

# **Parental** Perceptions, Beliefs and Expectations

by Lauren Braswell, Ph.D.

EACH OF US has a unique collection of perceptions, beliefs, expectations and automatic thoughts. These thought processes provide both a launch pad for feelings and behaviors and a cognitive filter through which we view our experiences. These automatic thoughts are so much a part of us that we often fail to realize their power. Like a furnace filter used too long, our cognitions need to be examined and in some cases changed to ensure optimal functioning.

> When they're not, we risk basing our behavioral choices on thoughts and feelings inspired by misperceptions, uninformed beliefs or inappropriate expectations. A faulty cognitive filter can hamper our decision-making skills and result in greater difficulties for our loved ones.

> Such is the case when the parents of children with AD/HD make choices guided by misinformation or misconceptions about the disorder and/or its treatment. In my work with parents in clinical settings, school-based parent groups and community support groups, I have yet to encounter anyone who intends to be a "bad parent." Most parents exert great effort to help their children even under extraordinarily challenging circumstances. Yet even the most loving parents can be vulnerable to making less than ideal choices when they are poorly informed or continue to cling to faulty beliefs.

Interest in the connection between thoughts, feelings and behaviors is not a new phenomenon. Almost 2,000 years before psychologists, first century stoic philosopher Epictetus stated, "Men are disturbed not by things but by the view which they take of them." For the past 50 years, a variety of researchers have explored the impact of having certain patterns or styles of expectancies or beliefs. This research suggests that our explanations for why things happen to us or to others are particularly powerful in influencing our mood and behavior. Over a decade ago my colleague Michael Bloom-

quist and I asked groups of parents and teachers to share some of their explanations for the behavior of their children or students with AD/HD. Some parents and teachers admitted being prone to blaming their child/student, engaging in thoughts such as, "He's acting this way just to make me mad." Other parents





and teachers blamed themselves for the child's difficulties or blamed someone else, typically parents blaming teachers or *vice versa*. Interestingly, all of these thought tendencies were associated with unhelpful emotional reactions—such as anger and frustration—and did little to promote adaptive problem-solving or positive behavioral choices. In 2002, researchers Christine Harrison and Kate Sofronoff speculated that parents may be vulnerable to developing a sense of "learned helplessness" if they have unrealistic expectations of being able to control child behaviors. <sup>1</sup>

Some parents show a tendency to endorse unhelpful beliefs regarding treatment options. For example, some view medication treatment as a panacea, while others view medication as a poison. Although caution and careful consideration are important for any treatment choice, extreme beliefs can lead to difficulties. An overly optimistic view of what can be accomplished through medication alone may lead parents to avoid taking advantage of informational groups and/ or behavioral training that could provide meaningful benefits for their child and family.

Such additional treatments could be particularly useful in alleviating symptoms of co-morbid conditions such as oppositional defiant disorder or anxiety disorders. Conversely, those with strongly negative beliefs about medication may deny their child and themselves the chance of ever learning how useful this approach might be in reducing core symptoms of AD/HD.

Recently, Susan dosReis and colleagues examined parent perceptions and satisfaction with stimulant medication in a group of parents whose children had been treated with medications for at least 12 months, with an average duration of treatment of three years. Participants indicated generally positive perceptions of

Editor's Note: The Spanish translation of this article begins on page 40.



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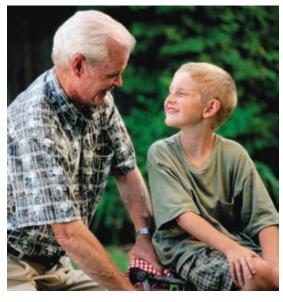
medication effects, with more than three-fourths of the parents reporting satisfaction with medication treatment. But a number of beliefs that are discrepant from the current knowledge base were also identified. According to the authors, 17 percent of parents reported believing that medications were not effective for teens or adults; 25 percent believed stimulant use would impact adult height; and well over half believed sugar increases hyperactivity. Findings also suggested that race/ethnicity, income and social status may influence the probability that parents endorse some of these beliefs.

Even non-treatment related beliefs may have an impact on how a child responds to an intervention. For example, in connection with the landmark Multimodal Treatment Study of Children with AD/HD (MTA), researcher Betsy Hoza and colleagues examined whether parents' thoughts about themselves, their parenting, their children with AD/HD and/or their self-reported use of dysfunctional discipline practices had any correlation with treatment response.<sup>3</sup> Even after controlling for the effects of being in different MTA treatment conditions, it was observed that more negative child outcomes were associated with reported use of dysfunctional discipline by mothers and fathers, low self-esteem in mothers, low parenting efficacy expectations in fathers, and fathers' tendency to explain child noncompliance in terms of inadequate effort and bad mood on the part of the child. These findings suggest that regardless of the form of treatment delivered, parent attitudes and expectations are capable of influencing treatment response.

This body of information reveals the incredibly difficult cognitive balancing act parents of children with AD/HD must perform. On the one hand, parents must nurture a sense of empowerment, so they are motivated to become informed about treatment options and assertive in securing appropriate treatments. Yet too strong a belief in one's ability to control the situation may not be the healthiest attitude either, as it is also important for parents to accept that their actions or failure to act did not cause their child's AD/HD.

So how does a parent maintain this tricky cognitive balancing act? As noted earlier, education is crucial. For any child with AD/HD, there is simply no substitute for having a well-informed parent. Adults endorsing inappropriate blame-oriented views may benefit from greater education about the nature of AD/HD through readings, support group participation and/or attendance at conferences sponsored by groups like CHADD. With greater knowledge about the complexity of AD/HD and associated conditions, parents and other adults are often able to move beyond overly simplistic explanations. Additional education about AD/HD also makes it easier for parents and teachers to focus on factors that can be controlled, such as choices about educational strategies, treatment approaches and leisure activities, rather than on features that cannot be changed such as the child's genetics or, frankly, anything that has happened in the past. With the rapidly changing knowledge base for this condition and a changing array of treatment options, parents have to keep educating themselves so they are not vulnerable to claims based on inadequate or misleading information.

In addition, part of being a good consumer of treatment services involves parents insisting that professionals do a better job serving them. Researcher John Hamilton argues that medical and mental health professionals could be doing more to inform parents about evidence-based treatment approaches and what constitutes high quality evidence for evaluating various approaches.<sup>4</sup> He argues that taking this educational approach can strengthen the patient-provider alliance by making treatment decisions more transparent. Such an approach can help resolve disagreements, encourage more shared decision-making, and-of





particular relevance to our current topic—help create realistic expectations for treatment response and avoid unexpected disappointments when treatments do not produce the desired results. Thus, when meeting with a treating professional, it is wise for parents to ask exactly why a certain treatment is being recommended over another course of action and what the limitations of the selected choice might be.

One of the most challenging aspects of maintaining an adaptive attitude is being willing to let go of old ways of thinking and admit when something we thought or did was not optimal. We know from a variety of psychological research that humans have a frightening tendency to hang on to old views or old ways of behaving.

And we sometimes do so despite mountains of evidence that our past explanations or approaches are no longer accurate or adequate for addressing the issue at hand. I have worked with parents who were so staunchly against considering medication treatment that these otherwise sensible individuals began to adopt conspiracy theories to explain the widespread evidence for the effectiveness of medication treatment.

Having studied the efficacy of some treatment approaches for children with AD/HD that proved to be less useful than originally believed, I have also, at times, needed to modify my own beliefs and expectations. It doesn't feel good to be wrong. On the other hand, it is crucial to maintain an attitude of exploration and openness to new data, even when that data conflicts with previously established beliefs we might prefer to maintain.

Finally, for some parents, "cleaning out their cognitive filter" may involve discerning unexamined, unspoken expectations or beliefs about what it means to be a successful parent. How do you answer the following statements?

#### Perceptions, Beliefs and Expectations

I'll feel like my child is a success if he/she can

I'll feel like I've done my job as a parent if my children can

Taking a moment to reflect on your answers may give you some insight into your expectations for yourself and your child. In real life, we often become aware of an unspoken expectation only when it is violated by our child's behavior. One clue that such an event has occurred happens when our emotional reaction to the incident seems out of proportion to the specific situation. For example, when we find ourselves in tears that our child has not been invited to a particular birthday party, we may be tapping into our previously unstated belief that "my child must be invited to social events or I have failed as a parent." Other times it may be difficult for us to recognize the connection between deeply held beliefs and our current emotional response, so we may benefit from the input of a helpful spouse, friend or therapist. Whether through our own efforts or the guidance of others, the goal is to move toward adaptive expectations and beliefs that allow us to strengthen the relationship with our child, rather than constantly "stubbing our emotional toes" on inappropriate expectations that lead to repeated conflicts.

By becoming and staying well informed, eliciting quality service from professionals, and cultivating adaptively positive expectations and beliefs, parents can markedly improve their children's odds of success. As a result of such efforts, children gain the most useful treatment resource of all-a knowledgeable, empowered and positive parent.

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#### Footnotes

- 1 Harrison, C. & Sofronoff, K. (2002). AD/HD and parental psychological distress: Role of demographics, child behavioral characteristics, and parental cognitions. Journal of the American Academy of Child and Adolescent Psychiatry 41, 703-712.
- 2 dosReis, S., Zito, J., Safer, D., Soeken, K., Mitchell, J. & Ellwood, L. (2003). Parental perceptions and satisfaction with stimulant medication for attention-deficit hyperactivity disorder. Journal of Developmental & Behavioral Pediatrics, 24, 155-161.
- 3 Hoza, B. et al. (2000). Parent cognitions as predictors of child treatment response in attention deficit/hyperactivity disorder. Journal of Abnormal Child Psychology, 28, 569-584.
- 4 Hamilton, J. (2004). Evidence-based thinking and the alliance with parents. Journal of the American Academy of Child and Adolescent Psychiatry, 43, . 105–108.



### To learn more...

Dr. Lauren Braswell will be discussing Parental Perceptions, **Beliefs and Expecta**tions live online during CHADD's members-only Ask the Expert Chat on Friday, June 18, noon-2 p.m. (EDT). Visit www.chadd.org for details.