

Narrative Competence, Empowerment, Mutual Support and Sustainable Learning Environment Embedded in ADHD Shared Action Model - Exploring a ADHD Family Support Group Oral History

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Abstract

Attention Deficit and Hyperactivity Disorder (ADHD) is a disease that cannot be overcome only by clinical diagnosis and treatment. It is a complex problem that affects both society and medicine. This article first analyzes the societal causes and disease status of ADHD. Then, introduces the Shared Action Model proposed by Prof. Vincent Chen of the Department of Psychiatry at Chiayi Chang Gung Memorial is introduced. The model is based on the interaction between the medical professionals and the families, It provides comprehensive care for ADHD children and helps them resolve difficulties It provides in their care. Through the oral history interview method, we find that each party empathizes with The others through listening, from the doctors to the caregivers and eventually to the patients themselves. As the trust-based, empowerment-oriented partnership to emerges, it gives a new meaning to the condition and encourages ADHD patients to develop their strengths. In the process of joint, the medical professionals and caregivers develop solutions, accumulate knowledge, create a sustainable learning environment with mutual respect, improve quality of life, work together to create a new life and cultural values, and establish a new medical paradigm.

Introduction

Attention deficit hyperactivity disorder (ADHD) is the most common neurodevelopmental in childhood, with, medical and social the lives of those affected. According to findings from previous neuroimaging research, ADHD is associated with functional and maturational abnormalities. Adolescents with ADHD show an average delay of 2–3 years in reaching thickness of the cerebrum compared with nonaffected

individuals. Laboratory studies have found deficits in a number of cognitive domains of executive function, such as working memory, set-shifting, behavioral inhibition, planning, and organization, leading to significant academic, social, and emotional problems in daily life and long-term stress for parents (Posner et al., 2013). ADHD is embedded in a complex sociocultural context (Speerforck et al., 2019) and places a significant burden on individuals and their families (Gallo & Posner, 2016). Research suggests

that caregivers of ADHD, especially mothers, are particularly stressed (Lee, Niew, Yang, Chen, & Lin, 2012). In conjunction with chaotic media information, cases of ADHD abuse and violence often take centre stage in the news. ADHD diagnosis has been researched for many years, and the improvement rate in treatment is 80%, better than most other medical and surgical conditions. However, there are still many controversies in the treatment of ADHD. These include the social stigma associated with medication, media reports of overdiagnosis, and concerns about ADHD medications that make it much harder than thought for ADHD patients to seek professional help. (Chen & Tsai, 2014). From the interviews the research team conducted with ADHD caregivers, it appears that most parents, lacking relevant medical knowledge, attributed their children's disorderly behavior to their carelessness, indiscipline, or maliciousness. Teachers scolded the helpless children, who were bullied by classmates and severely reprimanded by parents. Once the child is labeled, it is hard to get rid of, "it is very cruel to the children, and inevitably the school and other parents would discriminate against you." (Interview transcript of an ADHD family caregiver.) As a result, children with ADHD are forced to transfer to another school to have a common experience. Finding the right clinicians to provide appropriate treatment, even when seeking treatment, is often a challenge. In addition, there are various and expensive alternative self-funded therapies on the market. Fear of alleged side effects of medications makes it difficult to find appropriate treatment. (Hsieh et al., 2016).

Even when ADHD children are willing to take medication, parents sometimes have a hard time accepting it because their children do not respond to the medication or because improvement does not occur overnight. Relatives, friends, and teachers in the area raise their eyebrows and "everyone blames you and asks why give the child so much medication?" People pour cold water when a child has a seizure and ask, "Why did not the child get better after being treated for so long? Why has not it improved after being on so much medication?" (Interview transcript of an ADHD family caregiver). As a result, it is often too late for those who seek

professional clinics to seek medical advice. Given the comorbidities that result from delayed treatment, more than 70% of ADHD youth have other comorbid symptoms, including 50% with learning disabilities, 40% with depression, 20% with depressive symptoms and self-injury, and 30-50% with substance abuse (including substance abuse, smoking, alcoholism) and other behavioral disorders. In addition, articles have been published in several prestigious journals in recent years about accidental injuries caused by ADHD being 2-4 times higher than the average person. In addition, the patient's entire family suffers from long-term symptoms and complaints. Comorbidities, frustration, and fragmentation that have not been effectively treated are problems that have a significant impact on individuals, families, and society (Liao et al., 2018; Liang et al., 2018; Liao et al., 2017). Dr. Vincent Chen, a psychiatrist, returned to Taiwan from London more than ten years ago with a doctorate. In his clinical observations, he found that while ADHD has made significant progress in empirical research, some of the findings have not yet been disseminated to the public or other academic circles, not in the field. By the time people come to clinics for treatment, it is often too late. They must contend with other comorbidities such as depression, drug and alcohol addiction, and antisocial behavior. The whole family also suffers long-term frustration because the disorder was not treated in time.

Thanks to the accumulated clinical experience and a series of studies on ADHD parent-child problems conducted by Dr. Chen's team, they are fully aware of the importance of ADHD treatment and the most difficult part of ADHD treatment. On the one hand, ADHD care and treatment usually require long-term efforts on the part of caregivers, and on the other hand, children with ADHD symptoms may have negative effects at home or at school. Would it be too much to ask that people who are under pressure bear the burden of long-term care over the long term? Therefore, the question for professional ADHD therapists is how can they help with this problem? (Lee et al., 2012) Due to cases of child abuse with ADHD in the media, biased news stories about children with ADHD have subsequently been published. The mistreatment of children with ADHD permeates schools and society. In this social

atmosphere, Dr. Vincent Chen used a hospital as a base in 2008 and collaborated with a social worker. They brought together family members of patients and established an ADHD family support group called "Family of Active Hearts" (心動家族, which means inattentive and restless minds in Chinese) to support ADHD children and their families. The family support group held regular public lectures to provide health and educational information, organized regular meetings with families, offered educational classes on campus, set up a website, etc.

As more families joined, they wanted to provide more comprehensive support. With the help of several family members, a national nonprofit organization, the Taiwan ADHD Family Support Association (TAFSA), was established in Taichung in 2015. The association offers regular classes for parents and children. In addition, parents organize volunteer groups and outdoor activities (Chen, 2018). To solve the key difficulties in caring for ADHD children, Dr. Vincent Chen involved doctors, psychologists, social workers, occupational therapists, nurses, special education teachers, professors, and thousands of ADHD families in the association. He introduced a long-term model of care called the Shared Action Model, in which medical professionals and family caregivers are two main players, working closely together to build a mutual support system that enables sustainable growth. In addition, a group LINE was established to help ADHD caregivers and elementary school teachers acquire knowledge, receive professional development, and receive emotional support (Chen & Tsai, 2014). The Shared Action Model includes six characteristics: Scope, Professionalism, Support, Continuity, Long-term, and Commitment. It is intended to promote collaboration between ADHD therapists and caregivers to develop a long-term model of learning and mutual support. The achievements (such as highlights of works produced by ADHD children) are expected to attract the whole society and build a support network that extends from medical fields to homes, schools, and communities (Taiwan News, 2018).

Literature Review

In the past 20 years, there have been significant advances in research on the pathogenesis, comorbidity, and treatment of ADHD. Various national and

international clinical guidelines for ADHD have been published, and all guidelines recommend a multimodal treatment approach (Drechsler et al., 2020). Moreover, several studies highlight that when families, teachers, and health care professionals work in partnership, it will significantly improve patients' symptoms (Hodges, Joosten, Bourke-Taylor, & Cordier, 2020). The physicians usually play a leading role in coordination. Previous research has shown that using listening skills to reach empathetic understandings can be initiated by physicians, extended to families, and finally adopted by children with ADHD. Accompanying the establishment of an ADHD patient group has contributed to establishing trust in the therapeutic relationship (Coletti et al., 2012; Chen & Tsai, 2014). Rita Charon, a professor at Columbia University School of Medicine, advocated narrative medicine in the 1990s. She proposed the cultivation of narrative ability. This ability enhances physicians to recognize, understand, interpret, and empathize with patients' illness stories through listening, encourages doctors to provide care close to patients' needs, and improves the effectiveness of treatment (Charon, 2001). Based on this, the practice and development of narrative medicine have produced fruitful research results in empirical research and theoretical construction. Narrative competence highlights that were listening through narratives is an essential skill (Roher, Gibson, Gibson, & Gupta, 2017) and proposes that reflection is also a vital part of narrative medicine (Roher, Gibson, Gibson, & Gupta 2017). Although using the Narrative approach in the clinical field has been an implication for the past 20 years, there has been little research on ADHD. Therefore, the author has participated in interviews with the caregivers and patients. Built upon the previously published results (Chen, Chen, Lu, Hsieh, & Tsai, 2020; Chen & Tsai, 2014), the research explores how physicians empower caregivers, patients, and society through narrative competence in a shared action model. It also discusses how rarely the topic of sustainable and robust development of patient groups is studied in past research.

Objectives

Given the above-mentioned reasons, this article aims to explore (1) how the medical professionals empower caregivers and their patients using a narrative approach and help them identify self-strength and life values; (2) how to develop patient-centered collaborative partnerships and mutual support networks. Furthermore, (3) the critical mechanism that can provide comprehensive and sustainable care for patients with ADHD.

Methods

Under the facilitation of Dr. Vincent Chen and the hospital social worker, the research team conducted oral interviews with members of the ADHD family support group from 2013 to 2019. This article analyzes the interview transcripts to explore the emergence, characteristics, and keys to the success of the shared action model. The interviewees include 12 caregivers, 2 secondary school patients, 1 volunteer educator, and 1 elementary school teacher, 16 people, including five men and 11 women. The 12 caregivers (4 fathers, 1 grandmother, and 7 mothers) ranged in age from 40 to 60. The content of the interview included: (1) the life history of the interviewee; (2) the history of illness (including medical experience and feeling ill) from the perspective of the patient or caregiver; (3) the caregiving experience of the caregiver; (4) the experience of knowing medical professionals and participating in support groups; and (5) the expectation for the future (Chen et al., 2020).

Results

Medical professional empowerment and reflection embedded in narrative medicine

In addition to providing professional treatment for ADHD children based on a child's condition, such as diagnostic evaluation, drug prescribing and monitoring, interview, and other cognitive-behavioral therapies, Dr. Vincent Chen and his team also organized several educational programs on cognitive-behavioral therapy for parents. The caregivers could apply these

skills at home and create different solutions to help their children with ADHD overcome difficulties in life. When they returned to the clinic, they shared the outcomes and discussed them with Dr. Vincent and other medical professionals; the team would give feedback and suggestions. By doing so, the professional empowerment support system is formed. The therapist (medical professionals) and caregiver work together to find a suitable strategy for ADHD children and the entire family to have a better quality of life and make adjustments according to the children condition whenever necessary. Medical professionals become an essential pillar for providing parents with knowledge and emotional support. Based on our team's previous study on interviews with patients and family caregivers, we learned that Dr. Chen's team used meticulous assessment tools to diagnose carefully. In the clinic, through listening and empathetic attitudes, parents and patients could speak freely to them. This practice relieves their doubts and helps identify whether a problem requires training in behavior management or communication skills or needs adjustment of drug dosage (Chen, 2018; Chen et al., 2020).

The doctors guided the caregivers to bestow ADHD a new meaning. ADHD is no longer seen as a disease or defect but a trait to be recognized and accepted. By understanding the cause of ADHD and recognizing its symptoms, caregivers are reminded not to be affected by the child's behavior on the surface. Only when they genuinely face up to the child's personality traits and accept them gradually from the bottom of their heart can they forgive and reconcile with themselves (Chen, 2018). Additionally, the physician helps parents develop coping strategies based on various situations of their families and children. Dr. Vincent Chen and the medical team listen to the difficulties the caregiver encounters in daily life, then assist parents in formulating pragmatic coping strategies based on different situations of their families and children. They stand by their caregivers, undergo repeated corrections with them and helping them accumulate successful experiences and build their confidence. During the cooperation process, trust between the medical profession and the caregiver is thus established. "They taught me not to clash with the child when they

are getting angry. They advised me to find a place as far as possible for both of us to calm down first and then talk about it after a while. If I did not go to training courses and psychological counseling like this, I would not have done this. Things would have turned out to get a little physical between us, like fighting fire with fire and leading to nothing but hurt for both sides," shared one caregiver (Interview transcript of ADHD family caregiver). A patient studying in junior high school shared that he often loses control of his emotions due to external stimuli and has severe physical conflicts with classmates, teachers, and even his father. In addition to receiving medications, with continuous practice and his physician and his father's patience and company, he gradually realized "anger is to punish me with other people's wrongdoings. It will only make me less trustworthy, and then I will suffer a great loss. I think when I meet with setbacks and feel frustrated, I must think in another way." Appreciating what I already have and "not thinking about unrealistic things but real stuff" makes me feel better and not angry anymore. Dr. Chen also instructed him, "leave, transfer, and ask for help." Namely, "leave the person, thing or place that makes you angry. Then, change the subject or mood. When your anger disappears, go to someone for help." When you find yourself in a furious situation at school, "take a deep breath and go to a safe place." When you feel that you are about to explode, hide in an empty classroom, wait for the emotion bomb to explode, and then come out after you are calmer and no longer affected by emotions. The patient has spent four to five years "keeping trying and trying hard to figure out a way" to gradually improve his mentality and finally internalize it into his strength. (Interview transcript of patient with ADHD', 2019)

The most valuable thing is that doctors always reflect on whether they unintentionally lose empathy with the caregivers when discussing how to educate children with ADHD in professional empowerment. Sometimes there is too much guidance and expectation for caregivers, making them feel as if they are being blamed, causing too much pressure. When the caregiver's hard work is not seen, it also seals the potential and positive traits of ADHD children. Only when physicians can relate to the

hardships and frustrations these caregivers experience can they truly establish a trusting therapeutic relationship with caregivers and patients and witness and assist caregivers in developing self-healing power (Chen, 2020).

The caregivers empowered the ADHD children

The doctor's diagnosis and medical prescription are only the first steps. Thanks to the empowerment of the medical team, parents let go of their unrealistic expectations for their children. "I no longer asked them to perform well in their schoolwork and began to learn how to respect the children and try to help them live their life along with their personality traits." (Interview transcript of ADHD family caregiver) The caregivers are no longer bothered with many shortcomings their children have in daily life, such as forgetting to flush the toilet after using. A father shared that he decided to directly attach a note that says "please flush" on the wall next to the toilet instead of telling off his child. He tried his best to find pragmatic ways to resolve the issues with his son and helped him rebuild confidence in daily life. The father realized that his child's mind was calmer when he felt confident and could remember those unfinished businesses. When a child undergoes negative emotions because of lacking confidence, his brain often stops working. He prepared a notebook for his son and suggested that he reflect on what he has done during the day. The father has learned to listen patiently when his child has an interpersonal conflict with others or struggles with things. He would get down to understanding what is going on and teach his son how to deal with anger and respond properly. When his son had setbacks, he comforted him and told him not to be discouraged. When his son was angry, he practiced "try it out" and "how to find help from others" with his child together, walking him through to find a way that suits him (Chen et al., 2020).

Remove the limit and live a new meaning in life

Over the past decade, Dr. Chen's team has focused on removing ADHD's limitations on children and families. We have discovered their uniqueness and seen changes in these children and families under comprehensive, professional, supportive, continuous, and participatory care. The positive transformation

of children with ADHD with professional assistance is more significant than expected. Those who could not write essays have won several literary prizes after treatment and under encouragement. Those who clashed with their parents every day have participated in national competitions or drama clubs at schools.

ADHD children are often punished by their parents or teachers due to the negative influence caused by the symptoms of the disease. As a result, caregivers and teachers tend to focus on their misbehavior unconsciously. When medical professionals try to remove obstacles resulting from symptoms of ADHD, the uniqueness (highlights) that children possess inherently will gradually emerge. Dr. Chen encouraged the caregivers to "develop their ability to discover children's strengths (uniqueness) and always give them positive feedback": let the child know that ADHD is only a part of them, not all of them. There are still good sides of them that are not affected by ADHD and are understood by the world, and the world likes this part of them and even sees who they are. They are lovely children with ADHD symptoms, not just ADHD" (Chen, 2020). We have discovered from earlier interviews that when ADHD children are treated and receive professional and family support, they can act calmly and are no longer easily irritated. Dr. Chen believes that if the obstacle of symptoms is lifted, the "uniqueness" (highlights) of ADHD children will be quickly revealed and discovered. They will gradually show their enthusiasm and talent in specific fields in terms of learning, such as art, performance, literature, or chess. They can proactively think of ways to overcome various difficulties during the learning process and develop perseverance because of their interest. For example, a child likes painting. While she was drawing, "the hissing sound of the sketch pencil made her feel safe." Through this process, she became more patient and attentive to "handle many things; she could sit quietly on a chair drawing pictures and began to accept her teacher's advice." A father shared that when his son with ADHD, joined his favorite drama club in school, "he took notes as he was afraid of for getting things to ensure excellent performance. He took action to prevent mistakes; he became more confident and devoted to taking responsibility for the

club activity." (Interview transcript of ADHD family caregiver). The caregivers have come to terms that "confidence" is essential in nurture. With the support of medical professionals, children with ADHD find their way to calm their minds with increasing ability to improve concentration and discover their talents and uniqueness hidden within themselves. Anyone can create a whole new self (Chen & Tsai, 2014).

Integrate educational and social resources create a sustainable and supportive learning environment

The medical team can diagnose and treat ADHD, but companionship and education in daily life require the collaboration of caregivers and school teachers. The purpose of establishing the Taiwan ADHD Family Support Association (TAFSA) is to "connect families, hospitals, and schools, and break down the dichotomy between medical care and non-medical care." In the shared action model, Dr. Vincent Chen involves social workers, psychologists, and occupational therapists in meeting the needs of patients. He organizes professional courses, including communication and consultation for patients and their families. In addition to the hospital's practices, he also brings together inter-hospital and inter-professional teams. The TAFSA offers group classes to teach children how to get along (Lu, 2018). When low-income families encounter difficulties and seek help, both the government and the school shirk the responsibilities. Dr. Chen always takes the initiative to assist them while they feel helpless. In his opinion, "as a doctor, it is reasonable to be blamed for not curing a patient. So instead of blamestorming, I am willing to take all responsibilities." Such a humble and responsible attitude has won the trust of parents and other relevant personnel (Interview transcript of ADHD family caregiver, 2019).

(1) Cooperation with schools

To increase the awareness of children with ADHD and ways to interact with them on campus, Dr. Vincent Chen went out of his clinic, communicated with teachers, held seminars, and established SOPs with schools. A father whose child was forcibly sent to the hospital from school due to losing control was impressed by Dr. Chen's commitment. He recalled,

"Dr. Chen drove his car to the elementary school in the remote area using GPS. I was very touched by his dedication to children with ADHD." When his child was discharged from the hospital, the school finally realized the seriousness of the situation. "The principal, the chief of the counseling room, and an assistant consulted Dr. Chen about response measures in similar situations," he remembered. Dr. Chen suggested, "when the child is severely out of control, the school should have an isolated room for him to be alone. Also, it is important that the room is prepared with foam to prevent the child from injuring himself like hitting his head." The principal also invited Dr. Chen to give a presentation at school. Dr. Chen instructed the school, "when the child is getting angry and losing control, instead of punishing or blaming him, you should take him to the safe shelter immediately. Otherwise, he may assault his teachers or classmates." By combining medical treatment and education resources, the child's teachers gave feedback that they "benefited a lot." They learned how to interact with ADHD children carefully. As a result, "the student became more stable emotionally and has made progress day by day." His father said, "from the principal, the director to the teacher, everyone is open-minded and willing to change, leading to a positive cycle." (Interview transcript of ADHD family caregiver, 2019)

(2) Mutual support of the three parties in the shared action model

The ADHD shared action model enables various medical professionals (therapists) and parents and teachers of children with ADHD (caregivers) to work together. The two parties (therapists & caregivers) work together to build a long-term care model and create a more tolerant environment to nourish the development/growth of children with ADHD. Dr. Chen shared, during the process of developing this model, "what he witnessed is far beyond his own medical experience, and the achievements resulting from the process has enriched his professional ability." (Taiwan News, 2018) Caregivers from the ADHD Family Support Group convert the knowledge and skills learned from medical professionals (therapists) into the actual practice of "taking care of themselves and their children, sometimes even other families

that go through the same situation." In this way, it is believed that the connection established based on goodwill will break the negative feedback loop caused by ADHD and eventually form the positive feedback loop (Taiwan News, 2018). The mutual support network established by ADHD caregivers as the main body has facilitated their capacity by learning from each other and yields fruitful results exceeding pure medical professions. Caregivers and patients are willing to share their own life stories and try to help others so that they will not repeat the same mistakes and delay medical treatment, which helps enhance internal cohesion within the family support group. In this way, parents understand that their children are not unusual. When something happens, they can ask for help from the social worker of the association or in the Line group of the family support group to offer them immediate comfort and not feel alone at all (Chen, 2018). Under the empowerment and guidance of the therapist, ADHD caregivers share experiences and learn together. Children with ADHD who grew out of their past and found their path by sharing similar illness experiences can better empathize with other ADHD children. The caregivers observed changes in their children and shared, "when you are willing to share your own experience and help others in the reunion of the family support group, meaning that you have already recovered." These children have gone through a challenging journey in their growth. Their spirits have transformed, and they become considerate and supportive to other people. They serve as volunteers in activities organized by the family support group or write down and share their own experiences on social media to help others. They have turned into the third main body in the ADHD shared action model (Chen & Tsai, 2020).

Discussion

Narrative Competence transcends the limit of ADHD and creates new value

The three core concepts of narrative medicine proposed by Rita Charon are "attention," "representation," and "affiliation." Listening is the beginning of attention, and then representation is to creatively understand what is heard, seen, and felt

and bestow meaning to them. While the patients feel the physician's empathy for their illness, a therapeutic relationship will be built, and they will be able to cooperate and trust each other. (Charon, 2005) Trisha Greenhalgh and Brain Hurwitz mentioned in their book *Narrative Based Medicine* that narrative can bring patients and medical staff to reflect on the results of their daily experience and the ability and creativity to solve problems derived from this experience (Greenhalgh & Hurwitz, 1998). Although story listening is crucial, several scholars argued that narrative medicine goes beyond telling and listening to stories. It is not merely a matter of facilitating and listening to stories about the past, but rather "the active, dynamic and dialogic co-construction of forward-looking stories that can change all involved." (Blix, Berendonk & Caine, 2019) In the shared action models, the concept of ADHD, reinterpreted by Dr. Vincent, is not a disease at all but transformed into a trait. While giving the new meaning of the disease, the medical professionals assisted the caregivers in transcending limitations brought by the disease and worked together to develop resolution strategies based on action, improve quality of life, and create a new life and cultural values. During the process, the trust-based empowerment-oriented medical-patient partnership is formed. Echoing the research on empowerment over the years, the medical professionals focus on identifying the patient's capabilities instead of the disadvantages due to the etiology of ADHD and exploring the environmental influences of social problems in school or community instead of blaming the caregivers and teachers (Perkins & Zimmerman, 1995). They encourage caregivers to be creative to find the most suitable way to assist the ADHD child in daily life and discover the child's strengths and abilities. When children show enthusiasm and talent in art, performance, or literature, they have the power to think of ways to overcome various difficulties actively. In this situation, both sides have the opportunity to give new meaning to the experience and story because of empathy; they can recreate and write a new chapter together (Blix, Berendonk & Caine, 2019).

Linking Narrative Medicine/Care to the social responsibility of medical professionals - widen the

impact from hospital to society

As Charon pointed out, with narrative competence, physicians not only can reach out to their patients in illness and be part of their stories but also "acknowledge kinship with and duties toward other health care professionals, and inaugurate consequential discourse with the public about health care." The physicians extending their influences from hospitals to society through sophisticated narrative powers will help physicians find ways to talk honestly and sincerely with patients, families, other health care professionals, and citizens (Charon, 2001). This idea coincides with the arguments of the early feminist pragmatism Jane Addams, who expanded the meaning of care. She linked caring to broader social concerns and viewed it concerning social and political activism and experience (Blix, Berendonk & Caine, 2019). Other scholars argued that by narrative care practices, "such as active listening, participation, connected leadership, and activism, can contribute to a better society" (Hamington, 2001). For the better health of the whole society, medical professionals have a social responsibility to build a good relationship with the society they serve. Many have termed this relationship a medicine's social contract. Based on the theoretical concept of professionalism, the medical professional's fulfillment of the contract will be fundamental, and this would facilitate meaningful dialogue with the society (Cruess and Cruess: 2006). ADHD is closely related to social recognition and social acceptance. Therefore, it is crucial to work in line with the education system since most patients study in school. Dr. Vincent Chen proposes that clinical resources must be combined school resources. Cooperation is needed to provide the most significant support for students with ADHD and caregivers, thereby changing society's prejudice against patients with ADHD. He took the lead in shouldering the responsibilities, taking the role of social communication, going out of the clinic, holding workshops at schools, assisting schools in creating SOPs, and accumulating positive handling experience.

Building mutual support and a sustainable learning environment

The treatment of ADHD requires the cooperation of family, schools, and medical professionals. The

shared action model, which proposed a new strategy consisting of therapists, caregivers, and ADHD children, echoes the theoretical basis of empowerment which is an intentional, ongoing process "involving mutual respect, critical reflection, caring, and group participation." (Perkins & Zimmerman, 1995) This reciprocal process enables participants to develop knowledge/skills and engages professionals as collaborators instead of authoritative experts. The ADHD Family Support Group is led by medical professionals and representatives from parents of ADHD children who work together with other ADHD families and help them discover their own stories and create new ones. Currently, the most critical work is to develop infrastructures that make such activities possible. Besides sharing personal stories, through mutual social and emotional support, participants from new group narratives offer one another new ways to think and talk about themselves; in turn, they create, change, and sustain the group narrative (Rappaport, 1995). This resonates with the concept of the learning organization Peter M. Senge proposed in 1990. In such an environment, participants expand their knowledge in everyday actions. Furthermore, in the learning environment, participants accumulate knowledge in joint efforts, and to achieve higher goals, they must continue to innovate and transform (Senge, Cambron-McCabe, Lucas, Smith, & Dutton, 2012). In this light, the shared action model is believed to be sufficient to lead the public to a new vision, create a relationship - oriented, sustainable learning environment of mutual respect, and establish a new medical paradigm.

Conclusion and Suggestion

In this research, medical professionals empower caregivers and their patients using a narrative approach. They listen to the caregiver's difficulties and constantly reflect on if they lose empathy with others' experiences, empowering caregivers to better communicate with their children. In addition, they reframe ADHD as a personality trait instead of a neurodevelopment disorder and highlight its strengths and values. To develop patient-centered collaborative partnerships and mutual support

networks, the physicians integrated educational and social resources and taught the schoolteachers how to interact correctly with ADHD children. In the ADHD shared action model, the therapists and caregivers work together to build a long-term care model and an inclusive environment for ADHD children. In such an environment, the caregivers and children share their own life stories, create group narratives, and accumulate knowledge in joint efforts guided by the therapists. This mechanism helps develop relationship-based mutual respect and a sustainable learning environment and provides comprehensive and sustainable care for more ADHD patients.

As medical professionals, narrative competence is required to establish trust and empowerment-oriented relationships with patients and their caregivers. ADHD and other mental illnesses cannot be cured simply through medical treatment. Physicians need to partner and learn with other medical professionals, care workers, and patients, thereby enhancing awareness of clinical ethics in practice. While controversy about the medical indications of the diseases still exists in society, physicians should continue to communicate with the general public based on scientific evidence and guide people to increase the social acceptability of the updated treatment. The ADHD Shared Action Model helps medical professionals, caregivers, patients, and educators construct a consensus and lays a new professional and social foundation for an equal partnership between doctors and patients.

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