

Update on Children with AD/HD and Their Parents

By Sam Goldstein, Ph.D.

IT IS GENERALLY BELIEVED THAT GOOD PARENTING leads to positive parent-child relationships and ultimately optimal child behavior and life outcome. However, the definition of “good parenting” varies significantly by observer and culture. Differences arise not only between researchers and clinicians but also between parenting experts and the community. It is now well accepted that there is a bi-directional relationship in the influence parents have on children and children have on parenting. Children with difficult temperaments, such as those with attention-deficit/hyperactivity disorder (AD/HD), may be difficult to parent. This sets the stage for problems of trust and the formation of healthy parent-child relationships. Although the links between parental attitudes and knowledge of child rearing, parenting behavior and child outcome are not always consistent, researchers have demonstrated that these elements are related. In this Research Brief I will review a number of recent articles examining parent and child issues in families raising children with AD/HD. In a future column I will examine the current literature on the impact of behavioral training and support on family relationships and behavior in children with AD/HD.

► **Biederman, J., Ball, S.W., Mick, E., Monuteaux, M.C., Kaiser, R., Bristol, E., and Faraone, S.V. (2007). Informativeness of maternal reports on the diagnosis of AD/HD: An analysis of mother and youth reports. *Journal of Attention Disorders*, 10, 410-417.**

These authors evaluated correlates of the diagnosis of AD/HD in youth based upon mothers' reports of behavior and symptoms. Nearly 100 pairs of mothers and their children reported on AD/HD behaviors. Comparisons were made on measures of interpersonal, school and family functioning, treatment history and parental psychopathology. With the exception of higher rates of AD/HD-associated impairment and higher frequency of treatment for AD/HD in the combined youth-mother group, there were no other differences in any other clinical or familial correlates by informant source. Both informant groups had higher levels of impairment in multiple, non-overlapping measures of dysfunction than controls. Males were over-represented among the mother-only group. Maternal reports of AD/HD, based on these data, result in a meaningful diagnosis of AD/HD with high levels of impairment regardless of whether their children endorse a similar pattern of symptoms.

► **Chronis, A.M., Lahey, B.B., Pelham, W., Kipp, H.L., Baumann, B., and Lee, S.S. (2003). Psychopathology and substance abuse in parents of young children with AD/HD. *Journal of the American Academy of Child and Adolescent Psychiatry*, 42, 1424-1432.**

The prevalence of psychological disorders in parents of young children with AD/HD without comorbid disruptive behavioral problems was examined. In a population of 3- to 7-year-old children, childhood AD/HD was associated with increased rates of maternal and paternal childhood AD/HD relative to control children. However, childhood AD/HD plus disruptive behavior was associated with maternal mood disorders, anxiety disorders, stimulant/cocaine dependence and paternal childhood disruptive disorders. Mothers of children with the combined conditions also reported increased drinking problems in their children's fathers. The authors suggest their data supports that parental psychopathology contributes in part to reciprocal patterns of negativity between parents and children. These may escalate or maintain existing problems. The authors also suggest that the prescription of stimulant medication for children with AD/HD is likely insufficient to treat the multiple mental health needs of families and children with combined AD/HD and disruptive behavior disorders.



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► **Lesesne, C.A., Visser, S.N., & White, C.P. (2003). Attention-Deficit/Hyperactivity Disorder in school-aged children: Association with maternal health and use of health care resources. *Pediatrics*, 111(5), 1232-1237.**

The association between the mental health status of mothers and AD/HD in their school-aged children was evaluated by these authors. The authors used a survey of nearly 1,000 mother-child dyads from the National Health Interview Survey Data. The prevalence of AD/HD among children 4 to 17 years was 6.3%. Statistics revealed an association between an activity-limiting depression, anxiety or emotional problem in mothers and AD/HD in their children. The association persisted after controlling for gender, age and race of the child as well as household income level and family structure. Mothers of a child with AD/HD were 13 times more likely to have consulted with a mental health professional about their child's health within the past year, despite reporting an inability to afford prescription medications and mental health care for the child. These authors concluded that maternal mental health is significantly associated with the presence of AD/HD in school-aged children. However, the direction of the relationship or the possibility that mother and child share similar genetic vulnerability was not explored.

These studies, as well as hundreds of others that have been generated in the last few years, help us appreciate the following:

- It is likely that in many families shared genetic vulnerability contributes to the similarity of problems observed in children and their parents, particularly those related to AD/HD.
- Treating children with AD/HD requires an appreciation that their parents often have a higher incidence of mental health problems than the general population. Failure to treat these problems likely reduces the probability of success in helping children with AD/HD.
- Effective parent management of AD/HD behavior is the best predictor of general adjustment for young children with AD/HD. As children get older and their perceptions of themselves and their locus of control develop, these factors play an increasing role as well.
- Children with AD/HD share similar problems with homework as other children, but may experience their problems to a greater degree of severity. An appreciation of avoidance versus forgetfulness of homework is important for parents to understand.
- Although questions have been raised in the past, current research suggests that mothers and likely fathers are accurate reporters of their children's behavioral symptoms and impairments.
- It is the comorbidity of AD/HD with other disruptive problems that appears to best predict the onset and presentation of multiple behavioral, social and academic problems.

► **Ostrander, R., & Herman, K.C. (2006). Potential cognitive, parenting and developmental mediators of the relationship between AD/HD and depression. *Journal of Consulting and Clinical Psychology*, 74(1), 89-98.**

These researchers investigated the role of parent behavior management and locus of control (the view held about the reasons for one's behavior) in mediating the relationship between AD/HD and depression in a sample of over 200 children with AD/HD and a set of controls. For subjects ten years and older, locus of control partially mediated the relationship between AD/HD, parent management and depression. In addition, parent management partially mediated the relationship of AD/HD with locus of control and depression. For children under eight years of age, however, locus of control did not mediate the effects of parent management in AD/HD on depression. Consistent with developmental theories, only an environment variable, parent management, explained the relationship between

AD/HD and depression for the younger group. For children 8 to 10 years of age, locus of control in parent management partially mediated the AD/HD-depression relationship. However, similar to young children, locus of control did not mediate the parent-management-depression relationship. This research has significant implications for designing interventions and prevention strategies for children with AD/HD.

► **Power, T.J., Werba, B.E., Watkins, M.W., Angelucci, J.G., & Eiraldi, R.B. (2006). Patterns of parent-reported homework problems among AD/HD-referred and non-referred children. *School Psychology Quarterly*, 21(1), 13-33.**

In the first of a two-part study, parents of general education students in grades three through six completed a homework problems checklist. Statistics revealed two salient factors: inattention/avoidance of homework and poor productivity. In the second study, a group of youth referred for AD/HD from first through eighth grades was evaluated using these two factors. The pattern for these youth was similar to those in general education. Factor one was primarily related to aspects of homework functioning that are readily observed by parents (e.g., avoidance of work).

Factor two was primarily related to aspects of homework functioning that are not as readily observed by parents and teachers (failure to complete and submit homework). The authors suggest that this two-factor model is a useful way to conceptualize homework problems in all children. In particular this research has important implications for designing interventions to help children with AD/HD complete homework more effectively.

AD/HD has continued to be one of the most researched areas in clinical psychology and psychiatry worldwide. At times it almost appears that for every question we answer two more come to mind. The large volume of knowledge generated year after year in understanding AD/HD has sensitized researchers and clinicians to the complexities of family interaction and to the myriad of variables that ultimately predict good mental health and positive outcomes for children with AD/HD. **A**

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