-889.

Eckardt, M. H. (2001). Franz Alexander. *Journal of the American Academy of Psychoanalysis*, 29, 105-111.

Edelman, S. K. (1971). The Theory and Practice of Group Psychotherapy. In I. Yalom (Ed.) *The Family Coordinator* (pp. 175-176). New York: Basic Books.

Einat, T. (2003). *Parents Facing the Barrier of Dyslexia – Key to a Locked Door*. Tel Aviv: Hakkibutz HaMeuchad, Kav Adom Library. (Hebrew)

Einat, T., & Sharon, M. (2015). Inclusion and Its Fracturing: Attitudes of Integration Teachers towards the Process of the Integration of Students with Learning Disabilities in the Regular Education Frameworks. *Pages – Journal for Study and Research in Education*. (Hebrew)

Eisenberg, N., Cumberland, A., Spinrad, T. L., Fabes, R. A., Shepard, S. A., Reiser, M., Murphy, B. C., Losoya, S. H., & Guthrie, I. K. (2001). The Relations of Regulation and Emotionality to Children's Externalizing and Internalizing Problem Behavior. *Child Dev*. July-August, 72(4), 1112-1134.

Eisenberg, N., Zhou, Q., Spinrad, T.L., Valiente, C., Fabes, R.A., & Liew, J. (2005). Relations among Positive Parenting, Children’s Effortful Control and Externalizing Problems: A Three-Wave Longitudinal Study. *Child Development*, 76(5), 1055 – 1071.

Eisenberg, Y. (1999). Support Groups for Exceptional Children. *Journal for Review and Research*, 5, 259-274. (Hebrew)

Elizur, A., Tiano, S., Munitz, H., & Neuman, M. (2003). *Selected Chapters in Psychiatry*. Tel Aviv: Papyrus Press. (Hebrew)

Erdem, Ş. (2017). Attachment to Parents and Resilience among High School Students. *Journal of Positive Psychology and Wellbeing*, *1*(1), 22-33.

Erikson, E. H. (1968). *Identity, Youth, and Crisis*. Tel Aviv: Sifriat HaPoalim. (Hebrew)

Erikson, E. H. (1974). *Childhood and Society*, Tel Aviv: Sifriat Poalim. (Hebrew)

Erikson, E. H. (1987). *Identity, Youth, and Crisis*. Tel Aviv: Sifriat Poalim. (Hebrew)

Ettin, M. (1994). Symbolic Representation and the Components of Group –as- Whole Model. *International Journal of Group Psychotherapy*, 44, 209-231.

Ezriel, H. (1973). Psychoanalytic Group Therapy. In L. Wolberg & E. Schwartz (Eds.), *Group Therapy 1973: An Overview*. New York: Stratton Intercontinental Medical Books.

Fabiano, G. A. (2007). Father Participation in Behavioral Parent Training for ADHD: Review and Recommendations for Increasing Inclusion and Engagement. *Journal of Family Psychology*, 21. 683-93.

Faraone, S.V., & Buitelaar, J. (2010). Comparing the Efficacy of Stimulants for ADHD in Children and Adolescents Using Meta-Analysis. *European Child & Adolescent Psychiatry*, 19, 353-364.

Farmer, J. E., & Peterson, L. (1995). Injury Risk Factors in Children with Attention Deficit Hyperactivity Disorder. *Health Psychology*, 14(4), July, 325-332

Farrell, M., Boys, A., Singleton, N., Meltzer, H., Brugha, T., Beddington, P., & Marsden, J. (2006). Predictors of Mental Health Service Utilization in the 12 Months before Imprisonment: Analysis of Results from a National Prisons Survey. *Australian and New Zealand Journal of Psychiatry*, 40, 548-553.

Feeney, B. C., Cassidy, J., & Ramos-Marcuse, F. (2008). The Generalization of Attachment Representations to New Social Situations: Predicting Behavior during Initial Interactions with Strangers. *Journal of Personality and Social Psychology, 95*(6), 1481.

Feigin, R., & Barak, D. (1991). Principles in Group work with Parents of Exceptional Children Who Suffer from Difficulties with Learning and Adjustment. *Society and Welfare*, 11(3), 430-443. (Hebrew)

Feigin, R., & Barak, D. (1991). Principles in Group work with Parents of Exceptional Children Who Suffer from Difficulties with Learning and Adjustment. *Society and Welfare*, 11(3), 430-443. (Hebrew)

Feinberg, M. E. (2002). Coparenting and the Transition to Parenthood: A Framework for Prevention. *Clinical Child and Family Psychology Review*, *5*(3), 173-195.

Fenstermacher, G. D. (1994). The Knower and Known: The Nature of Knowledge in Research on Teaching. In L. Darling-Hammond (ed.) *Review of Research in Education* (pp. 3-56). Washington D.C.: American Educational Research Association

Festinger, L. A. (1954) A Theory of social Comparison Processes, *Human Relations*, 7, 117-140.

Findler, L. (1997). *The Contribution of Perceived Social Support of Grandparents and the Personal Resources of the Mother to the Relationship between Stress and Adjustment among Mothers of Children with/without Physical Handicap*. Ph.D. Dissertation, Ramat Gan: The School of Social Work, Bar Ilan University. (Hebrew)

Fine, M. J. (1980). *Handbook on Parents Education*. New York: Academic Press.

Fine, M. J. (1991). The Handicapped Child and the Family: Implications for Professionals. In: M. J. Fine (Ed.): *Collaboration with Parents of Exceptional Children*. (Chap. 1). Clinical Psychology Publication, Vermont, USA.

Fine, M. J., & Carlson, C. (1992). *The Handbook of Family-School Intervention: A Systems Perspective*. Boston: Allyn and Bacon.

Fischer, M., Barkley, R.A., Smallish, L., & Fletcher, K. (2002). Young Adult Follow-Up of Hyperactive Children: Self-Reported Psychiatric Disorders, Comorbidity, and the Role of Childhood Conduct Problems and Teen CD. *Journal of Abnormal Child Psychology,* 30, 463–475.

Fisherman, S. (1992). The Self-Identity and the Religious Identity of Adolescents in Religious Education in Israel. In M. Bar-Lev (Ed.), *Religious Education and Religious Youth: Dilemmas and Tensions*, Tel Aviv: Tel Aviv University & Masada Press. (Hebrew)

Fisherman, S. (2002). The Formation of the Belief Identify (Religious World of Values) through Deliberation, Appeal, and Critical Thinking. In N. Maslovetti & Y. Iram (Eds.), *Education for Values in Diverse Instructional Contexts* (pp. 375-296). Ramat Gan: Bar Ilan University. (Hebrew)

Fleming, A.P., & McMahon, R. J. (2012). Developmental Context and Treatment Principles for ADHD among College Students, *Clinical Child Family Psychology Review*. December, 2012, 15(4), 303-329.

Fletcher, A. C., Steinberg, L., & Williams-Wheeler, M. (2004). Parental Influences on Adolescent Problem Behavior: Revisiting Stattin and Kerr. *Child Development, 75*(3), 781-796.

Flick, U. (1998). An Introduction to Qualitative Research. *Educational Researcher*, 22 (4), 16-23.

Flory, K., Molina, B.S., Pelham, W.E. Jr, Gnagy, E., & Smith, B. (2006). Childhood ADHD Predicts Risky Sexual Behavior in Young Adulthood. *Journal Clinical Child Adolesentc Psychology,* December, 35(4), 571-577.

Flowers, J. V. (1979). The Differential Outcome Effects of Simple Advice, Alternatives and Instructions in Group Psychotherapy. *International Journal of Groups Psychotherapy, 29,* 305-316.

Flum, H., & Blustein, D. L. (2000). Reinvigorating the Study of Vocational Exploration: A Framework for Research. *Journal of Vocational Behavior*, 56(3), 380-404. (Hebrew)

Fogel-Bijawi, S. (2003). *"Romantic Utopia", Family and Social Change*. Beit Berl College, The Unit for Research and Assessment in Training Teachers for Teaching and Education. (Hebrew)

Fontana, A., & Frey, J. (1994). Interviewing: The Art of Science. In N. Denzin, & Y. Lincoln (Eds.) *Handbook of Qualitative Research* (pp. 361-376). Thousand Oaks, CA: Sage.

Fontana, R. S., Vasconcelos, M. M., Werner, J., Goes, F. V., Liberal, E. F. et al. (2007). ADHD Prevalence in Four Brazilian Public Schools. *Arquivos de Neuropsiquiatria*, 1, 134-137.

Forsyth, D.R. (1991). Changes in Therapeutic Group. In: C. R. Snyder & D.R Forsyte (Eds.) *Handbook of Social and Clinical Psychology: The Health Perspective* (pp. 664-680). NY: Pergamon Press.

Foulkes, S. H. (1975). *Group Analytic Psychotherapy: Methods and Principles.* Karnac. London. New York.

Foulkes, S. H., & Anthony, E. J. (1990). *Group Psychotherapy.* Karnac. London, New York.

Fowler, M. (2002). *Perhaps You Know My Adolescent? A Guide for Parents! How To Help the Adolescent with ADHD* (Translated: L. Bareket). Netanya: Shimoni. (Hebrew)

Frank, J. (1957). Some Determinants Manifestation and Effects of Cohesion in Therapy Group. *International Journal of Group Psychotherapy,* 53-62.

Frankl, V. (1970). *Man's Search for Meaning: From the Death Camps to Existentialism, Introduction to Logotherapy*. Tel Aviv: Dvir. (Hebrew)

Frazier, T. W., Youngstrom, E. A., Glutting, J. J., & Watkins, M. W. (2007). ADHD and Achievement: Meta-Analysis of the Child, Adolescent, and Adult Literatures and a Concomitant Study with College Students. *Journal of Learning Disabilities*, 40, 49-65.

Free, L. M. (2007). *Cognitive Therapy in Groups Guideline and Resources for Practice*. John Wiley & Sons Ltd.

Freedman, G., & Combas, G. (1996). *Narrative Therapy: The Social Construction of Preferred Realities*. New York. London: W.W. Norton & Company.

Freud, S. (2002). *Psychoanalytical Therapy: The Use of the Interpretation of Dreams in Psychoanalysis*, Tel Aviv: Am Oved. (Hebrew)

Friedman, Y. (2011). School-Parents Relations in Israel, *Studies in the Administration and Organization of Education,* 32, 237-267. (Hebrew)

Frijns, T., & Finkenauer, C. (2009). Longitudinal Associations between Keeping a Secret and Psychosocial Adjustment in Adolescence. *International Journal of Behavioral Development*, *33*(2), 145-154.

Frishman, B. (1991). Attitudes of Ultra-Orthodox and Secular Girls on Marriage, Pregnancy, and Birth. In: L. Shamgar-Handelman & R. Bar-Yosef (Eds.) *Families in Israel*. Jerusalem: Academon. (Hebrew)

Fuhriman, A., & Burlingame, G.M. (Eds.) (1994). *Handbook of Group Psychotherapy: An Empirical and Clinical Synthesis*. New York: John Wiley.

Furstenberg Jr, F. F. (2010). On a New Schedule: Transitions to Adulthood and Family Change. *The Future of Children*, *20*(1), 67-87.

Gal'era, C., Bouvard, M. P., Encrenaz, G., Messiah, A., & Fombonne, E. (2008). Hyperactivity Inattention Symptoms in Childhood and Suicidal Behaviors in Adolescence: The Youth Gazel Cohort Act, *Psychiatry Scand*, September 2.

Garcia-Coll, C., Buckner, J., Brooks, M., Weinreb, L., & Bassuk, E. (1998). The Developmental Status and Adaptive Behavior of Homeless and Low-Income Housed Infants and Toddlers. *Am. J. Public Health* 88, 1371–1374. doi: 10.2105/ajph.88.9.1371

García-López, C., Sarriá, E., & Pozo, P. (2016). Parental Self-Efficacy and Positive Contributions regarding Autism Spectrum Condition: An Actor–Partner Interdependence Model. *Journal of Autism and Developmental Disorders, 46(7*), 2385-2398.

Gau, S. S. (2007). Parental and Family Factors for Attention-Deficit Hyperactivity Disorder in Taiwanese Children. *Australian and New Zealand Journal of Psychiatry*, 41(8), 688–696.

Gau, S.S., & Chang, J.P. (2013). Maternal Parenting Styles and Mother–Child Relationship among Adolescents with and without Persistent Attention-Deficit/Hyperactivity Disorder. *Research in Developmental Disabilities*, 34, 1581–1594.

Gau, S.S., Chou, M.C., Chiang, H.L., Lee J.C., Wong, C.C., Chou, W.J., & Wu, Y.Y. (2012). Parental Adjustment, Marital Relationship and Family Functions in Families of Children with Autism. *Research in Autism Spectrum Disorder*, 6 (1), 263-270.

Gauthier, A. H. (2007). The Impact of Family Policies on Fertility in Industrialized Countries: A Review of the Literature. *Population Research and Policy Review*, *26*(3), 323-346.

Gibbons F. X., Kings J.H., & Gerrard M. (2012) Social-Psychological Theories and Adolescent Health Risk Behavior. *Social and Personality Psychology Compass*, 6, 170–183.

Gibbs, A., Moor, S., Frampton, C. & Watkins, A. (2008). Impact of Psychosocial Interventions on Children with Disruptive and Emotional Disorders Treated in a Health Camp. *Australian and New Zealand Journal of Psychiatry*, 42, 789-799

Gilat, E. (2003). *Emotions, Stress, and Control among Parents towards Their Child with a Learning Disability and Their Child without a Learning Disability and the Possibility of Influencing These Variables through a Counseling Group*. Doctoral Dissertation, Haifa University. (Hebrew)

Gilat, E. (2006). Processes of Intervention in Counseling Groups for Parents of Children with Learning Disabilities. *Study and Research in Teacher Training*, 10, 19-147. (Hebrew)

Givaram, H. (n.d.). Coordination of Expectations and Phrasing of a Group Contract. Retrieved from the LevLaDaat Website (Heart to Knowledge): http:://www.levladaat.org/content/360 (Hebrew)

Glick, P. C. (1989). Remarried Families, Stepfamilies, and Stepchildren. *Family Relations*, 38, 24-27.

Goldenberg, H., & Goldenberg, I. (2013). *Family Therapy: An Overview (Chapters 7, 8, & 11)*. Belmont, CA: Brooks/Cole Thomson Learning.

Goldstein, A. D. (1960). Therapists and Client Expectation of Personality Change in Psychotherapy. *Journal of Counseling Psychology,* 3, 180-184.

Goleman, D. (2006). *Emotional Intelligence*. Metar. (Hebrew)

Goodman, S. H., Rouse, M. H., Connell, A. M., Broth, M. R., Hall, C. M., & Heyward, D. (2011). Maternal Depression and Child Psychopathology: A Meta-Analytic Review. *Clinical Child and Family Psychology Review*, *14*(1), 1-27.

Gordon, M., Antshel, K., Faraone, S., Barkley, R., Lewandowski, L., Hudziak, J. J., et al. (2006). Symptoms versus Impairment: The Case for Respecting DSM-IV's Criterion D. *Journal of Attention Disorders*, 9, 465-475.

Gottlieb, R. (2012). "A Look in the Inner Mirror" – On the Journey of Psychoanalytical Theories from an Observational View to a Creational View through Discussion of the Therapy Case. Retrieved on February 15, 2019 from the Hebrew Psychology website: https://www.hebpsy.net/articles.asp?id=2860 (Hebrew)

Gottschalk, A. L. (1985). Hope and Other Deterrents to Illness, *American Journal of Psychotherapy*, 39, 515-524.

Green, K., & Chi, K. (2001). *Understanding and Treating ADHD – The Complete Guide for Parents and Therapists*. Netanya: Shimoni. (Hebrew)

Green, R. (2005). *An Explosive Child: A New Approach to the Understanding and Raising of Children Who Tend to Frustration and "Chronic Rigidity"*. (Translated: H. Naveh). Tel Aviv: Am Oved. (Hebrew)

Greenbank, A. (2016). The Unique Relationship between Educational Staffs and Special Families – Families of Children with Special Needs. Electronic version. Retrieved from the website: http://www.hebpsy.net/articles.asp?id=3398 (Hebrew)

Greene, R. W., Biederman, J., Faraone, S. V., Monuteaux, M., Mick, E., DuPre, E. Fine, C. S., & Goring, J. C. (2001). Social Impairment in Girls with ADHD. Patterns, Gender Comparisons and Correlates. *Journal of the American Academy of Child and Adolescent Psychiatry*, 40, 704-710.

Greensfeld, H., Alon, R., & Feldman, D. (2014). *Review of the Literature on the Topic: The Existing Knowledge of Beneficial Relationships between Schools and Families of Children with Special Needs and Intervention Programs that Develop These Relationships*. Research Center of Jerusalem College. (Hebrew)

Grider, J.R. (1995). Full Inclusion: A Practitioner's Perspective. *Focus on Autistic Behavior*, *10*, 1-11.

Grossman, H.J. (1977). *Manual on Terminology and Classification in Mental Retardation*. American Associations on Mental Deficiency.

Guajardo, N. R., Snyder, G., & Petersen, R. (2009). Relationships among Parenting Practices, Parental Stress, Child Behaviour, and Children's Social-Cognitive Development. *Infant and Child Development*, *18*(1), 37-60.

Guba, E.G., & Lincoln, Y. S. (1998). Competing Paradigms in Qualitative Research. In: N.K. Denzin & Y. S. Lincoln (Eds.). *The Landscape of Qualitative Research* (pp. 195-220). London: Sage.

Hagai, E., & Hagai, Y. (2014). *I Have a Different Child*. Modan Press. (Hebrew)

Hale, W., Raaijmakers, Q., Muris, P., van Hoof, A., & Meeus, W. (2008). Developmental Trajectories of Adolescent Anxiety Disorder Symptoms: A 5-Year Prospective Community Study. *Journal of the American Academy of Child & Adolescent Psychiatry, 47,* 556-564.

Halperin, O., Sarid, O., & Cwikel, J. (2015). The Influence of Childbirth Experiences on Women's Postpartum Traumatic Stress Symptoms: A Comparison between Israeli Jewish and Arab women. *Midwifery*, *31*(6), 625-632.

Halwell, E. M., & Reity, G. (1988). *Nerve-racking, ADHD.* Israel: Or Am. (Hebrew)

Hamama, L., & Ronen-Shenhav, A. (2012). Self-Control, Social Support, and Aggression among Adolescents in Divorced and Two-Parent Families. *Children and Youth Services Review*, *34*(5), 1042-1049.

Haralambos, M., and Holborn, M., (2004) *Sociology: Themes and Perspective.* London: Collins Education.

Haramati, H. (2015). Parents of Children with Special Needs. Retrieved from the website: https://www.hadas-haramati.co.il/2015/ (Hebrew)

Harel, Y., Kenny, D., & Rahav, G. (1997). *Youths in Israel – Social Welfare, Health, and Risk Behaviors in an International Perspective*. Jerusalem: Joint-Brookdale Institute, Center for Children and Youths. (Hebrew)

Harel-Fish, Y., Boniel-Nisim, M., Dezolovsky, A., Amit, S., Tesler, R., Haviv, G. (2014). *Health Behaviors in School-Aged Children (HBSC). A World Health Organization Cross-*

National Study. International Research Program on the Welfare and Health of Youth, School of Education, Bar-Ilan University Joint-Brookdale Institute. (Hebrew)

Harris Siani, D. (2008). Guidance Groups for Parents: Advantages of the Group Space. *Yesodot (Elements)*, 2, https://yesodot3.co.il/category/yesodot-magazin/2-edition/ (Hebrew).

Harrison, C., & Sofronoff, K. (2002). ADHD and Parental Psychological Distress: Role of Demographics, Child Behavioral Characteristics, and Parental Cognitions. *Journal of the American Academy of Child & Adolescent Psychiatry, 41*(6), 703–711

Hasebe, Y., Nucci, L., & Nucci, M. S. (2004). Parental Control of the Personal Domain and Adolescent Symptoms of Psychopathology: A Cross-National Study in the United States and Japan. *Child Development, 75*(3), 815-828.

Havighurst, R. J. (1953). *Human Development and Education*.

Hazan, C., & Shaver, P. (1987). Romantic Love Conceptualized as an Attachment Process. *Journal of Personality and Social Psychology, 52*(3), 511-524.

Heath, C. L., Curtis, D. F., Fan, W., & McPherson, R. (2015). The Association between Parenting Stress, Parenting Self-Efficacy, and the Clinical Significance of Child ADHD Symptom Change following Behavior Therapy. *Child Psychiatry & Human Development*, 46(1), 118-129.

Heiman, T. (1999). Confused Teachers. *Echo of Education*, 10-11, 24-27. (Hebrew)

Heiman, T. (2001). Coping of Parents with Special Needs Children in the 21st Century. The Open University Website: https://www.openu.ac.il/publications/pages/default.aspx (Hebrew)

Heiman, T. (2001). Inclusion of Students with Special Needs in the Class: Attitudes and Coping of Teachers. Presented at the “Opening Gates in Teacher Training” Conference, Mofet Institute, Tel Aviv. (Hebrew)

Heiman, T. (2002). Parents of Children with Disabilities: Resilience, Coping and Future Expectations. *Journal of Developmental and Physical Disabilities*, 14 (2), 159-171.

Hemphil, S., & Littlefield, L. (2001). Evaluation of Short Term Group Therapy Program for Children with Behavior Problems and Their Parents. *Behavior Research and Therapy,* 39, 823-841.

Hewitt, P. L., Blasberg, J. S., Flett, G. L., Besser, A., Sherry, S. B., Caelian, C., ... & Birch, S. (2011). Perfectionistic Self-Presentation in Children and Adolescents: Development and Validation of the Perfectionistic Self-Presentation Scale—Junior Form. *Psychological Assessment*, *23*(1), 125.

Hill, J. P., & Lynch, M. E. (1983). The Intensification of Gender-Related Role Expectations during Early Adolescence. In *Girls at Puberty* (pp. 201-228). Springer, Boston, MA.

Hill, R. (2017). *Family Development in Three Generations*. Routledge.

Hinshaw, S. P. (1987). On the Distinction between Attention Deficits/Hyperactivity and Conduct Problems/ Aggression in Child Psychopathology. *Psychological Bulletin*, 101, 443–463.

Hinshaw, S. P., Owens, E. B., Wells, K. C., Kraemer, H. C., Abikoff, H. B., Arnold, L. E., Conner, C.K., Elliott, G., Greenhill, L.L., Hechtman, L., Hoza, B., Jensen, P.S., March, J.S., Newcorn, J.H., Pelham, W.E., Swanson, J.M., Vitiello, B., & Wigal, T. (2000). Family Processes and Treatment Outcome in the MTA: Negative/Ineffective Parenting Practices in relation to Multimodal Treatment. *Journal of Abnormal Child Psychology*, 28(6), 555-568.

Hobfoll, S. E. (1988). *The Ecology of Stress*. New York: Hemisphere.

Hobfoll, S. E. (1989). Conservation of Resources: A New Attempt at Conceptualizing Stress. *American Psychologist*, *44,* 513-524.

Hobfoll, S. E., & Wells, J. D. (1998). Conservation of Resources, Stress, and Aging: Why Do Some Slide and Some Spring? In J. Lomranz (Ed.), *Handbook of Aging and Mental Health: An Integrative Approach* (pp. 121-134). New York: Plenum

Hobfoll, S.E. & Moran, M. (1981). It Is More Blessed… The Sources of Social Support. Unpublished Manuscript, Ben Gurion University of the Negev.

Hodtov, B. (2001). *The Relationship between the Sense of Empowerment of Parents of Children with Special Needs during Early Childhood and the Degree of Their Involvement and Participation*. Master Thesis, Ramat Gan: Bar Ilan University. (Hebrew)

Hodtov, B. (2001). *The Relationship between the Sense of Empowerment of Parents of Children with Special Needs in Early Childhood and Their Degree of Involvement and Participation*. Ramat Gan: School of Social Work, Bar Ilan. (Hebrew)

Holmes, S., & Kivlighan, D. (2000). Comparison of Therapeutic Factor in Group and Individual Treatment Processes. *Journal of Counseling Psychology*, 47: 774-784.

Hooper, E. (2003). *The Social Unconscious*. London and Philadelphia: Jessica Kingsley Publishers.

Horwitz, L (1977) A Group-Centered Approach to Group Psychotherapy, *International Journal Of Group Psychotherapy*, 27, 423-439.

Houtzager, B. A., Möller, E. L., Maurice-Stam, H., Last, B. F., & Grootenhuis, M. A. (2015). Parental Perceptions of Child Vulnerability in a Community-Based Sample: Association with Chronic Illness and Health-Related Quality of Life. *Journal of Child Health Care*, *19*(4), 454-465.

Howard, G.C. (1991). Culture Tales: A Narrative Approach to Thinking, Cross Cultural Psychotherapy. *American Psychologist*, 46, 187-197

Hoza, B., Mrug, S., Gerdes, A.C., Hinshaw, S., Bukowski, W.M., et al. (2005). What Aspects of Peer Relationships Are Impaired In Children With Attention-Deficit Hyperactivity Disorder? *Journal of Consulting and Clinical Psychology*, 73 (3), 411-423.

Huberman, A.M., & Miles, M. B. (1994). Data Management and Analysis Methods. In N. K. Denzin & Y. S. Lincoln (Eds.). *Handbook of Qualitative Research* (pp. 428-444). Thousand Oaks, CA: Sage Publications.

Hudson, N. W., Fraley, R. C., Chopik, W. J., & Heffernan, M. E. (2015). Not All Attachment Relationships Develop Alike: Normative Cross-Sectional Age Trajectories in Attachment to Romantic Partners, Best Friends, and Parents. *Journal of Research in Personality*, *59*, 44-55.

Huth-Blocks, A., Schettini, A., & Shebroe, V. (2001). Group Play Therapy for Preschoolers Exposed to Domestic Violence. *Journal of Child and Adolescent Group Therapy*, 11, 19-35

Irwin, C. E., Jr. (1990). The Theoretical Concept of At-Risk Adolescents. *Adolescent Medicine: State of the Art Reviews*, 1, 1–14.

Isakson, K., & Jarvis, P. (1999). The Adjustment of Adolescents during the Transition into High School: A Short-Term Longitudinal Study. *Journal of Youth and Adolescence*, *28*(1), 1-26.

Iser, W. (1978). *The Act of Reading: A Theory of Aesthetic Response*. London and Henley: The Johns Hopkins University Press.

Izzo, C., Weiss, L., Shanahan, T., & Rodriguez-Brown, F. (2000). Parental Self-Efficacy and Social Support as Predictors of Parenting Practices and Children's Socioemotional Adjustment in Mexican Immigrant Families. *Journal of Prevention & Intervention in the Community*, 20(1-2), 197–213. https://doi.org/10.1300/J005v20n01_13

Jackson, P.B. (1992). Specifying the Buffering Hypothesis: Support, Strain and Depression. *Social Psychology Quarterly, 55,* 363-378.

Jacobson, M. J., & Wilensky, U. (2006). Complex Systems in Education: Scientific and Educational Importance and Implications for the Learning Sciences. *The Journal of the Learning Sciences,* 15(1), 11-34.

Janssens, A., Goossens, L., Van Den Noortgate, W., Colpin, H., Verschueren, K., & Van Leeuwen, K. (2015). Parents' and Adolescents' Perspectives on Parenting: Evaluating Conceptual Structure, Measurement Invariance, and Criterion Validity. *Assessment*, *22*(4), 473-489.

Jantsch, E. (1980). *The Self- Organizing Universe*, New York, Paragon Press.

Jensen, P.S., Hinshaw, S.P., Swanson, J.M., Greenhill, L.L., Conners, C.K., Arnold, L.E., Abikoff, H.B., Elliott, G., Hechtman, L., Hoza, B., March, J.S., Newcorn, J.H., Severe, J.B., Vitiello, B., Wells, K., & Wigal, T. (2001). Findings from the NIMH Multimodal Treatment

Study of ADHD (MTA): Implications and Applications for Primary Care Providers. *Journal of Developmental and Behavioral Pediatrics*, 22, 60–73.

Johnston, C., & Mash, E. J. (2001). Families of Children with Attention Deficit-Hyperactivity Disorder: Review and Recommendations for Future Research. *Clinical Child and Family Psychology Review*, 4, 183–207.

Jones, M. (1944). Group Treatment with Particular Reference to Group Projection Methods. *American Journal of Psychiatry*, 101, 292-299.

Jones, T. L., & Prinz, R. J. (2005). Potential Roles of Parental Self-Efficacy in Parent and Child Adjustment: A Review. *Clinical Psychology Review*, *25*(3), 341-363.

Jorgensen, D. L. (1989). *Participant Observation: A Methodology for Human Studies*. London: Sage.

Jourdan, D., P. Mannix McNamara, et al. (2010). Factors Influencing the Contribution of Staff to Health Education in Schools. *Health Education Research 24*: 519-530.

Kadosh, H. (2010). The Group as a Story – The Analytical Magic of the Narrative. *Collection – Israeli Journal for Guidance and Group Therapy*, 1(15), Spring. (Hebrew)

Kadosh, H. (2010). The Group as a Story – The Analytical Magic of the Narrative. *Mikbatz (Assemblage) – The Israeli Journal for Guidance and Group Therapy*, 15(1), Spring. (Hebrew)

Kaplan, A., & Flum, H. (2010). Achievement Goal Orientations and Identity Formation Styles. *Educational Research Review*, 5(1), 50-67.

Kashdan, T.B., Jacob, R. G., Pelham, W. E., Lang, A. R., Hoza, B., & Blumenthal, J. D., et al. (2004). Depression and Anxiety in Parents of Children with ADHD and Varying Levels of Oppositional Behaviors: Modeling Relationships with Family Functioning. *Journal of Clinical Child and Adolescent Psychology*, 33 (1), 169-181.

Kassan, L. (1995). Classification and Planning of Work in Groups in the Framework of the Direct Intervention in Social Work. *Society and Welfare*, 15/1. Ministry of Labor and Welfare for Social Services. (Hebrew)

Katz, R., & Peres, Y. (1996). The Trend of Divorce in Israel – The Implications for Family Therapy. *Society and Welfare, 15 (4)*, 483-502. (Hebrew)

Katz, S., & Kessel, L. (2002). Grandparents of Children with Developmental Disabilities: Perceptions, Beliefs, and Involvement in Their Care. *Issues in Comprehensive Pediatric Nursing*, 25, 113-128.

Katz, Y. (1997). The Time of the Torah – The Unqualified Authority the Halacha Authorities Claim for It. In Z. Safrai & A. Sagi (Eds.) *Between Authority and Autonomy in the Tradition of Israel* (p. 104). Tel Aviv: HaKibbutz HaMeuchad. (Hebrew)

Kazanelson, E. (2014). Relationship between the Parents and the Education System of Their Children. *Psycho-Actuality: Journal of the Association of Psychologists in Israel*, October. (Hebrew)

Kazanelson, E., & Brent, A. (2017). Treating ADHD through Family Therapy – Work on Cooperation. *Psycho-Actuality: Journal of the Association of Psychologists in Israel*, January, 11-20. (Hebrew)

Kazanelson, E., & Raviv, E. (2017). *Relations between Adolescents and Parents: What Goes through Your Head – What You Need to Know about Psychology during Adolescence*. Metar Press.

Kazdin, A., & Weisz, J. (2003). *Evidence-Based Psychotherapies for Children and Adolescents*. New York: Guilford.

Keijsers, L., Frijns, T., Branje, S. J., & Meeus, W. (2009). Developmental Links of Adolescent Disclosure, Parental Solicitation, and Control with Delinquency: Moderation by Parental Support. *Developmental Psychology*, *45*(5), 1314.

Kendall, J. (1999). Sibling Accounts of Attention Deficit Hyperactivity Disorder (ADHD). *Family Processes*, 38, 117-136.

Kernberg, O. F. (1975). A Systems Approach to Priority Setting of Interventions in Groups, *International Journal of Group Psychotherapy,* 25, 251.

Kessler, R. C., Sonnega, A., Bromet, E., Hughes, M., & Nelson, C. B. (1995). Posttraumatic Stress Disorder in the National Comorbidity Survey. *Archives of General Psychiatry*, *52,* 1048-1060.

Kettles, A. (1995). Catharsis: A Literature Review. *J Psychiatry Ment Health Nurs* 2(2), 73-81.

Kirk, J. & Miller, M. L. (1986). *Reliability and Validity in Qualitative Research*. Beverly Hills: Saga Publications.

Kishtan, A. (2009). *Nonviolent Communication: Communication that Brings Closer – A Language for Life. Breakthrough in Relations in All Areas of Your Life*. Ramat Gan: Focus Press. (Hebrew)

Klimstra, T. A., Hale III, W. W., Raaijmakers, Q. A., Branje, S. J., & Meeus, W. H. (2010). Identity Formation in Adolescence: Change or Stability? *Journal of Youth and Adolescence, 39*(2), 150-162.

Kohut, H. (2005). *How Does Analysis Heal?* Tel Aviv: Am Oved Press. (Hebrew)

Kollins, S., Greenhill, L., Swanson, J., Wigal, S., Abikoff, H., McCracken, J., Riddle, M., McGough, J., Vitiello, B., Wigal, T., Skrobala, A., Posner, K., Ghuman, J., Davies, M., Cunningham, C. & Bauzo, A., (2006). Rationale, Design, and Methodology of the Pre-

School ADHD Treatment Study (PATS). *Journal of the American Academy of Child and Adolescent Psychiatry,* 45, 1275–1283.

Koob, G. F., & Volkow, N. D. (2010). Neurocircuitry of Addiction. *Neuropsychopharmacology*, March, 35(4), 1051.

Koroloff, N. M., & Friesen, B. J. (1991). Support Groups for Parents of Children with Emotional Disorders: A Comparison of Members and Non-Members. *Community Mental Health Journal*, 27, 4, 265-279.

Kreitman, N. (1963). Review of Therapist—Patient Expectancies in Psychotherapy by A. P. Goldstein, *British Journal of Psychiatry, 109*(461), 583. doi:10.1192/bjp.109.461.583

Krispal, A. (2014). Between Mothers and Teaching – Personal and Professional Development of Teachers in Regular Education Who Are Mothers of Learning Disabled Children. Doctoral Dissertation. Haifa: Haifa University, Faculty of Education. (Hebrew)

Kroger, J. (2007). Why Is Identity Achievement So Elusive?. *Identity: An International Journal of Theory and Research*, *7*(4), 331-348.

Kubiak H., & Zięba, M. (2015) Personal Development Group for Parents of Young People with Mental Disorders – Report of Activities, *Studia Edukacyjne*, 36. (Polish)

Kulik, J.A., & Mahler, H.I.M. (1993). Emotional Support as a Moderator of Adjustment and Compliance after Coronary Bypass Surgery: A Longitudinal Study. *Journal of Behavioral Medicine,* 16, 45-63.

Kutscher, M. L. (2008). *ADHD- Living without Brakes*. Jessica Kingsley Publishers

Labov, W. (1982). Speech Actions and Reaction in Personal Narrative. In: D. Tannen (Ed.). *Analyzing Discourse: Text and Talk* (pp. 219-247). Washington, DC: Georgetown University Press.

Lakin, M. (1972). *Experiential Groups: The Uses of Interpersonal Encounter Psychotherapy Groups, and Sensitivity Training*. Morristown, N.J.: General Learning Press.

Lamborn, S. D., Mants, N. S., Steinberg, L., & Dornbusch, S. M. (1991). Patterns of Competence and Adjustment among Adolescents from Authoritative, Authoritarian, Indulgent, and Neglectful Families. *Child Development, 62*, 1049-1065.

Lamm, L.T. (2002). Distractions and the Risk of Car Crash Injury: The Effect of Driver's Age, *Journal of Safety Research*, 33, 409-411.

Lara, B. L., García, M., Hidalgo, V., & Dekovic, M. (2013). Adolescent Adjustment in At-Risk Families: The Role of Psychosocial Stress and Parental Socialization. *Salud Mental*, *36*(1), 120-152.

Laroche, M., & Maxie, A. (2003). Ten Considerations in Addressing Cultural Differences in Psychotherapy, *Professional Psychology: Research and Practice,* 34, 180-186.

Laszloffy, T.A. (2002). Rethinking Family Development Theory: Teaching With the Systemic Family Development (SFD) Model. *Family Relations*, 51, 206-214.

Lavan, A., & Heiman, T. (2011). Parents of Children with Special Needs Integrated in Regular Education – The Perception of the Implementation of Integration and Involvement in the Educational Process. In: G. Avisar, Y. Lazer, & S. Reiter (Eds.) *Integration – Systems of Education and Society* (pp. 245-267). Haifa: Achva Press. (Hebrew)

Lavee, Y., Sharlin, S., & Katz, R. (1996). The Effect of Parenting Stress on Marital Quality. *Journal of Family Issues*, 17 (1), 115-135.

Lazarus, R. S., & Folkman, S. (1984). *Stress, Appraisal and Coping*. New York: Springer.

Lee, N., Park, S., & Kim, J. (2015). Effects of Hippotherapy on Brain Function, BDNF Level, and Physical Fitness in Children with ADHD. *Journal of Exercise Nutrition & Biochemistry*, *19*(2), 115.

Levi, A. (2008). *Hope and Resilience in the Mirror of Trauma*. Tel Aviv: The Medical Corps and Mental Health Department, The School of Social Work, Tel Aviv University. (Hebrew)

Levin-Gilboa, H. (2010). *Parents of Children Who Suffer from ADHD: The Relationship between Parenting Style, Issues of Treatment for the Child, and the Parent's Subjective Wellbeing*. Master Thesis. Tel Aviv University. (Hebrew)

Levitzki, N. (2009). The Quality of Qualitative Research: The Narrative Case. In E. Liblich, S. Eitan, M. Krumer-Nevo, & M. Lavi-Ajai (Eds.) *Issues in Narrative Research*. Israel: The Association for the Research of the Multidimensional Man, The Center for Qualitative Research of Man and Society.

Lewin, K. (1948). *Resolving Social Conflict*, (Edited: G.W. Lewin), New York: Harper.

Lewin, K. (1951). *Field Theory in Social Science*, (Edited: D. Cartwright), New York: Harper.

Lieblich, A., Tuval-Mashiach, R., & Zilber, T. (1998). Narrative Rsearch: Reading, Analyzing and Interpretation. *Applied Social Research Methods Series*: Vol. 47.Thousand Oaks, CA: Sage

Lincoln Y. S., & Guba, E. G. (1985). *Naturalistic Inquiry*. Beverly Hills, CA: Sage.

Lincoln Y. S., & Guba, E. G. (2000). Paradigmatic Controversies, Contradictions, and Emerging Confluences. In N.K. Denzin & Y. S. Lincoln (Eds.). *Handbook of Qualitative Research* (2nd ed., pp. 163- 188). London: Sage Publications.

Lombard, C. R., Miller, J. R., & Nazelkorn, N. M. (1998). School-To-Work and Technical Preparation: Teacher Attitudes and Practices regarding the Inclusion of Students with Disabilities. *Career Development for Exceptional Individuals, 21*, 161-174

Lomonaco, S., Sceidlinger, S., & Aronson, S. (2000). Five Decades of Children's Group Treatment: An Overview. *Journal of Child and Adolescent Group Therapy*, 10, 77-96.

Lovell, B., Moss, M., & Wetherell, M. A. (2012). With a Little Help from My Friends: Psychological, Endocrine and Health Corollaries of Social Support in Parental Caregivers of Children with Autism or ADHD. *Research in Developmental Disabilities, 33*(2), 682–687.

Luman, M., Oosterlaan, J., & Sergeant, J. A. (2005). The Impact of Reinforcement Contingencies on AD/HD: A Review and Theoretical Appraisal, *Clinical Psychology Review*. February, 25(2), 183-213.

Luo, Y., LaPierre, T. A., Hughes, M. E., & Waite, L. J. (2012). Grandparents Providing Care to Grandchildren A Population-Based Study of Continuity and Change. *Journal of Family Issues*, *33*(9), 1143-1167.

Luoma, I., Puura, K., Mäntymaa, M., Latva, R., Salmelin, R., & Tamminen, T. (2013). Fathers' Postnatal Depressive and Anxiety Symptoms: An Exploration of Links with Paternal, Maternal, Infant and Family Factors. *Nordic Journal of Psychiatry*, *67*(6), 407-413.

Luthar, S. S., Shoum, K. A., & Brown, P. J. (2006). Extracurricular Involvement among Affluent Youth: A Scapegoat for "Ubiquitous Achievement Pressures"?. *Developmental Psychology*, *42*(3), 583.

Lutz, W. (2006). Fertility Rates and Future Population Trends: Will Europe's Birth Rate Recover or Continue to Decline?. *International Journal of Andrology*, *29*(1), 25-33.

MacKenzie, K. R. (1997). Clinical Application of Group Development Ideas. *Group Dynamics: Theory, Research, and Practice*, 1, 275-287

Main, M., & Weston, D. R. (1982). Avoidance of the Attachment Figure in Infancy: Descriptions and Interpretations. In C. M. Parkes & J. Stevenson-Hinde (Eds.), *The Place of Attachment in Human Behavior* (pp. 31-59). New York: Basic Books.

Malatras, J. W., & Israel, A. C. (2013). The Influence of Family Stability on Self-Control and Adjustment. *Journal of Clinical Psychology*, *69*(7), 661-670.

Mandelovitz, S. (2007) Psychoanalysis after the Postmodern Era: Return to the Therapy Room. Retrieved from the Hebrew Psychology Website: http://www.hebpsy.net/community.asp?id=96&cat=article&articleid=1425 (Hebrew)

Manor, A., & Tyano, S. (2012). *Living with ADHD*. Tel Aviv: Dionon. (Hebrew)

Manor, I., Gutnik, I., Ben-Dor, D.H., Apter, A., Sever, J., Tyano, S., Weizman, A., & Zalsman, G. (2009). Possible Association between Attention Deficit Hyperactivity Disorder and Attempted Suicide in Adolescents - A Pilot Study. *Eur Psychiatry*, April, 25(3), 146-50.

Manor-Binyamini, A. (2004). Cooperation between Multidisciplinary Staffs and Parents in the Special Education Schools, *Issues in Special Education and Rehabilitation*, 12, 20-22. (Hebrew)

Marcus, Y., & Doron, N. (1988). *Young Families in Israel*. Israel. (Hebrew).

Margalit Committee (2014). *Report of the Committee for the Shaping of the Policy Principles for the Treatment of Students with Learning Disabilities*. Retrieved from the Ministry of Education Website: https://meyda.education.gov.il/files/shefi/liikoheylemida/margalit2.pdf (Hebrew)

Marks, M. A. (1990). *To Live with the Fear*. Tel Aviv: Bitan. (Hebrew)

Marsh, L (1935). Group Therapy and the Psychiatric Clinic. *Journal of Nervous and Mental Diseases,* 82, 381-390.

Marshall, C., & Rossman, G. B. (1989). *Designing Qualitative Research*. London: Sage Publications.

Martinussen, R., Tannock, R., & Chaban, P. (2011). Teachers' Reported Use of Instructional and Behavior Management Practices for Students with Behavior Problems: Relationship to Role and Level of Training in ADHD. *Child Youth Care Forum*, 40, 193–210.

Mash, E. J., & Johnston, C. (1990). Determinants of Parenting Stress: Illustrations from Families of Hyperactive Children and Families of Physically Abused Children. *Journal of Clinical Child Psychology, 19*(4), 313-328.

Mash, J., & Barkley, R. A. (2003). *Child Psychopathology* (2nd ed.). New York: Guilford Press.

Mattessich, P., & Hill, R. (1987). Life Cycle and Family Development. In S. K. Steinmetz & M. B. Sussman (Eds.), *Handbook of Marriage and the Family* (pp. 437-469). New York, NY: Springer.

May, R. (1983). *The Discovery of Being: Writing an Existential Psychology*. New York.

Mayes, S.D., Calhoun, S.L. & Crowall, E.W., (2000). Learning Disabilities and ADHD-Overlapping Spectrum Disorders. *Journal of Learning Disabilities*, 33 (5), 417-424.

Maykut, P. & Morehouse, R. (1994). *Beginning Qualitative Research: A Philosophic and Practical Guide*. London: Sage Publications

Mayseless, O. (2001). Relations of Parents and Adolescents in Israel with the Transition to the Period of Adolescence. *Trends*, 41 (1-2), 180-194. (Hebrew)

Mayseless, O., & Sharf, M. (2009). Patterns of Parenting and Functioning in the School. *Echo of Education*, 83, 50-54. (Hebrew)

Mayseless, O., Wiseman, H., & Hai, I. (1998). Adolescents' Relationships with Father, Mother and Same Gender Friend. *Journal of Adolescent Research, 13*, 101-123.

McConaughy, S. H., Volpe, R. J., Antshel, K. M., Gordon, M. & Eiraldi, R. B. (2011). Academic and Social Impairments of Elementary School Children with Attention Deficit Hyperactivity Disorder. *School Psychology Review*, 40 (2), 200-225.

McCormick, W. H., Turner, L. A., & Foster, J. D. (2015). A Model of Perceived Parenting, Authenticity, Contingent Self-Worth and Internalized Aggression among College Students. *Personality and Individual Differences, 86,* 504-508.

McGoey, K.E., Eckert, T.L., & Paul, G.J. (2002). Early Intervention for Preschool-Age Children With ADHD: A Literature Review. *Journal of Emotional and Behavioral Disorders,* 10, 14–28.

McGuire, L., Rutland, A., & Nesdale, D. (2015). Peer Group Norms and Accountability Moderate the Effect of School Norms on Children's Intergroup Attitudes. *Child Development*, *86*(4), 1290-1297.

McKenzie, W., & Monk, G. (1997). Learning Teaching Narrative Idea. In G. Monk, J. Winslade, K. Crocket, & D. Epston (Eds.), *Narrative Therapy in Practice: The Archaeology of Hope* (pp. 82-117). San Francisco: Jossey-Bass.

McNamara, J., Vervaeke, S. L., & Willoughby, T. (2008). Learning Disabilities and Risk-Taking Behavior in Adolescents: A Comparison of Those with and without Comorbid Attention-Deficit/Hyperactivity Disorder. *Journal of Learning Disabilities*, 41(6), 561–574. https://doi.org/10.1177/0022219408326096

Meeus, W. (2011). The Study of Adolescent Identity Formation 2000–2010: A Review of Longitudinal Research. *Journal of Research on Adolescence*, *21*(1), 75-94.

Meiseles, E. (2001). Relations of Parents and Adolescents in Israel with the Transition to Adolescence. *Trends*, 41, 2(1), 180-194. (Hebrew)

Meor, G., & Meor, P. (n.d.). The Person with Attention Disorder in the Military. Retrieved from the website: http://www.giladd.co.il (Hebrew)

Mercer, N., Crocetti, E., Meeus, W., & Branje, S. (2017). Examining the Relation between Adolescent Social Anxiety, Adolescent Delinquency (Abstention), and Emerging Adulthood Relationship Quality. *Anxiety, Stress, & Coping*, *30*(4), 428-440.

Merrick, E. (1999). An Exploration of Quality in Qualitative Research. In: M. Kopala & L. A. Suzuki (Ed.) *Using Qualitative Methods in Psychology*, (pp. 25-36). London: Sage Publications.

Mevorach, E. (2019). The Narrative Approach: Background and General Description. Retrieved from: http://www.oded.name/Content.aspx?id=23 (Hebrew)

Michael, V., & Epston, D. (1997). *Story Means for Treatment Goals*. Cherikover Press. (Hebrew)

Mickutė, J. (2014). Making of the Zionist Woman: Zionist Discourse on the Jewish Woman's Body and Selfhood in Interwar Poland. *East European Politics and Societies*, *28*(1), 137-162.

Mikami, A. Y., & Pfiffner, L. J. (2008). Sibling Relationships among Children with ADHD. *Journal of Attention Disorders*, 11(4), January, 482-492.

Mikulincer, M., & Florian, V. (1998). The Relationship between Adult Attachment Styles and Emotional and Cognitive Reactions to Stressful Events. In J. A. Simpson & W. S. Rholes (Eds.), *Attachment Theory and Close Relationships* (pp. 143-165). New York, NY, US: Guilford Press.

Mills, T.M (1967). *The Sociology of Small Groups*, New Jersey: Englewood Cliffs.

Ministry of Education (2013). If Somebody Would Have Told Me … Guide for Parents of Students with Attention Disorder. Jerusalem. Retrieved from the Ministry of Education Website: https://meyda.education.gov.il/files/shefi/hovret.pdfnars (Hebrew)

Ministry of Health (2002). General Circular 2002/23, File Number 3/0/200. Administration of Medicine, Department for Health Issues, Ministry of Health. Retrieved from the Ministry of Health Website: http://www.health.gov.il/hozer/mr23_2002.pdf (Hebrew)

Minuchin, S. (1984). Families and Family Therapy. Tel Aviv: Reshefim. (Hebrew)

Mishori, E. (2014). *Life Journey with Autism – the Life Stories of Parents*, Tel Aviv: Mofet Publishing. (Hebrew)

Mitchell, S. (1988). *Relational Concepts in Psychoanalysis*. Cambridge Mass: Harvard University Press.

Modesto-Lowe, V., Danforth, J.S., Neering, C., & Easton, C. (2010). Can We Prevent Smoking in Children with ADHD: A Review of the Literature. *Connecticut Medicine*, 74(4), 229–236.

Molina, B. S. G., Hinshaw, S. P., Swanson, J. M., Arnold, L. E., Vitiello, B, et al., (2009). MTA at 8 Years: Prospective Follow-up of Children Treated for Combined-Type ADHD in a Multisite Study. *Journal of the American Academy of Child & Adolescent Psychiatry*, 48 (5), 484-500.

Morgan, A. (2000). *What Is Narrative Therapy? An Easy-To-Read Introduction*. Adelaide: Dulwich Centre Publications.

Morley, D., Bailey, R., Tan, J., & Cooke, B. (2005). Inclusive Physical Education: Teachers' View of Including Pupils with Special Education Needs and/or Disabilities in Physical Education. *European Physical Education Review, 11*, 84-106.

Morris, A. S., Silk, J. S., Steinberg, L., Myers, S. S., & Robinson, L. R. (2007). The Role of the Family Context in the Development of Emotion Regulation. *Social Development*, *16*(2), 361-388.

MTA Cooperative Group. (1999). A 14-Month Randomized Clinical Trial of Treatment Strategies for Attention Deficit/ Hyperactivity Disorder. *Archives of General Psychiatry*, 56, 1073-1086.

MTA Cooperative Group. (2004a). The National Institute of Mental Health Multimodal Treatment Study of ADHD Follow-Up: 24-Month Outcomes of Treatment Strategies for Attention-Deficit/Hyperactivity Disorder (ADHD). *Pediatrics*, 113, 754–761.

Mualam-Meron, D. (1985). *Intergenerational Relations: Grandparent-Parent-Grandchild: Comparison between Western and Eastern Ethnic Groups*. M.A. Thesis, Tel Aviv: Department of Psychology, Tel Aviv University.

Muñoz-Silva, A., Lago-Urbano, R., & Sanchez-Garcia, M. (2017). Family Impact and Parenting Styles in Families of Children with ADHD, *Journal of Child and Family Studies,* 26, 2810–2823.

Musk, E., & Cohen, A. (2015). *Complete Family Rehabilitation for Families of Children with Special Needs*. Research Report Submitted to the National Insurance Institute. Tel Hai College. (Hebrew)

Navon, H. (2007). To Be Parents of a Learning Disabled Child: Stages and Transitions in the Coping of the Parents with Their Child's Learning Disability. In: R. Cohen & D. Hofstader (Eds.), *Family and Knowledge – The Act in the Guidance of Parents, Models, Methods, and Responses,* Volume 3. Department of Adult Education, Department of Parents, Family, and the community, Ministry of Education. (Hebrew)

Neff, P. E. (2010). Fathering an ADHD Child: An Examination of Paternal Well-Being and Social Support. *Sociological Inquiry, 80*(4), 531–553.

Newcomb, T. N. (1963). Stabilities Underlying Changes in Interpersonal Attraction, *The Journal of Abnormal and Social Psychology*, 66(4), April, 376-386.

Newman, J. (1994). Conflict and friendship in sibling relationships: A review. Child Study Journal, 24, 119-152.

Nitsum, M. (1996). *The Anti Group: Disruptive Forces in the Creative Potential*. London: Routledge.

Noy, B. (2017). Three to Tango: Relations of Parents – School in a Historical and Sociological Perspective. In: *Partners: On Parents – School Relations* (pp. 7-16). Jerusalem: Avney Rosha Institute. (Hebrew)

O'Connor, H. (2001). Will We Grow Out of It? A Psychotherapy Group for People with Learning Disabilities. *Psychodynamic Counseling*, 7(3), 297-314.

OECD (2011). *Doing Better for Families,* 17-53.

Ofer-Ziv, N., & Cohen, A. (2007). Parents in the Encounter with the "Special Brain" of Their Child. In A. Cohen (Ed.) *The Experience of Parenting: Relations, Coping, and Development* (pp. 215-247). Kiryat Bialik: Ach. (Hebrew)

Oh, W. O., & Kendall, J. (2009). Patterns of Parenting in Korean Mothers of Children with ADHD A Q-Methodology Study. *Journal of Family Nursing, 15*(3), 318–342.

Olson, D., McCubbin, H., & Associates. (1983). *Families: What Makes Them Work.* Beverly Hills, CA: Sage.

Omer, H. (2008). *The New Authority*. Modan: Ben Shemen. (Hebrew)

Omer, H., & Alon, N. (1997). *The Tale of the Treatment Story*, Tel Aviv: Modan Press. (Hebrew)

Ormont, L. (1988). The Role of the Leader in Resolving Resistance to Intimacy in the Group Setting. *International Journal of Group Psychotherapy,* 38, 29-45.

Ozdemir, S. (2010). A Comparison of Problem Behavior Profiles in Turkish Children with AD/HD and non-AD/HD Children. *Electronic Journal of Research in Educational and Psychology*, 8 (1), 281-289.

Ozer, E. J., Lavi, I., Douglas, L., & Wolf, J. P. (2017). Protective Factors for Youth Exposed to Violence in Their Communities: A Review of Family, School, and Community Moderators. *Journal of Clinical Child & Adolescent Psychology*, *46*(3), 353-378.

Park, S., Stone, S., & Holloway, S. (2017). School-Based Parental Involvement as a Predictor of Achievement and School Learning Environment: An Elementary School-Level Analysis. *Children and Youth Services Review*, September, 195- 206.

Parke, R. D. (2004). Development in the Family. *Annual Review of Psychology*, *55*, 365-399.

Paswell, L. (1995). *Intergenerational Effects in the Stage of the Launching of the Eldest Sons to the Military among Israeli Mothers and Fathers.* Master Thesis, Department of Psychology, Tel Aviv: Tel Aviv University. (Hebrew)

Patterson, G. R., & Guillon, M. E. (1968). *Living With Children: New Methods for Parents and Teachers.* Champaign, IL: Research Press.

Patton, N. (1990). Qualitative Evaluation and Research Methods (2nd ed.). Newbury Park, CA: Sage.

Peer, J., & Hillman, S. (2014). Stress and Resilience for Parents of Children with Intellectual and Developmental Disabilities: A Review of Key Factors and Recommendations for Practitioners. *Journal of Policy and Practice in Intellectual Disabilities,* 11(2), 92-98.

Peleg, O. (2009). Test Anxiety, Academic Achievement, and Self-Esteem among Arab Adolescents with and without Learning Disabilities. *Learning Disability Quarterly, 32,* 11-20.

Pelham, W. E., & Fabiano, G. A. (2008). Evidence-Based Psychosocial Treatments for Attention-Deficit/Hyperactivity Disorder. *Journal of Clinical Child & Adolescent Psychology*, 37(1), 184-214. doi: 10.1080/15374410701818681

Peres, Y., & Katz, R. (1991). The Family in Israel: Change and Continuity. In: L. Shamgar-Handelman & R. Bar-Yosef (Eds.) *Families in Israel*. Jerusalem: Academon. (Hebrew)

Pfiffner, L. J., McBurnett, K., Rathouz, P. J., & Judice, S. (2005). Family Correlates of Oppositional and Conduct Disorders in Children with Attention Deficit/Hyperactivity Disorder. *Journal of Abnormal Child Psychology*, 33, 551–563.

Pheula, G.F., Rohde, L.A., & Schmitz, M. (2011). Are Family Variables Associated with ADHD, Inattentive Type? A Case Control Study in Schools. *European Child and Adolescent Psychiatry*, 20, 137–145.

Pines, M. (1998) Psychic Development and the Group Analytic Situation. In *Circular Reflection: Selected Papers on Group Analysis and Psychoanalysis* (pp 59-76). London: Jesica Kingsley.

Pinquart, M., Juang, L. P., & Silbereisen, R. K. (2003). Self-efficacy and Successful School-To-Work Transition: A Longitudinal Study. *Journal of Vocational Behavior*, *63*(3), 329-346.

Pinzon, J. L., & Jones, V. F. (2012). Care of Adolescent Parents and Their Children. *Pediatrics*, *130*(6), e1743-e1756.

Piron, S. (2013). Rightly and Not by Grace. *Echo of Education*, 87, 6, 34-36. (Hebrew)

Plotnik, R. (2008). *To Grow Differently: The Emotional and Social World of Children with Learning Disabilities and ADHD*. Holon: Yesod. (Hebrew)

Plotnik, R. (2013). Family in Attention Disorder. Retrieved from the Hebrew Psychology Website: hebpsy.net/articles.asp?id=2925 (Hebrew)

Polkinghorne, D. (1995). Narrative Configuration in Qualitative Analysis. *Qualitative Studies in Education*. 8 (1), 5-23.

Prasad, V., Brogan, E., Mulvaney, C., Grainge, M. Stanton, W. Sayal, K (2013). How Effective Are Drug Treatments for Children with ADHD at Improving On-Task Behaviour and Academic Achievement in the School Classroom? A Systematic Review and Meta-Analysis, *European Child & Adolescent Psychiatry,* April, 22, 4, 203–216.

Pressman, L. J., Loo, S. K., Carpenter, E. M., Asarnow, J. R., Lynn, D., McCracken, J. T., McGough, J. J., Lubke, G. H., Yang, M. H., Smalley, S. L. (2006). Relationship of Family Environment and Parental Psychiatric Diagnosis to Impairment in ADHD. *J Am Acad Child Adolesc Psychiatry.* March, 45(3), 346-354.

Raggi, V. L., & Chronis, A. M. (2006). Interventions to Address the Academic Impairment of Children and Adolescents with ADHD. *Clinical Child Family Psychology Review*, June, 9(2), 85-111.

Raikes, H. A., & Thompson, R. A. (2005). Efficacy and Social Support as Predictors of Parenting Stress among Families in Poverty. *Infant Mental Health Journal*, 26(3), 177-190.

Re, A. M., Pedron, M., & Cornoldi, C. (2007). Expressive Writing Difficulties in Children Described as Exhibiting ADHD Symptoms. *Journal of Learning Disabilities*, 40(3), 244-255. http://dx.doi.org/10.1177/00222194070400030501

Reinecke, M. A., Dattilio, F. M., & Freeman, A. (2003).What Makes for an Effective Treatment? In: M. A. Reinecke, F. M. Dattilio, & A. Freeman, (Eds.) *Cognitive Therapy with Children and Adolescents: A Casebook for Clinical Practice* (2nd ed., pp. 1 – 18). New York: Guilford.

Reinharz, S. (1984). Women as Competent Community Builders. In A.U. Rickel, M. Gerrard & I. Iscoe (Eds.), *Social and Psychological Problems of Women* (pp. 19-40). Washington: Hemisphere Pub. Co.

Reskin, B. (1988). Bringing the Men Back in: Sex Differentiation and the Devaluation of Women's Work. *Gender and Society*, 2, 58-81.

Rice, C.A. (1969). Individual, Group, and Intergroup Process. *Human Relation*, 22, 565-584.

Richards, D. A., & Schat, A. C. (2011). Attachment at (not to) Work: Applying Attachment Theory to Explain Individual Behavior in Organizations. *Journal of Applied Psychology*, 96(1), 169.

Riddle, M. A. (2007). New Findings from the Preschoolers with Attention-Deficit/Hyperactivity Disorder Treatment Study (PATS*). Journal of Child and Adolescent Psychopharmacology*, 17 (5), 543–546.

Rief, S. (2005). *To Educate and Teach Children with ADHD/ADD: Methods, Strategies, and Practical Interventions*, Parts 1 and 2. Kiryat Bialik: Ach. (Hebrew)

Riessman, C. K., & Speedy, J. (2007). Narrative Inquiry in the Psychotherapy Professions: A Critical Review. In: D. J. Clandinin (Ed.), *Handbook of Narrative Inquiry: Mapping a Methodology* (pp. 426-456). Thousand Oaks CA: Sage.

Riva, M.T. &. Haub, A.L., (2004). Group Counseling in the School. In J. L. DeLucia-Waack, D. A., Gerrity, C. R. Calodner, & M. T. Riva (Eds.), *Handbook of Group Counseling and Psychotherapy* (pp. 309-321). Thousand Oaks, CA: Sage,

Roberts, C., Currie, C., Samdal, O., Currie, D., Smith, R., & Maes, L. (2007). Measuring the Health and Health Behaviours of Adolescents through Cross-National Survey Research: Recent Developments in the Health Behaviour in School-Aged Children (HBSC) Study. *Journal of Public Health*, 15(3), 179-186.

Rogers, C. (1970). Carl Rogers on Encounter Groups. *Small Group Behavior*, 100, 97-100.

Rohner, R. P., Khaleque, A., & Cournoyer, D. E. (2005). Parental Acceptance-Rejection: Theory, Methods, Cross-Cultural Evidence, and Implications. *Ethos*, 33(3), 299-334.

Rosai, Y. (2014). Human Security: A False Charm or a Real Paradigmatic Change in the International Discourse. *IE, Law*, no. 213-216.

Rosen, S. (1996). *The Voice of Milton Erikson*. Nord: Kiryat Tivon. (Hebrew)

Rosenblum, E. (2002). Family under Warning. *Interiors: Journal of Culture, Society and Education,* 19, 36-42 (Hebrew)

Rosenthal, G. (1993). Reconstruction of Life-Stories: Principles of Selection in Generating Stories for Narrative Interviews. *Narrative Study of Lives*, 1, 59- 91.

Rosenwasser, N. (Ed.) (1997). *Group Instruction: A Reader*. Haim Zippori Center for Community Education. (Hebrew)

Rottenberg, B., Shen, G., & Zalsman, G. (2008). Anxiety Disorder in Children and Adolescents, *Medicine*, 147, 628-633. (Hebrew)

Rottenberg, Y. (2001). *Changes in the Perception of the Student with Special Needs and Integration in the Regular School among Students in the College of Teacher Training in the Regular Training Programs, following an Introduction Course on the Topic of Physical Education*. Master Thesis, Haifa: Haifa University, Faculty of Education. (Hebrew)

Rutan, J. S., & Stone, W. N. (2001). *Psychodynamic Group Psychotherapy*. New York: The Guilford Press.

Rutter, M. (1987). Psychological Resilience and Protective Mechanisms. *American Journal of Orthopsychiatry, 57,* 316-331.

Sadan, A. (1997). *Empowerment and Community Planning*. HaKibbutz HaMeuchad Press. (Hebrew)

Sadler, J. (2005). Knowledge, Attitudes and Beliefs of the Mainstream Teachers of Children with a Preschool Diagnosis of Speech/Language Impairment. *Child Language Teaching and Therapy, 21*, 147-159.

Safir, M. (1993). Religion, Tradition and Public Policy Give Family First Priority. In: Swirski, B. & Safir, M.P. (Eds.). *Calling the Equality Bluff: Women in Israel* (pp. 57-65). NY: Teachers College Press.

Sagie, Z. (n.d.). All My Relations with My Child "Were Screwed" Because of His ADHD. Retrieved from the website: http://www.sagie-ls.com/%D7%9B%D7%9C-%D7%94%D7%99%D7%97%D7%A1%D7%99%D7%9D-%D7%A9%D7%9C%D7%99-%D7%A2%D7%9D-%D7%94%D7%99%D7%9C%D7%93-%D7%A9%D7%9C%D7%99-%D7%A0%D7%93%D7%A4%D7%A7%D7%95-%D7%91%D7%92%D7%9C%D7%9C-%D7%94%D7%A4 (Hebrew)

Sartre, J. P. (1988). *Existentialism Is Humanism*. Jerusalem: Carmel. (Hebrew)

Sason-Levi, A. (1990). *Jewish Society and Arab Society in Israel: Background Material for the Teacher*. Tel Aviv: Maalot. (Hebrew)

Schmeichel, B. J., & Baumeister, R. F. (2004). *Self-Regulatory Strength*.

Schmuck, R. A., & Schmuck, P. A. (1978). Group Processes in the Classroom. Tel Aviv: Ach Press. (Hebrew)

Schutz, W.C (1958) *FIRO: A Three Dimensional Theory of Interpersonal Behavior.*

Segrin, C., Givertz, M., Swaitkowski, P., & Montgomery, N. (2013). Overparenting Is Associated with Child Problems and a Critical Family Environment. *Journal of Child and Family Studies, 24*(2), 470-479.

Seidman, I. E. (1991). *Interviewing as Qualitative Research*. New York: Teachers College Press.

Seligman, M. (1993). Group Work Parents of Children with Disabilities. *The Journal for Specialists in Group Work, 18*(1), 115-126.

Shalmon, Y. (2006). *If You Wake and If You Are Awakened: Orthodoxy in the Straits of Nationalism*. Jerusalem: Zalman Shazar Center. (Hebrew)

Sharlin, S., Katz, R., & Lavee, Y. (1992). *The Policy of the Family in Israel*. The Center for Research and Learning on the Family, The School of Social Work, Haifa University. (Hebrew)

Sharon, A., Chessner, S., Asher-Or, N., Strosberg, N., Vilansky, D., & Neon, D. (2008). *Program for the Encouragement of the Treatment of Children Suffering from ADHD in Four Schools in Jerusalem: Abstract of an Assessment Research*. Jerusalem: Meyers-Joint-Brookdale Institute, Center for the Research of Disabilities and Special Populations. (Hebrew)

Shaver, P. R., & Mikulincer, M. (2002). Attachment Related Psychodynamics. *Attachment and Human Development*, *4*, 133-161.

Shechtman, Z. (1991). Change of Attitudes of Teachers in Regular Education towards the Inclusion of the Exceptional Child in Regular Frameworks: Empirical Findings and an Intervention Program. *Pages*, 13, 54-59. (Hebrew)

Shechtman, Z. (2002). Child Group Psychotherapy in the School at the Threshold of a New Millennium. *Journal of Counseling and Development,* 80, 293-299.

Shechtman, Z. (2004). Client Behavior and Therapist Helping Skills in Individual and Group Treatment of Aggressive Boys. *Journal of Counseling Psychology*, 51, 463-472.

Shechtman, Z., & Bosharin, E. (2015). *Between Parents and Teachers in Secondary Education: A Picture of the Situation and Recommendations*. Jerusalem: Israel National Academy for the Sciences.

Shechtman, Z., & Gilat, I. (2005). The Effectiveness of Counseling Groups in Reducing Stress of Parents of Children with Learning Disabilities. *Group Dynamics: Theory, Research and Practice,* 9, 275-286

Shechtman, Z., & Katz, E. (2007). Therapeutic Bonding in Group as Explanatory Variable of Progress in the Social Competence of Students with Learning Disabilities. *Group Dynamics: Theory, Research, and Practic*e, 11 (2), 117-128.

Shechtman, Z., & Pastor, R. (2005). Cognitive-Behavioral and Humanistic Group Treatment for Children with Learning Disabilities: A Comparison of Outcomes and Process. *Journal of Counseling Psychology*, 52, 322-336.

Shechtman, Z., Gilat, I., Fos, L., & Flasher, A. (1996). Brief Group Therapy with Low-Achieving Elementary School Children. *Journal of Counseling Psychology*, 43, 376-382.

Shefler, G. (1993). *Time-Bound Psychotherapy: Theory, Treatment, Research*. Jerusalem: Magnes. (Hebrew)

Sheleg Mei Ami, N. (2009). *The Consumption of Alcohol among Children and Youths*. Center of Research and Information of the Knesset. (Hebrew)

Sheleg, Y. (2000). *The New Religious: A Current Look on Religious Society in Israel*. Jerusalem: Keter Press. (Hebrew)

Sheppes, G., Suri, G., & Gross, J. J. (2015). Emotion Regulation and Psychopathology. *Annual Review of Clinical Psychology, 11*, 379-405.

Shif, R., & Paran, Y. (2008). The Narrative Approach in Work with Groups. *Community of Groups Magazine,* November. Retrieved from: http://www.igroups.co.il/fullart.asp?art=52 (Hebrew)

Shkedi, A. (2003). *Words that Try to Touch: Qualitative Research – Theory and Implementation*, Tel Aviv: Ramot Press, Tel Aviv University. (Hebrew)

Shkedi, E. (2014). *The Meaning behind the Words: Methodologies in Qualitative Research, Theory and Practice*. Tel Aviv: Ramot Press, Tel Aviv University. (Hebrew)

Shrift, R. (1982). Marriage: Option or Trap. In R. Shrift & D. Yizraeli (Eds.) *Women in a Trap*. HaKibbutz HaMeuchad. (Hebrew)

Sigad, R. (1981). *Existentialism: Continuation and Turning Point in the History of Western Culture*, Jerusalem: Bialik Press. (Hebrew)

Silk, J. S., Lee, K. H., Elliott, R. D., Hooley, J. M., Dahl, R. E., Barber, A., & Siegle, G. J. (2017). 'Mom—I Don't Want To Hear It': Brain Response to Maternal Praise and Criticism in Adolescents with Major Depressive Disorder. *Social Cognitive and Affective Neuroscience, 12*(5), 729-738.

Simmons, H. (1996). The Paradox of Case Study. *Cambridge Journal of Education*, 26 (2), 225- 240.

Siperpal, M. (2012). *Assimilation of the Existing Knowledge on the Development of Children with ADHD and the Ways of Coping in the Education System*, An Invited Review as Background Material for the Teamwork of Experts on the Topic of Treatment Interventions of Children with Problems or Disorders in Behavior. Initiative for Applied Research in Education. (Hebrew)

Siperpal, M. (2018). The Contribution of Counseling Groups to Parents of Children with ADHD and Their Children. *From Disconnection to Integration*, 20, 39-68. (Hebrew)

Siroka, R.W., Siroka, E.K., & Schloss, G. A. (1971). Sensitivity training and Group Encounter. New York: Grosset & Dunlap.

Skinner, E., & Edge, K. (1998). Introduction to the Special Section: Coping and Development across the Lifespan. International *Journal of Behavioral Development,* 22(2), 225-230.

Slater, P.E. (1966). *Microcosm: Structural, Psychological and Religious Evaluation in Groups*. New York: Wiley

Smith, A. J., Brown, R. T., Bunke, V., Blount, R. L., & Christopherson, E. (2002). Psychosocial adjustment and peer competence of siblings of children with Attention-Deficit/Hyperactivity Disorder. Journal of Attention Disorders, 5(3), 165-177.

Smith, G. L. (2000). *Parent Involvement and Satisfaction in the Education pf Children with Specific Learning Disabilities*. Ph.D. Dissertation, University of California, Riverside.

Snyder, C. R., Irving, L., & Anderson, J. (1991). Hope and Health: Measuring the Will and the Ways. In C. R. Snyder & D. R. Forsyth (Eds.), *Handbook of Social and Clinical Psychology* (pp. 285–305). Elmsford, NY: Pergamon.

Sobanski, E., Banachewski, T., Asherson, P., Buitelaar, J., Chen, W., Franke, B., & Holtmann, M., et al. (2010). Emotional Lability in Children and Adolescents with Attention Deficit/Hyperactive Disorder (ADHD): Clinical Correlates a

Sohlberg, S. (1994). *Psychology of the Child and the Adolescent*. Jerusalem: Magnes Press. (Hebrew)

Solomon, M., Pistrang, N., & Barker, C. (2001). The Benefits of Mutual Support - Groups for Parents of Children with Disabilities. *American Journal of Community Psychology*, 29 (1), 113-132.

Spector-Mersel, J. (2012). The Story Is not All the Story: Narrative Identity Card. *Trends*, 48/2, April. (Hebrew)

Spenser, T. J., Biederman, J., & Mick, E. (2007). Attention-Deficit/Hyperactivity Disorder: Diagnosis, Lifespan, Comorbidities, and Neurobiology. *Academic Pediatrics*, 7(1), 73-81.

Sperling, D. (2019). *Partnership between Education Staffs and Parents*. L. Josefsberg Ben-Yehoshua (Ed.). Tel Aviv: Mofet Institute. (Hebrew)

Spiegel, D., & Classen, C. (2000). *Group Therapy for Cancer Patients: A Research-Based Handbook of Psychosocial Care.* New York, NY, US: Basic Books.

Spielberger, C. D., Gorsuch, R. L., & Lushene, R. E. (1970). *STAI Manual*. Palo Alto, CA: Consulting Psychologist Press.

Stake, R. E. (2000). Case Studies. In N. K. Denzin & Y. S. Lincoln (Eds.) *Handbook of Qualitative Research* (2nd ed., pp. 435-454). Thousand Oaks, CA: Sage.

Standish, K. (2013). Introduction to Narrative Therapy [Slideshow]. November 28. Retrieved from: https://www.slideshare.net/kevins299/lecture-8-narrative-therapy://www.goodtherapy.org/famous-psychologists/michael-white.html

Steinberg, L. (2001). We Know Some Things: Adolescent-Parent Relationships in Retrospect and Prospect. *Journal of Research on Adolescence, 11*, 1-20.

Steinberg, L. (2008). A Social Neuroscience Perspective on Adolescent Risk-Taking. *Developmental Review*, *28*(1), 78-106.

Steinberg, L., & Silk, J. S. (2002). Parenting Adolescents. In M. H. Bornstein (Ed.), *Handbook of Parenting: Vol. 1: Children and Parenting* (2nd ed., pp. 103-133). Mahwah, NJ: Lawrence Erlbaum.

Steinberg, L., Lamborn, S. D., Darling, N., Mounts, N. S., & Dornbusch, S. M. (1994). Over-time Changes in Adjustment and Competence among Adolescents from Authoritative, Authoritarian, Indulgent, and Neglectful Families. *Child Development, 65*, 754–770.

Stenger, V., & Rimmerman, A. (2006). The Coping of Parents with Handicap and Illness in Their Children and Implications on the Social Workers in the Hospitals. In M. Hovev & P. Gittelman (Eds.), *From Differentiation to Inclusion: Coping with Handicaps in the Community* (pp. 187-208). Jerusalem: Carmel. (Hebrew)

Stephen, J., Fraser, E., & Marcia, J. E. (1992) Moratorium-Achievement (MAMA) Cycles in Lifespan Identity Development: Value Orientations and Reasoning System Correlates. *Journal of Adolescence*, 15, 283-300.

Stephenson, M. T., Hoyle, R. H., Palmgreen, P., & Slater, M. D. (2003). Brief Measures of Sensation Seeking for Screening and Large-Scale Surveys. *Drug and Alcohol Dependence, 72*(3), 279-286.

Stewart, J. C. (1986). *Counseling Parents of Exceptional Children*. Columbus, Ohio: Merrill, Bell & Howell.

Stone, C. A. (1997). Correspondences among Parent, Teacher, and Student Perceptions of Adolescents' Learning Disabilities. *Journal of Learning Disabilities*, 30(6), 660-669.

Strauss, A., & Corbin, J. (1990). *Basics of Qualitative Research: Grounded Theory Procedures and Techniques*. London: Sage

Sullivan, H. (1953). Conceptions of Modern Psychiatry. In: *The Interpersonal Theory of Psychiatry*. New York: Norton

Tagansky, S. (2006). *Who Is Afraid of ADHD? A Practical Guide for Parents and Professionals in the Field of Attention Deficit Hyperactivity Disorder in Israel*. Givatayim: Rimonim. (Hebrew)

Tangney, J. P., Baumeister, R. F., & Boone, A. L. (2004). High Self-Control Predicts Good Adjustment, Less Pathology, Better Grades, and Interpersonal Success. *Journal of Personality*, *72*(2), 271-324.

Tanigawa, D., Furlong, M. J., Felix, E. D., & Sharkey, J. D. (2011). The Protective Role of Perceived Social Support against the Manifestation of Depressive Symptoms in Peer Victims. *Journal of School Violence, 10*, 393-412.

Taylor, S., & Bogdan, R. (1984). *Introduction to Qualitative Research Methods* (2nd ed.). N.Y: Wiley.

Thompson, A. L., Molina, B. S.G., Pelham, W., & Gnagy, E. M. (2007), Risky Driving in Adolescents and Young Adults with Childhood ADHD, *Journal of Pediatric Psychology*, 32 (7), August, 745–759, https://doi.org/10.1093/jpepsy/jsm002

Thorne, P. (Ed.) (2002). ADHD: Diagnosis, Assessment, and Treatment, The Association for the Psychiatry of the Child and the Adolescent, Retrieved from the Website of the Israel Medical Association: http://www.ima.org.il/MainSite/EditClinicalInstruction.aspx?ClinicalInstructionId=19 (Hebrew)

Trotzer, J. (1999). *The Counselor and the Group-Integrating Theory, Training and Practice*, Philadelphia, PA: Accelerated Development, Taylor & Francis Group.

Tseng, W. S., & Hsu, J. (2018). *Culture and Family: Problems and Therapy*. Routledge.

Tsukayama, E., Toomey, S. L., Faith, M. S., & Duckworth, A. L. (2010). Self-Control as Protective Factor against Overweight Status in the Transition from Childhood to Adolescence. *Archives of Pediatrics & Adolescent Medicine*, *164*(7), 631-635.

Turnbull, A.P., & Turnbull III, R. (1986). *Families, Professionals and Exceptionality - A Special Partnership*. Columbus, OH: Merrill.

Tuval-Mashiach, R., & Spector Mersel, G. (2010). *Narrative Research: Theory, Creation, and Interpretation*, Jerusalem: Magnes Press. (Hebrew)

Tyano, S. (Ed.) (2010). *The Psychiatry of the Child and the Adolescent*. Tel Aviv: Dionon Press. (Hebrew)

Tzadik, Tz. (2001). How to Awaken Parental Efficacy? *Medicine and Law*, 328-340. (Hebrew)

Uji, M., Sakamoto, A., Adachi, K., & Kitamura, T. (2014). The Impact of Authoritative, Authoritarian, and Permissive Parenting Styles on Children's Later Mental Health in Japan: Focusing on Parent and Child Gender. *Journal of Child and Family Studies, 23*(2), 293-302.

Valle, J.W. (2011). Down the Rabbit Hole: A Commentary about Research on Parents and Special Education. *Learning Disability Quarterly*, 34(3), 183-190

Van Ameringen, M., Mancini, C., Simpson, W., & Patterson B. (2011). Adult Attention Deficit Hyperactivity Disorder in an Anxiety Disorders Population, *CNS Neuroscience Ther.*, August, 17(4), 221-6.

Van Schoor, E. (1997). Socio-Cultural Aspects of British and American Group Psychotherapy. *Group Analysis*, 30, 27-43.

Vargan, Y. (2009). *The Implementation of the Inclusion Law in the 2010 School Year*. Jerusalem: Knesset – Center of Research and Information. (Hebrew)

Vierhile, A., Robb A., & Ryan-Krause, P. (2009). Attention-Deficit/Hyperactivity Disorder in Children and Adolescents: Closing Diagnostic, Communication and Treatment Gaps. *Journal of Pediatric Health Care*, 23, Supplement 1, S5-S21.

Viner, R. M., Ozer, E. M., Denny, S., Marmot, M., Resnick, M., Fatusi, A., & Currie, C. (2012). Adolescence and the Social Determinants of Health. *The Lancet*, 379, 1641- 1652.

Wade, J. (2008). The Ties that Bind: Support from Birth Families and Substitute Families for Young People Leaving Care. *British Journal of Social Work.* 38, 39–54

Wahlstedt, C., Thorell, L.B. & Bohlin, G., (2008). ADHD Symptoms and Executive Function Impairment: Early Predictors of Later Behavioral Problems. *Developmental Neuropsychology*, 33(2), 160–178.

Wallis, J. D. (2007). Orbitofrontal Cortex and Its Contribution to Decision-Making. *Annual Review Neuroscience*. 30, 31-56.

Webster-Stratton, C. H., Reid, M. J., & Beauchaine, T. (2011). Combining Parent and Child Training for Young Children with ADHD. *Journal of Clinical Child & Adolescent Psychology*, 40(2), 191–203.

Weinberg, H. (2008). The Social Unconscious. *Conversations*, 22, 149-157. (Hebrew)

Weinstein, N., & Ryan, R. M. (2011). A Self-Determination Theory Approach to Understanding Stress Incursion and Responses. *Stress and Health*, *27*(1), 4-17.

Weiss, J. (1993). *How Psychotherapy Works: Process and Technique*. New York: Guilford press.

Weiss, M., Worling, D., & Wasdell, M. (2003). A Chart Review of the Inattentive and Combined Types of ADHD. *Journal of Attention Disorder*, 7(1), 1-9

Weisskopf, N. (1990). *Families of Exceptional Children*. Tel Aviv: The Open University. (Hebrew)

Whalen, C. K., & Henker, B. (1992). The Social Profile of Attention Deficit Hyperactivity Disorder: Five Fundamental Facets. *Child and Adolescent Psychiatric Clinics of North America,* 1, 395-410.

Whitaker, D. S (1985). The Character of the Group as a Medium for Help, *Using Groups to Help People*, pp. 32-59.

White, M. (2007). *Maps of Narrative Practice*. New York, NY: W. W. Norton.

White, M. (2015). Good Therapy. July 24. Retrieved from the Website about Narrative Therapy, Narrative Therapy Centre of Toronto: http://www.narrativetherapycentre.com/narrative.html

White, M. (2016). *Narrative Therapy Classics*. Adelaide, South Australia: Dulwich Center Publications.

White, M., & Epston, D. (1990). *Narrative Means to Therapeutic Ends*. New York: W. W. Norton

White, N., & Hastings, R. P. (2004). Social and Professional Support for Parents of Adolescents with Severe Intellectual Disabilities. *Journal of Applied Research in Intellectual Disabilities*, *17*(3), 181-190.

Whitney, Z., Boyda, H. N., Procyshyn, R. M., Elbe, D., Black, T., Eslami, A., & Barr, A. M. (2015). Therapeutic Drug Levels of Second Generation Antipsychotics in Youth: A Systematic Review. *Journal of Child and Adolescent Psychopharmacology*, *25*(3), 234-245.

Wilens, T. E., Adamson, J., Monuteaux, M. C., Faraone, S.V., Schillinger, M., Westerberg, D., & Biederman, J. (2008). Effect of Prior Stimulant Treatment for Attention-Deficit/Hyperactivity Disorder on Subsequent Risk for Cigarette Smoking and Alcohol and Drug Use Disorders in Adolescents. *Arch Pediatr Adolescents Med*., 162(10) 916-921.

Wilens, T. E., Biederman, J., Faraone, S. V., Martelon, M., Westerberg, D., & Spencer, T. J. (2009). Presenting ADHD Symptoms, Subtypes, and Comorbid Disorders in Clinically Referred Adults with ADHD. *The Journal of Clinical Psychiatry*, 70(11), 1557-62.

Wilson, J. (1995). *How to Work with Self Help Groups*. Aldershot: Arena.

Winslade, J., & Monk, G. (2007). *Narrative Counseling in Schools* (2nd ed). Thousand Oaks, CA: Corwin Press (Sage).

WIZO – Women's International Zionist Organization (2012). Special Survey of WIZO for Family Day Reveals All about Relationships between Grandparents, Parents, and Grandchildren. Retrieved from: http://www.wizo.org.il/page_4410 (Hebrew)

Wolraich M. L., Wibbelsman C. J., Brown T. E., Evans S. W., Gotlieb E. M., Knight J. R., Ross E. C., Shubiner H. H., Wender E. H., & Wilens T., (2005) Attention-Deficit/Hyperactivity Disorder among Adolescents: A Review of the Diagnosis, Treatment, and Clinical Implications, *Pediatrics*,115,1734

Woolfson, L., & Grant, E. (2006). Authoritative Parenting and Parental Stress in Parents of Pre-School and Older Children with Developmental Disabilities. *Child: Care, Health and Development*, *32*(2), 177-184.

World Health Organization (WHO). *WHO Expert Committee on Problems Related to Alcohol Consumption.* WHO Technical Report Series. Genève: WHO, 2007.

Yaffeh, Y. (2016). Parenting Styles, Parent Involvement, the School, and Educational Functioning and Studies of Children with Special Needs Integrated in Regular Education. *From Disconnection to Integration*, July. (Hebrew)

Yakovi, R. (1989). Theoretical Discussion of the Concept of Hope. *Conversations*, 3, 165-172. (Hebrew)

Yalom, I. (1980). *Existentialist Psychotherapy*. Jerusalem: Kinneret Zmora Beitan, Magnes. (Hebrew)

Yalom, I. (2003). *The Gift of Therapy – An Open Letter to Therapists of the New Generation of Therapists and Their Clients*. Kinneret Press. (Hebrew)

Yalom, I., & Josselson, R. (2011). Existential Psychotherapy. In R. Corsini & D. Wedding (Eds.) *Current Psychotherapies* (9th ed., pp. 310-341) Belmont, CA: Brooks/Cole, Cengage Learning.

Yalom, I., & Leszcz, M. (2006). *Group Therapy - Theory and Practice*. Jerusalem: Kinneret: Magnes, The Hebrew University. (Hebrew)

Yedidya, G., & Reiter, S. (2002). Responses of Coping of Parents and Perception of the Life of Their Adolescent Child with Learning Disability. *Issues in Special Education and Rehabilitation*, 17(1), 75-88. (Hebrew)

Yinon, Y., & Rodniki, Y. (2003). The Influence of the Rise to the Middle School on the Anxiety of the Students and Their Aggression as a Function of Social-Economic Status. *Studies in Education*, 5, 81-98. (Hebrew)

Yishai-Karin, N. (2004). Exposed in the Turret – The Parents in the Therapists' Eyes. Retrieved from the Hebrew Psychology Website: http://www.hebpsy.net/community.asp?id=37&article=341 (Hebrew)

Yishai-Karin, N. (2009). Executive Functions (EF): The Relationship with Attention Deficit Hyperactivity Disorder and Horseback Riding. Retrieved from the Hebrew Psychology Website: http://www.hebpsy.net/articles.asp?id=2114 (Hebrew)

Yishai-Karin, N., & Chen, M. (2006). Special Children: The Encounter of Hyperactive (ADHD) and Learning Disabled Children with the Education System according to the Theory of the Self. Retrieved from the Hebrew Psychology Website: https://www.hebpsy.net/articles.asp?id=955 (Hebrew)

Yishai-Karin, N., & Perry, A. (2002). Assessment of Attention Deficit Hyperactivity Disorder (ADHD). Retrieved from the Hebrew Psychology Website: https://www.hebpsy.net/articles.asp?id=7 (Hebrew)

Young, S. & Amarasinghe, J.M. (2010). Practitioner Review: Non-Pharmacological Treatments for ADHD: A Lifespan Approach. *Journal of Child Psychology and Psychiatry*, 51(2), 116–133.

Young, S., Gudjonsson, G., Ball, S., & Lam, J. (2003). Attention Deficit Hyperactive Disorder (ADHD) in Personality Disordered Offenders and the Association with Disruptive Behavioral Problems. *Journal of Forensic Psychiatry & Psychology*, 14 (3), 491-505.

Zentall, S. S. (1993). Research on the Educational Implications of Attention Deficit Hyperactivity Disorder. *Exceptional Children*, 60, 143–153.