

# Teens perceptions about attention deficit hyperactivity disorder and medication

[Health & Medicine](#), [Nursing](#)



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Teens' perceptions about attention Deficit/ Hyperactivity Disorder and Medication Introduction The study of the perceptions about attention deficit/ hyperactivity disorder and medication is organized along the four effector modes of the Roy Adaptation Model (RAM). The four effector modes in RAM are the self-concept/ group identity, interdependence, role function and physiologic/ physical. The physiologic concept comprises of five needs: nutrition, oxygenation, activity, elimination and rest; protection: four complex process-senses; electrolyte, fluid and acid-base balance; neurological function; endocrine function. The role function, on the other hand, constitutes the psychic and spiritual integrity which enables one to exist with a sense of meaning, purpose and unity in the universe. The concept of interdependence entails the need to achieve rational integrity through the process of affectional adequacy. This can be achieved through giving and receiving of love, respect and value through effective relations and communication with other people. The last, but not the least, is the self-concept/ group identity which is a composite of beliefs and feelings. One holds onto the beliefs and feelings about oneself at a given time, as formed from internal perceptions and perceptions of other people's reactions. This is what directs a person's behavior. RAM and the Attention Deficit/ Hyperactivity Disorder Roy (1993) asserts that there is need for adaptation within physiology, role function, interdependence and perceptions of self in order to tackle the excessive demands or the environmental conditions that

lead to emotional upsets and tensions in teenagers suffering from attention deficit/ hyperactivity disorder. RAM's holistic approach integrates the internal and external processes that occur within and without the person can either move towards adaptation or failure with the environment in which the person is situated. The assumptions in RAM state that humans operate either as individuals or groups that can share creative power, possess holism, behave purposefully and strive to create relationships and maintain integrity. Consequently, patients with attention deficit/ hyperactivity disorder can form relationships with their nurses and this will promote effective adaptation through the application of the appropriate nursing interventions (Hanna & Roy, 2001). Adolescents suffering from attention deficit/ hyperactivity disorder may experience stimuli or an input, but at a compromised adaptation level. Consequently, the regulator neural function and cognator/ emotive coping mechanisms are hopelessly ineffective in adapting to the physiological, interdependence, role function and the self-concept/ group identity effectors behavior modes. This causes an ineffective response resulting into the attention deficit/ hyperactivity disorder. RAM's interdependence mode is crucial to the management of attention deficit/ hyperactivity. When parents notice that their children are having difficulties, they become anxious, confused and concerned. Roy's model provides the necessary guidance at the interdependence model stresses the need for affectional adequacy. Affectional adequacy can be achieved through giving and receiving love, respect and value through relations and communication with other people. Nurses can, therefore, apply RAM to encourage parents with such children to understand their special needs. Another application of

RAM in attention deficit/ hyperactivity disorder is found in the study Quinn and Wigal (2004). They found that attention deficit/ hyperactivity disorder affects children's self-esteem. It did not matter whether the children were boys or girls. Adolescents often felt worse after being diagnosed with attention deficit/ hyperactivity disorder. This implies that the development of self in adolescents is interrupted by the neurobiology of attention deficit/ hyperactivity disorder. The situation is aggravated by the resultant stigma attached to the disorder in the society. The self-concept/ group identity is a sum total of the beliefs and feelings that one holds about oneself at a given time, formed from internal perceptions and perceptions of others' reactions. This implies that patients of attention deficit/ hyperactivity disorder will derive their character from the attitudes of others towards them. RAM, therefore, is useful in the management of the disorder as it enables parents, siblings, teachers and any other person in contact with the patients to act accordingly in order to assist them. Nevertheless, the application of RAM to attention deficit/ hyperactivity disorder has some limitations. First, the concepts in RAM integrate into each other, making it difficult for people outside the nursing profession to understand. This may pose challenges to parents, siblings and neighbors of teenagers with attention deficit/ hyperactivity disorder to internalize good practices and interventions in addressing the challenge posed by the disorder. Secondly, the Ray Adaptation Model may not be practicable in emergencies and acute situations. In cases where patients engage in anti-social behavior, such as use of drugs, it becomes difficult to institute interventions based on RAM because there is little time for integrating the concepts. In addition, nurses

may be overwhelmed by the workload that results when there are emergencies, and, therefore, may never find the time to interact with the parents of the teenagers with attention deficit/ hyperactivity disorder.

Conclusion In conclusion, the integration of RAM into the analysis of attention deficit/ hyperactivity disorder can bring about positive outcomes in the management of the disorder among teenagers. Though RAM has a few shortcomings, the concepts brought forward by Roy have greatly enhanced nursing practice. These concepts are the self-concept/ group identity, the physiologic/ physical, role function and the concept of interdependence. RAM is, therefore, effective in the analysis and management of attention deficit/ hyperactivity disorder among teenagers. References Hanna, D. R., and Roy, C. (2001). Roy adaptation model perspectives on family. *Nursing Science Quarterly*, 14(1), 9-13. Quinn, P., and Wigal, S., (2004). Perceptions of girls and ADHD: results from a National Survey, *Medscape general medicine*, 6(2), 1-14. Roy, C., (1993). *An adaptation model*. Englewood Cliffs: Prentice-Hall.