

Short Communication

Child ADHD Severity, Behavior Problems and Parenting Styles

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Abstract

Attention deficit hyperactivity disorder (ADHD) begins in childhood and is characterized by attention deficits, hyperactivity, or impulsiveness which is not appropriate for a person's age. The effects of ADHD are not limited to the subject alone, but go beyond and can affect their closest social and familiar context, and particularly to parenting practices, especially when children with ADHD present associated behavior problems. In this study we attempted to identify the differences in the relations between, on one hand, parenting styles and Child ADHD severity and, in other hand, parenting styles and comorbid behavior problems. Sixty-eight parents of 6 to 11 year old children (48 boys and 20 girls) accepted to participate. Data showed that both Child ADHD Severity and Child Behavior Problems were associated to inadequate parenting styles, with more strong correlations in the case of criticism-rejection. . These findings have practical implications highlighting the importance of parent education programs that help them reduce the negative impact of Child ADHD Severity and Behavior problems in the use of effective discipline and appropriate communication with their children.

Keywords

- Parenting styles
- Child ADHD severity
- Childs behavior problems

INTRODUCTION

Although it is true that family dynamics are not considered an original cause of ADHD, its influence through two-way parent-child processes does seem to be key to the disorder's evolution [1,2]. Thus, on one hand, the behavior of children and adolescents with ADHD poses strong challenges for parents in educating them and bringing them up, generating high levels of anxiety and family stress [3]. But family dysfunctions or inadequate parenting styles can also aggravate the symptoms of children with ADHD [2].

As several authors have mentioned [1], the usual disciplinary methods are not as efficient in children with ADHD, increasing the probability of recurring to inadequate parenting patterns, such as permissiveness or emotional overreaction. Some studies leading to similar conclusions have shown an increase in parental permissiveness and greater use of emotional discipline related to parental frustration, irritability and anger [4,5] in parents of children with ADHD. And all of this, even though several studies have clearly shown the negative repercussions of these styles in child ADHD symptomatology [6] and that the children of democratic parents usually show better evolution of ADHD symptoms [7].

Furthermore, as shown in several other studies [8-10], recourse to such inappropriate disciplinary techniques is more frequent when, in addition, children with ADHD present associated behavior problems. But it is advisable to separate the effects of the two problems, as shown in studies with mothers and

children with ADHD which reported that the mother's parenting style was predicted by the comorbid behavior problems of their children, but not by the severity of ADHD symptoms themselves [11,12].

The aim of the present study is analyze the differences in the relations between, on one hand, parenting styles and Child ADHD severity and, in other hand, parenting styles and comorbid behavior problems, to know which variable is most related to the parenting styles used by a sample of families with children with ADHD. We concentrated on two parenting styles, authoritarian and permissive, which have been shown to be inappropriate for child development. We therefore analyzed the contribution of these variables to criticism by parents, given the high presence of this manifestation of authoritarian style in research with families of children with ADHD. The variables above were also dealt with in relationship to manifestation of overindulgence in interaction with children, the typical expression of a permissive style.

METHOD**Participants and procedure**

To get families to cooperate, the research team personally visited all the ADHD family associations for children in Huelva (Spain). Sixty-eight families with girls or boys 6 to 11 years of age diagnosed with ADHD accepted to participate in this study. Table 1 shows the main characteristics of the children and their families.

Table 1: Socio-demographic variables.

Variable	M	SD	N	%
Children				
1. Age	8.94	1.54		
2. Gender:boys			48	71
3. Siblings with ADHD			47	69
4. Subtype or presentation of ADHD				
Combined			27	40
Inattentive			22	32
Hyperactive/Impulsive			6	9
Don't know			14	19
<u>Comorbidity: associated problems</u>				
5. Learning disorders			22	32
6. Oppositional defiant disorder			12	18
7. Speech or expression disorders			12	18
Family				
8. Parents with ADHD (one or both)			7	10
9. Who answered the survey				
Mother			42	62
Father			4	6
Both			22	32
10. Mother's education				
Low			23	34
Medium			24	35
High			20	29
11. Father's education				
Low			25	37
Medium			22	32
High			13	19
12. Father's age	43.59	7.28		
13. Mother's age	40.44	6.45		

As observed in the Table 1, most of the children had been diagnosed with the combined or inattentive subtype. Nineteen percent of the families did not know the subtype their child had been classified in. Although all the families were asked about different types of associated problems, such as substance use or anxiety, it was only important in the three shown in Table 1. Specifically, problems related to learning appeared in 32% of the cases studied. We should mention that mothers were more willing to cooperate in this study than fathers, the high percentage of fathers and mothers with a low or medium education level, and the small percentage of fathers or mothers with ADHD.

Measures

CRIT. Criticism-Rejection Scale: This scale is comprised of 10 five-point Likert-type items (from 1 "Never" to 5 "Always") which measure expression of criticism and rejection in interactions with their children. On this scale, high scores are interpreted as symptoms of criticism, rejection, anger, lack of confidence, and general lack of acceptance of the child's behavior. Examples of items would be: "Anything he/she does make me angry," "I criticize him/her for anything."

INDUL. Indulgent Educational Style Scale: It is comprised of 10 five-point Likert-type items (from 1 "Never" to 5 "Always")

which measure parental permissiveness: They do not make rules or set limits for their child's behavior, or if there are rules, do not demand their obedience. Examples could be: "He/she always gets what he/she wants by crying and getting angry" and "As long as he/she is happy, I let him/her do whatever he/she wants."

BHVR. Behavior problems of children: To measure this variable we used the behavior problems scale in the Strengths and Difficulties Questionnaire (SDQ-CAS) [13]. This scale is comprised of five Likert-type items (from 0 "False" to 2 "Absolutely true") such as, "He/she often has temper tantrums or hot tempers".

ADHD. Child's ADHD Symptomatology: Information provided by the parents on ADHD symptoms of their children was explored using the Conners' Hyperactivity Index [14,15]. It consists of 10 items with answer choices from 0 "Not at all" to 3 "A lot". The more symptoms present and the greater their severity, the higher the score on the scale will be. Examples of this scale are: "Fails to finish what he/she starts-short attention span" or "Excitable, impulsive".

Data analysis

We calculated correlations, the *t* test, and ANOVA using SPSS version 19.

RESULTS

Preliminary analysis show that socio-demographic and clinical variables included in table 1 were unrelated to study variables.

Table 2 shows the means, standard deviations, range of theoretical values and reliability estimates of the scores on the variables analyzed in this study. We should mention that the mean for child's behavior problems in this sample was on the borderline between normality-abnormality (41% of children in the sample had scores of 4 or higher, which is abnormal or clinical). Apart from this, the ADHD scale had a centered mean and a wide range of values: from 2 to 28 (30 is the maximum).

Table 2: Correlations, ranges, means, standard deviations and reliability (α , in diagonal).

	1	2	3	4
1. CRIT	(.77)			
2. INDUL	.304*	(.76)		
3. BHVR	.589***	.248*	(.68)	
4. ADHD	.490***	.304*	.575***	(.83)
Range (item)	1-5	1-5	0-2	0-3
N° de items	10	10	5	10
Range (variable)	10-50	10-50	0-10	0-30
Mean	20.29	16.53	3.53	17.11
S.D.	4.77	4.92	2.37	5.55

* $p < 0.05$; ** $p < 0.01$; *** $p < .001$.

Abbreviations: CRIT: Criticism-Rejection of the Child's Behavior/Problems; INDUL: parents' indulgence-permissiveness; BHVR: Child Behavior Problems; ADHD: Child's ADHD Severity.

Correlations and their signs were as expected from theory. Most of the variables included in the models have statistically significant high correlations to each other. The CRIT dimension is highly correlated to almost all the variables, while INDUL is more moderately correlated.

DISCUSSION

The purpose of the present study was to analyze the contribution of Child ADHD Severity and Child Behavior problems to the expression of criticism-rejection and permissiveness-indulgence in the interactions of parents with their children with ADHD. The results showed strong correlations among the variables included in the study. In this sense, both Child ADHD Severity and Child Behavior Problems were associated to inadequate parenting styles, with more strong correlations in the case of criticism-rejection. Child Behavior Problems were more related to criticism-rejection, whereas Child ADHD Severity was more correlated to permissiveness-indulgence. Also was high the relation between Child ADHD Severity and Child Behavior problems, data consistent with other studies that also referred an strong coexistence of ADHD and comorbid conduct problems [16,17].

In summary, parenting styles are affected by both the child ADHD severity and their behavior problems, that increasing permissiveness and rejection or criticism of the child. These data coincide with other studies [8-10] which emphasize the important role of behavior problems comorbid with ADHD in the manifestation of parenting practices clearly inappropriate for child development such as criticism or excessive indulgence.

The main limitation of our study is the sample size that did not allow us to make a separate analysis by gender of child and/or parents. Nevertheless, these findings have practical implications highlighting the importance of parent education programs that help them reduce the negative impact of Child ADHD Severity and Behavior problems in the use of effective discipline and appropriate communication with their children. The effectiveness of such programs has been demonstrated in numerous studies [18,19] some of which refer to clinically significant changes in various dimensions of family functioning, such as those related to educational strategies or parental stress, and even going from clinical to normal levels [20].

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