



EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME OF THERAPEUTIC CONVERSATION OF CAREGIVERS OF ATTENTION DEFICIT HYPERACTIVITY DISORDER CHILD, AT SELECTED SPECIAL SCHOOL, PUDUCHERRY

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ABSTRACT

Attention Deficit Hyperactivity Disorder (ADHD) is a childhood disorder that affects the children and places a heavy burden on the child, the family and the other caregivers around the child. The study was aimed to assess the effectiveness of structured teaching programme of therapeutic conversation for caregivers of attention deficit hyperactivity disorder child at selected special schools. The study was conducted in the selected Special Schools among 40 care givers. A Quantitative Pre-experimental one group per-test and one group post-test design was adopted. Knowledge questionnaires was used to assess the knowledge and therapeutic conversation regarding taking care of ADHD children's, which revealed that the structured teaching programme was effective in improving the knowledge of caregivers.

INTRODUCTION

Attention Deficit Hyperactivity Disorder (ADHD) is a childhood disorder that affects the children and places a heavy burden on the child, the family, and the other care givers around the child. The disorder can appear as early as at 2 – 3 years or later at about 7 years of age, but the confirmation of diagnosis will not happen before 6-9 years of age. Attention Deficit Hyperactivity Disorder is a neurological disorder that develops during childhood and can persist into adulthood.

Although adult attention deficit hyperactivity disorder is more common than initially thought, not all children who have these symptoms will go on to have the adult version of the disorder. Childhood symptoms may

also change across the lifespan some fade (e.g., diminished hyperactivity) while others may be expressed differently (e.g., chronic disorganization may result in getting fired from jobs).

Approximately 3-7% of school aged children have the disorder. Prevalence rates seem to vary by community, with some research indicating that larger cities may have rates high as 10-15%. ADHD is produced with symptoms such as forget fullness, full impulse control, hyperactivity, distractibility. The disorder has a major behavioral disturbance that affects the child's daily activity functions (hyperactivity, impulsivity, inattention) and those symptoms mostly begin at early ages.

Although impulsivity is not included in the diagnostic label, it is also considered a behavioral characteristic of this disorder. When impulsivity is paired with hyperactivity, the person appears to act without prior thought or intention. Impulsive behaviors are often rude,

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and dangerous, sometimes resulting in accidents. For example, children may not think about landing when they jump off a ledge to catch a ball, it shows that all children tend to exhibit some of the behaviors characteristic of ADHD such as day dreaming, restlessness, or thoughtlessness, it is important to understand the difference between normal behaviors and true disorder. True ADHD symptoms are long-term and severe enough to impair someone's everyday functioning.

Moreover symptoms must occur in more than one environment. For example in children this means that the ADHD symptoms interfere with success in school and relationship with parents, siblings, or peer. Nowadays ADHD is one of the most common mental disorders that develop and becomes apparent in the preschool and early school years, global burden of disease indicates that by the year 2025, the childhood ADHD disease data was 46.9 million. This analysis also predicted that the global burden of ADHD would continue to rise between 2022 and 2036, partly due to population growth and changes in population age structure.

Need for the study

The prevalence rate of ADHD in Pondicherry was approximately 1% in total general population, whereas 3-3.5% of children may be diagnosed to suffer from ADHD. Though previously regarded as a childhood diagnosis, ADHD can continue throughout adulthood. 4.7% of adults are estimated to live with ADHD.

Objectives

The study was carried out to (a) assess pre-test level of knowledge of therapeutic conversation for caregivers of Attention Deficit Hyperactivity Disorder child; (b) evaluate the effectiveness of structured teaching programme on therapeutic conversation among caregivers of Attention Deficit Hyperactivity Disorder child; (c) assess the post test level of knowledge of therapeutic conversation for caregivers of Attention Deficit Hyperactivity Disorder child; (d) associate the level of therapeutic conversation for caregivers of Attention Deficit Hyperactivity Disorder with their selected demographic variables.

Hypothesis

- H1 - There will be a significant difference in the level of knowledge before and after Structured Teaching Programme among caregivers of attention deficit hyperactivity disorder child.
- H2 - There will be a significant association between the levels of knowledge regarding therapeutic conversation among caregivers with their selected demographic variables.

Review of Literature

Wilson et al. (2025) evaluated the effectiveness and caregiver satisfaction of *Camp Baker*, an adapted Summer Treatment Program (STP) for children with ADHD. Using a qualitative design with 30 families, data were collected through surveys containing both closed and open-ended questions. Results indicated significant caregiver satisfaction, improved child confidence, and better behavioral, attentional, and emotional outcomes. The study concluded that Camp Baker was feasible and effective when adapted to overcome implementation barriers.

Avanthika et al. (2024) investigated the effectiveness of caregiver-mediated psychosocial interventions on knowledge and coping among caregivers of children with ADHD. Using a quasi-experimental non-equivalent control group design with 30 caregivers, structured questionnaires and coping inventories were employed. Results showed significant improvements in both knowledge and coping scores in the experimental group, with high statistical significance. The authors concluded that psychosocial interventions are effective in enhancing caregivers' competence in managing ADHD.

Merrill et al. conducted a randomized clinical trial to assess interventions for homework performance in children with ADHD (N=75, ages 5–12). Participants were assigned to behavioral treatment (parent training + daily report card), psychostimulant medication, or combined interventions. Findings revealed that behavioral treatment had large positive effects on homework completion and accuracy, while medication alone or combined treatment showed limited benefits. The study concluded that behavioral interventions are more effective than pharmacological approaches in improving academic tasks.

Amble et al. (2023) examined the impact of a structured teaching program (STP) on ADHD knowledge among 30 primary school teachers in Pune, India. A pre-experimental one-group pre-test/post-test design was adopted. Results showed a significant increase in teachers' knowledge after the intervention. The study concluded that structured teaching programs are effective in improving teachers' awareness of ADHD and recommended regular training to update their knowledge.

RESEARCH METHODOLOGY

Research Design:

A quantitative research approach with an experimental one-group pre-test and post-test design was adopted for this study. **Setting of the Study:** The study was conducted at Satya Special School, Karuvadikuppam, and Jawala Home, Murungapakkam, Puducherry.

Population and Sample:

The study population included all caregivers of children with attention deficit hyperactivity disorder (ADHD) attending the selected special schools. A total of



40 caregivers were selected as the study sample using a convenient sampling technique.

Inclusion Criteria:

- Caregivers (both male and female) of children diagnosed with ADHD.
- Caregivers who were available during the period of data collection.
- Caregivers who were willing to participate in the study.

Exclusion Criteria:

- Caregivers of children with other psychiatric disorders.
- Caregivers unwilling to participate.
- Caregivers of children with severe mental illness other than ADHD.

Study Variables

- **Independent Variable:** Structured Teaching Programme (STP) on therapeutic conversation.
- **Dependent Variable:** Knowledge of caregivers regarding therapeutic conversation with ADHD children.

Data Collection Procedure:

The data collection was carried out over one week. Each day, 5–7 participants were enrolled, with 20–30 minutes taken per caregiver. Prior to data collection, the purpose of the study was explained, confidentiality was assured, and consent was obtained. The caregivers were made comfortable before administering the tools.

Data Collection Tools

1. **Demographic Data Sheet** – collected information on age, gender, education, occupation, family type, income, and residence.
2. **ADHD Assessment Tool** – a structured tool with a maximum score of 60 to identify the child's ADHD status.
3. **Therapeutic Conversation and Knowledge Assessment Tool** – consisted of 10 items to assess caregivers' knowledge regarding therapeutic conversation with ADHD children.

Data Analysis:

Data were analyzed using descriptive and inferential statistics. Frequency, percentage, mean, and standard deviation were used to describe demographic characteristics and knowledge scores. The chi-square test was used to determine the association between caregivers' knowledge and selected demographic variables.

RESULTS

The demographic distribution revealed that 25% of participants were aged <25 years, 55% were 25–30 years, and 20% were >30 years. The majority were female (70%), while males accounted for 30%. Regarding religion, 40% were Hindu, 27.5% Muslim, and 32.5% Christian. In terms of education, 32.5% were illiterate, 52.5% had basic literacy, and 15% were degree holders. Occupational status showed 45% unemployed, 25% self-employed, and 30% privately employed. Family income indicated that 20% earned Rs. 3000–8000, 57.5% earned Rs. 8000–10,000, and 22.5% earned above Rs. 10,000.

With respect to family structure, 32.5% had one sibling, 40% had two, and 27.5% had more than two. Nuclear families accounted for 45%, while 55% belonged to joint families. Among caregivers, 40% were fathers, 57.5% mothers, and 2.5% guardians. Urban residents comprised 65% of the sample, and 35% were from rural areas. Dietary habits showed 17.5% vegetarian and 82.5% non-vegetarian. Sleep duration varied, with 5% sleeping 3–4 hours, 40% sleeping 4–6 hours, and 55% sleeping 6–8 hours. A history of birth defects was reported by 15% of participants, while 85% reported none.

Table 2 reveals that the table shows pre test and post test value of SD was 1.09 and mean was 8.20 and post test SD value was 3.62 and its mean was 16.84. It shows that knowledge, therapeutic conversation was increased after administration of structured teaching program.

Table 3 represents the level of assessment of ADHD pre test as 22.5% of people comes under average score, 52.5% of people comes under above average, 25% come under problematic and level of therapeutic conversation knowledge score of 85% comes under inadequate, 15% come under adequate.

Table 4 represents the level of knowledge for therapeutic conversation of ADHD in case of pre-test 85% comes under inadequate, represents that due to poor knowledge regarding therapeutic conversation and unawareness of child condition poor knowledge regarding the maximum of caregivers comes under the inadequate level of knowledge, 15% comes under adequate. In case of post test 17.5% comes under inadequate, 82.5% come under adequate.

Table 5 reveals that, the association between the selected demographic variables with post test levels of therapeutic conversation and knowledge among caregivers of attention deficit hyperactivity disorder child. It was statistically found that $p < 0.05$ are significant and $p < 0.001$ are highly significant.



Table 1: Description of demographic and clinical variables of caregivers (N=40)

S. No	DEMOGRAPHIC VARIABLES	FREQUENCY	PERCENTAGE
1.	Age		
	a) < 25 years	10	25
	b) 25 to 30 years	22	55
	c) > 30 years	8	20
2.	Gender of the parents		
	a) Male	12	30
	b) Female	28	70
3.	Religion		
	a) Hindu	16	40
	b) Muslim	11	27.5
	c) Christian	13	32.5
4.	Educational Status		
	a) Illiteracy	13	32.5
	b) Literacy	21	52.5
	c) Degree	6	15
5.	Occupational Status		
	a) Unemployment	18	45
	b) Self-employment	10	25
	c) Private employment	12	30
6.	Family income		
	a) 3000-8000	8	20
	b) 8000-10,000	23	57.5
	c) Above 10,000	9	22.5
7.	Number of siblings		
	a) One	13	32.5
	b) Two	16	40
	c) > two	11	27.5
8.	Type of family		
	a) Nuclear family	18	45
	b) Joint family	22	55
9.	Relationship of child		
	a) Father	16	40
	b) Mother	23	57.5
	c) Guardian	1	2.5
10.	Residence		
	a) Urban	26	65
	b) Rural	14	35
11.	Dietary pattern		
	a) Vegetarian	7	17.5
	b) Non- vegetarian	33	82.5
12.	Duration of sleep		
	a) 3 to 4 hours	2	5
	b) 4 to 6 hours	16	40
	c) 6 to 8 hours	22	55
13.	Previous child birth defects		
	a) Yes	6	15
	b) No	34	85



Table 2: Mean and Standard Deviation in pre-test and post test of Structured Teaching Programme of therapeutic conversation for caregivers of ADHD child.

	MEAN	SD	't' test
Pre – test	8.20	1.09	2.86
Post - test	16.84	3.62	

Table 3: Frequency and percentage wise distribution of Structured Teaching Programme of therapeutic conversation for caregivers of ADHD child

Criteria of ADHD	PRE-TEST		POST-TEST	
	N	%	N	%
Average	9	22.5	-	-
Above Average	21	52.5	-	-
Problematic	10	25	-	-

Table 4: Frequency and percentage wise distribution of Structured Teaching Programme of therapeutic conversation for caregivers of ADHD child.

Level of knowledge for therapeutic conversation	PRE-TEST		POST-TEST	
	N	%	N	%
Inadequate	34	85	7	17.5
Adequate	6	15	33	82.5

Table 5: Reveals that, the association between the selected demographic variables with posttest levels of therapeutic conversation and knowledge among caregivers of attention deficit hyperactivity disorder child. It was statistically found that $p < 0.05$ are significant and $p < 0.001$ are highly significant.

S.NO	DEMOGRAPHIC VARIABLES	INADEQUATE		ADEQUATE		X ²
		f	%	f	%	
1.	Age					10.13**
	d) < 25 years	1	2.5	9	22.5	
	e) 25 to 30 years	4	10	18	45	
2.	f) > 30 years	2	5	6	15	30.02**
	Religion					
	d) Hindu	3	7.5	13	32.5	
3.	e) Muslim	1	2.5	10	25	11.82*
	f) Christian	3	7.5	20	50	
	Residence					
	c) Urban	5	12.5	21	52.5	
	d) Rural	2	5	12	30	

*- $p < 0.05$, significant and **- $p < 0.001$, highly significant

DISCUSSION

The first objective was to assess the pre-test level of knowledge among caregivers of children with ADHD. Findings showed that 22.5% had average knowledge, 52.5% above average, and 25% problematic, indicating lack of awareness about the condition and possible negative parenting practices. Similar results were reported by Anil Shetty et al., who found that while most teachers were aware of ADHD, only 29% demonstrated good understanding, highlighting the need for training and awareness programs.

The second objective was to evaluate the effectiveness of a structured teaching programme (STP). Pre-test results showed 85% inadequate knowledge, while

post-test scores reflected significant improvement. Caregivers gained awareness of therapeutic conversation techniques and were able to clarify doubts. These results align with the findings of Liza Thankam Daniel et al., who demonstrated that a self-instructional module significantly improved teachers' knowledge of early childhood psychiatric disorders.

The third objective was to assess post-test levels of therapeutic conversation among caregivers. Results revealed that 82.5% achieved adequate knowledge after STP, confirming its effectiveness in improving caregiving practices and reducing behavioral problems in children. This is consistent with Laurel K. Leslie's study, which emphasized the importance of caregiver and clinician



involvement in managing ADHD to ensure children achieve positive developmental outcomes.

The fourth objective examined the association between therapeutic conversation and demographic variables. Significant associations were found with age, religion, and residence ($p < 0.005$). Contributing factors included low family income, urban residence, and inadequate parenting, which increased children's psychological problems. STP was effective in enhancing knowledge and reducing risks. JyothsnaAkamVenkata et al. similarly identified socioeconomic status and comorbid conditions as key influences on ADHD prevalence, underlining the importance of early identification and caregiver education.

Overall, the findings demonstrate that structured teaching programmes are effective in improving caregiver knowledge, enhancing therapeutic interactions, and ultimately reducing the burden of ADHD-related challenges.

CONCLUSION

The study conducted among the 40 caregivers of attention deficit hyperactivity disorder child shows that the intervention helps in improving the individual knowledge is in good range and find to be one of the helpful interventions in reducing the burden and prevalence of attention deficit hyperactivity disorder.

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