FOCUS FEEDBACK:
YOUTH & ADHD
To the Editor:
I have just read the entire special issue of the Journal of Psychosocial Nursing and Mental Health Services (“Focus on Youth with ADHD,” August 2008, Vol. 46, No. 8). What a great selection of studies! Oh, if only communities could provide teamwork for our kids. What a beautiful ideal, but, sadly, it’s so hard to effect. At my clinical school, we have advisors for each of the five age groups (1st through 8th grade) who do not teach but know everything about the children and their contacts and try to coordinate all other professionals and parents, in addition to working with the teachers of their groups. It’s a great place to work. We also have two nurses on staff who monitor the children closely. These advisors know the children and their parents very well.

Another area of concern is adolescents who turn to self-medication. Decades ago, probation officers in some communities became aware of undiagnosed attention-deficit/hyperactivity disorder (ADHD) and its possible effects on behavior, so they had the teens evaluated and properly managed—some with medication, talk therapy, or both. These approaches were successful. As you know, many children and adolescents whose ADHD is not recognized or who are not well managed are at risk for self-medication. Indeed, evidence suggests (Barkley, 2003) that stimulant medication continued into adolescence actually has a protective effect against illicit drug or alcohol use.

Regarding the mention of a study from Finland (Smalley et al., 2007): As I remembered from reading years ago, this socialist state provides good care for their children, including preschool preparation for academics and individualized evaluations. Problems are identified and therapies prescribed to “level off” differences. In addition, parents are regularly counseled. Thus, children are not faced with unreasonable expectations. Reading instruction is not instituted until approximately age 7, when most children are intellectually mature enough to avoid unnecessary frustration.

A local newspaper recently reported on a first-grade classroom in Finland (Oppenheimer, 2008). Small classes and a 1-to-1 student-teacher ratio help, as well as decent teacher pay and respect. Sounds good. High taxes are probably likely, but, as I heard on National Public Radio from someone in either Sweden or Finland, they are happy to pay and live modestly in a safe environment with good health care and education.

Keep up the fine work!

REFERENCES

Joan F. Kasner, EdS
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EXPLAINING THE NURSE’S ROLE IN ADHD TREATMENT
To the Editor:
The article by McGuinness, “Helping Parents Decide on ADHD Treatment for Their Children” (August 2008, Vol. 46, No. 8, pp. 23-27), discussed the role of nursing interventions on assessing parental knowledge about treatment, listening supportively to parents, and promoting partnerships among parents, teachers, and providers. As an associate professor of child and adolescent psychiatry at the Research Center for Psychiatry and Behavioral Sciences at Shiraz University of Medical Sciences in Iran, I agree with the author that the best treatment plan should include help, guidance, and understanding from parents and teachers. The author reported that approximately 60% of children with attention-deficit/hyperactivity disorder (ADHD) in the United States are treated with medication, while this rate in Finland is approximately 1%. Psychosocial intervention increases the self-motivation and working memory of children with ADHD; its target is not improving children’s skills or providing information. Parents and teachers have a critical role for the success of this psychosocial intervention. The author then explains the role of nurses in the management of children with ADHD.

With consideration of my experience, and according to some of
published research findings in my country, Iran, I think the role of the nurse should be much more important than what was mentioned in the article. First, parents’ knowledge of ADHD is relatively low. For example, many parents deny that ADHD is a disorder with a biological causation. Many of them blame themselves because they believe the children’s behavior and problems are due to parental spoiling. Approximately 40% of parents of children with ADHD believe the disorder is a sign of curiosity and bright intelligence (Ghanizadeh, 2007). So, nurses can educate the parents and help dispel some of the myths about ADHD, which will probably help increase the efficacy of and adherence to the psychosocial interventions.

Second, teachers’ knowledge of ADHD is also very low (Ghanizadeh, Bahredar, & Mohammadi, 2006). Teachers usually blame parents because they too believe ADHD is the result of parental spoiling. Many of them even have a weak tolerance for these children. Therefore, nurses should try to increase teachers’ knowledge of ADHD as well.

Third, most parents of children with ADHD have the same psychiatric disorder (Ghanizadeh, Bahredar, & Moeini, 2006), and their family relationship and interaction is disorganized and chaotic (Ghanizadeh & Shams, 2007). Thus, another possible role for nurses may be to facilitate family interactions and help parents in detecting possible disorders and directing them toward treatment.

The above points show that nurses are facing a difficult and important situation that requires enough of both knowledge and experience.

REFERENCES


Response:
Dr. Ghanizadeh is correct in stating that the role of the nurse is essential in helping families of children with ADHD; the nurse’s role requires knowledge, patience, and tact. The nurse’s ability to educate families regarding psychosocial interventions is crucial. The article by Evans, Schultz, and Sadler (2008) in the same “Focus on Youth with ADHD” issue gave a more detailed overview of psychosocial interventions used by families and teachers to treat children with ADHD. Dr. Ghanizadeh also asserts that there is a higher rate of parental psychopathology in families of children with ADHD. As Evans et al. (2008) stated, “Some kind of adjunctive treatment for a parent may be necessary prior to or in conjunction with parent training if training is to be effective with parents who have psychopathology” (p. 52). Therefore, the nurse should be responsive to all family members and refer to treatment when necessary.

REFERENCE

Teena M. McGuinness, PhD, PMH-NP, BC
Birmingham, Alabama

TWO PAWS UP FOR PET THERAPY
To the Editor:
I am currently involved as a pet therapy handler with my dog Cody at Halifax Health in Daytona Beach, Florida. I enjoyed the article by Rossetti, DeFabiis, and Belpedio (“Behavioral Health Staff’s Perceptions of Pet-Assisted Therapy: An Exploration Study,” September 2008, Vol. 46, No. 9, pp. 28-33), as I have been working as a pet therapy handler now for 3 years. The research is very much appreciated. I see the response to Cody every day, by staff and patients alike. In some ways I believe Cody has more of an impact on the staff; patients come and go, but the staff remains in the hospital. I am always amazed at the sheer degree of professionalism and compassion required. I have seen inspiring things from staff and patients of many facilities while working with Cody, and I wish there was more time to work on a one-on-one basis. So often I see a patient starting to respond, but I don’t have enough time to follow up. I would

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Letters to the Editor

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like to extend my thanks to Hali-
fax Health, the auxiliary, and the
psych department for allowing me
the freedom to walk the halls and
use Cody’s great ability.

Michael Norton
Astor, Florida

MOVED BY
MUSIC RESEARCH
To the Editor:

The article “Music Listening: Its
Effects in Creating a Healing
Environment” by McCaffrey
(October 2008, Vol. 46, No. 10,
pp. 39-44) was very captivating
to me. I found it fascinating at
both a personal and professional
level, because I believe music is
a powerful motivator. Also, I am
just months away from starting a
graduate program in occupational
therapy, and I am interested in fo-
cusing my career around geriatrics.

With evidence-based practice
on the rise, music listening is
very significant to nurses, as well
as other health care profession-
als. It is important for nurses to
be abreast on current treatments
and to research the best treat-
ment methods for all kinds of
clients. Providing the best kind
of treatment for clients could in-
volve deciding to use music, as it
does focus on the client and his or
her specific needs. Because music
listening is inexpensive, it would
be easy for every kind of nursing
home or rehabilitation center to
include it in their daily activities,
no matter the budget.

Listening to music could defi-
nitely have a noteworthy effect in
the future of health care, especial-
ly within the next few years. The
fact that 70 million Baby Boom-
ers will be seeking some kind of
medical care, at least once in their
older adult lives (Johnson, 2008),
means that more professionals and
more kinds of treatment methods
will have to be put into practice.
Treatment methods need to be
continuously expanded and al-
tered to keep up with the chang-
ing times, and music listening is
just one more effective treatment
that can do so. It can be used as
a motivator and healing mechani-
ism at the same time.

This article could be further
researched as well, to expand on
the brief statements given about
what kinds of music worked best
for different situations. There
are different kinds of brainwave
activities and tones (e.g., beta,
alpha, theta) that can help a cli-
ent heal faster depending on their
soothing or stimulating qualities.
With this in mind, more infor-
mation discussing what kinds of
music work best for the different
client situations would be help-
ful. Is there research available
to show that music listening can
be used in younger populations,
such as children? The hospital
can be a very scary place for chil-
dren, and music might just be the
key to helping them stay focused
and comfortable.

McCaffrey’s article is well re-
searched and discusses the practi-
(Continued on page 50)

Response:

Thank you for your kind re-
sponse to my article. I agree
that there is much more to learn
about how music can help people
stay healthy and improve their
health when ill, especially since
it is so inexpensive, safe, and
easy to implement. I also agree
that more research is needed
on what kinds of music are best
suited to different people and
different health situations.

There is some research that
shows that musical preference
plays a role in the effectiveness
of music as therapy. Music pref-
(Continued on page 50)