ADD and Parenting Research

**Parent Stress**


*Journal of Abnormal Child Psychology, 20*, 503-520.

Ø Examined the cases of stress in families with ADHD children and found that three child characteristics (aggressiveness, severity of ADHD, and health) were highly predictive as a group of parenting stress. Two maternal characteristics (psychopathology and health status) were also predictive, although less so.


Ø Found little difference between stress experienced by mothers and fathers of ADHD children. Child behavior, socioeconomic status, and years married contributed to stress more than parent gender.


*Journal of Pediatric Psychology, 13*
There is no significant difference in the amount of parenting stress due to the child’s gender (i.e. ADHD girls are just as stressful to parents as ADHD boys).


Parents of ADHD children have increased stress compared to parents of non-ADHD children. Mothers of ADHD children are more likely to seek help for themselves, especially as their child grows older. Increased stress is associated with child characteristics (e.g. distractibility and “degree of bother”) and parent characteristics (e.g. depression, self-blame, social isolation, and incompetence in parenting skills).

Mothers of hyperactive children report more symptoms of depression.

Depression in parents is thought to heighten their perceptions of child maladjustment and to increase the number of commands and the amount of controlling behavior they exhibit.

Presumably, then, depression could act to maintain negative child behaviors, to impair response to treatment offered, and to maintain stress.

Mothers were interviewed and provided ratings of behavioral disturbance, severity of ADHD, knowledge of ADHD, attributions of cause and controllability of ADHD-related behaviors, parenting stress, and depression. Results indicated that the combination of these variables was significantly associated with parental psychological distress.

This supports the view that interventions for ADHD aimed only at child behavior are unlikely to alter long-term outcome.


Parents of children with ADHD combined and inattentive subtypes are more dissatisfied with their roles as parents than parents of control children (dissatisfaction related to parenting or parenting performance). For mothers, distress regarding their role was higher when their ADHD child was inattentive and had oppositional-conduct problems. For fathers, distress was higher when their ADHD child exhibited oppositional or aggressive behaviors.

When parents coped by using more positive reframing (thinking about problems as challenges that might be overcome), they were more satisfied with their role as a mother or father.

Ø Maternal reports of mental distress were significantly related to their child’s level of hyperactivity.

**Parent Role**


Ø Discusses the additional degree of parenting responsibility that parents who have a child with ADHD need to assume. The author suggests that parents must prepare themselves to deal with people who do not understand ADHD or the need for special accommodations. It is suggested that becoming educated about the disorder should be parents’ first proactive step, followed by identifying a team of specialists (health care and educational) to help them and their child. Other issues discussed include labeling, teamwork, record-keeping, the need for positive thinking, homework, medication, and burnout.

**Family Characteristics & Parent-Child Interactions**


Ø Children of parents having similar views about child rearing and discipline were found to have fewer disruptive behavior problems. Parenting similarity was also found to be associated with greater marital adjustment, less marital conflict, and lower parenting stress for mothers.


A series of studies on parent-child interactions indicating that when parents give their children tasks to accomplish, ADHD children are less compliant with parents’ immediate commands, less able to sustain compliance, and more oppositional. Parents of ADHD children provide more commands and directives to their children, are more negative and reprimanding, and are less responsive to their children’s general social initiatives than parents of normal children.


Research on social interactions indicates that ADHD children are generally less compliant with parent requests, more off-task and negative, and typically more demanding of help and attention than are normal children or children with learning disabilities.


Mothers with higher levels of depressive symptoms were excessively negative in their reports of their child's ADHD symptoms, general behavior problems, and their own negative parenting style. These negative distortions were also related to problematic parent-child interactions.

Mothers of children with ADHD reported little family support, high perception of child-related demands, and less confidence in their success in mothering these children. In describing their daily routines, these mothers often stated that there was no such thing as a "normal" day. They felt constantly "on alert" and did not feel that they had "normal" routines. Based on this study, mothers of children with ADHD felt distress because their child did not easily conform to social standards and were likely to express exhaustion in their role as mother.


Examined potential psychosocial risk factors for conduct disorder and depression in boys with ADHD and found that hostile, inconsistent, and detached parenting behaviors were related to conduct disorder symptoms.

In addition, a family environment characterized by low cohesion, high conflict, and low marital satisfaction was related to conduct disorder and depression symptoms.

Integrates and critically evaluates what is known about family characteristics associated with childhood ADHD. Evidence suggests that the presence of ADHD in children is associated to varying degrees with disturbances in family and marital functioning, disrupted parent-child relationships, specific patterns of parental cognitions about child behavior and reduced parenting self-efficacy, and increased levels of parenting stress and parental psychopathology, particularly when ADHD is comorbid with conduct problems.


Parents of ADHD children reported higher levels of stress and lower levels of both social support and quality of life than did parents of normal children. Parents of ADHD children also reported higher levels of authoritarian parenting styles and less parenting satisfaction.


Child Development, 53, 1371-1381.
Interaction conflicts appear to be greatest in younger children (4 to 5 year olds). 


Sibling interactions also contribute to feelings of stress in mothers of hyperactive children. 


Having a child diagnosed with both ADHD and an anxiety disorder was significantly associated with maternal anxiety, over-protectiveness, and a lack of positive parenting. These findings are consistent with the theory that links these three family factors to the development of anxiety in all children.

Medication Management


Children on stimulant medication showed increased compliance and decreased off task behaviors. As a result, mothers decreased their rates of commands and control over compliance, increased their levels of passive observation and nondirective interactions, increased their expressions of maternal warmth, and decreased their expressions of criticism.


Examined the impact of late-afternoon stimulant dosing on parent domains (positive and negative affect, ability to complete tasks) and parent-child domains (pleasantness of parent-child interactions, parents' ability to get children to complete their tasks, and parents' perceptions of their effectiveness in the parenting role). Findings suggested that doses with beneficial effects lasting into the evening improved parent reports of the pleasantness of parent-child interactions but were not sufficient to produce positive changes in parent functioning.


Teachers and normal peers tend to relate in a dominating and controlling manner with ADHD children. However, similar to the finding with parent-child interactions, the controlling behavior of teachers and peers is reduced with medication.

**Behavioral Training Programs**


This group parent training reduced children's hyperactive, defiant, and aggressive behavior, improved parenting behavior, and reduced parent stress.

Suggested that the problem of depression in parents may be especially important because it may adversely affect their responsiveness to behavioral parent training programs.


Journal of Child and Adolescent Mental Health, 17, 31-34.

Investigated the effect of Parent Management Training (PMT) on the behavior of children with ADHD and the general mental health of their parents. They found that conduct problems, learning problems, and hyperactivity all decreased significantly.


Behaviour Change, 19, 191-206.

This group parenting program resulted in significant reductions in the intensity of disruptive child behavior problems, reductions in aversive parenting practices, and increases in parental self-efficacy. Parents' reports at 3-month follow-up indicated the gains in child behavior and parenting practices were maintained.

Ø Parent-Child Interaction Therapy (PCIT) has been shown to be effective at counseling children with problems ranging from ADHD, separation anxiety, depression, self-injurious behavior, post-divorce adjustment, and abuse.


Ø This study assessed the effectiveness of a 9-week parent stress management program (PSM) on the parenting stress, mood, family functioning, parenting style, locus of control, and perceived social support of parents of children diagnosed with ADHD.

Results showed that for mothers, completion of the PSM program was accompanied by significant reductions in parenting stress together with significant improvements in parenting style (verbosity, laxness, overreactivity). For fathers, completion of the program was associated with a reduction in verbosity only.