



A Comparison of Coping Strategies Used by Mothers of Children With/Without ADHD

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(Received Aug 2011; Published Sep 2011)

ABSTRACT

Attention deficit hyperactivity disorder (ADHD) is one of the most frequent psychiatric disorders of childhood. In fact, having a child with ADHD is correlated with significant increases in the amount of stress that parents experience. It was hypothesized that coping strategies would be different between mothers of children with/without ADHD. The purpose of this study was to determine whether coping strategies differ in the two mother groups. Fifty Iranian mothers of children aged between 6 to 12 participated in this study (25 mothers of children with ADHD and 25 mothers of children without ADHD). For assessing coping strategies, ways of coping questionnaire (WOCQ) by Folkman and Lazarus (1988) was administered on subjects. T. test was used for analyzing data. Our data show only one of the coping strategies- problem solving- employed were significantly different between two groups. This strategy was more commonly used among mothers of children without ADHD.

Key words: ADHD, Coping Strategies, Mothers.

INTRODUCTION

Attention- Deficit/ hyperactivity Disorder (ADHD) affects 3-5% of children before age 7 and is characterized by difficulties in controlling impulsive and hyperactive behaviors and/ or paying attention (Mitchell, 2006). This constellation of symptoms not only has a negative impact on the child's life by creating difficulties in school and peer relations, but also is associated with difficulties within the home. In fact, having a child with ADHD is correlated with significant increases in the amount of stress that parents experience. (Lynn, 2008).

Parenting is one of the most demanding responsibilities of adult life. Parenting stress is the affective response to the, at times, overwhelming, demands of parenting. It is dynamic

and results when the balance between parents' perceptions of the demands of parenting outweigh their perceptions of their resources for meeting those demands (Deater-Deckard, 2004). Current theory holds that parenting stress is a normative part of the parenting role (Crnic & Greenberg, 1990). Becoming clinically important when elevated to such an extent that it negatively impacts parenting practices and the parent- child relationship (Abidin, 1992; Belsky, 1984; Morgan, Robinson, & Aldridge, 2002; Rodgers, 1998; Webster- Stratton, 1990). Parents who experience extreme levels of parenting stress may be less able to implement interventions to help their children (Kazdin, 1995), which is especially relevant for children with a clinical diagnosis such as Attention- Deficit/ Hyperactivity Disorder (ADHD) (Theule, 2010).

Parents differ in their coping response. How parents appraise the situation, and the meaning they give to their child's disability, can result in the use of either maladaptive or adaptive coping strategies (Jones & Passey, 2003). Scharer (2002) and Trollvik and Severinsoon (2004) posit that increased levels of parents stress could hinder the parent's judgment of the child's disability. When a parent's stress reaction persists, the parent's sense of helplessness and anxiety is exacerbated and subsequently the child's situation might be perceived as being more serious than it really is. This perception may impair the parent's ability to manage the stressor in a constructive manner.

Maladaptive coping efforts can be characterized by focusing on the problems and the child's limitations, viewing the need for the use of social support as a personal weakness and blaming others for the child's disability. However, Jones and Passey (2003) assert that despite increased levels of stress, parents can cope well and adapt effectively to such situations. Studies have shown that the use of mediating factors like seeking social support such as family support, and developing an alliance with health professionals, schools and other parents in similar situations, has assisted in reducing stress for these parents (Kerr & McIntosh, 2000; Pritzlaff, 2001). Other examples of the mediating factors in the reduction of parent stress when caring for a child with a disability are aspects such as parent self-belief, especially in the control they may have over the situation. A sense of competence in their parenting role, their control over the treatment decision-making process, seeking their own information about their child's disability, and their locus of control, have also been shown to mediate parents levels of stress (Neaves, 2009).

Gupta (2007) conducted a study examining how different child disabilities affected levels of parent stress. Interestingly, the findings revealed that in a study of children with ADHD, asthma, HIV/ AIDS and developmental disabilities, the parents of children with ADHD reported higher total level of stress than the parents of children with chronic medical disorders. The parents who were caring for the children with ADHD expressed that because of their child's problematic behaviors, the parents felt more depressed, more socially isolated and more restricted in their parenting roles than the other parents participating in the study.

Also, the parents of the children with ADHD expressed feeling less competent in dealing with their children. A parent's experience when caring for a child with ADHD is shaped by several factors, which can mediate the parent's level of stress and coping efforts (Neaves, 2009). Durkan, Erdem and Tufan (2008) show in their study that scores for repression other activities, focusing on the problem and expression of emotions, denial and dysfunctional coping behavior were higher in mothers of children with ADHD than healthy controls.

Solem, christophersen and martinussen (2010) indicate that having a child with behavioral problems predicted 57% of the variance in parenting stress.

Daniels (1999) described three main types of coping strategies: problem- focused, emotion- focused- and appraisal- or perception- focused coping. Problem- focused coping attempts to reduce stress by altering the problem or situation, emotion- focused coping attempts to reduce the

emotional distress caused by the situation, and perception- focused coping attempts to change the individuals' appraisal of the situation. The use of positive coping strategies has been shown to lower stress in parents of children with disabilities (Jones & Passey, 2004). In the absence of positive coping, parental stress is likely to have an effect on the child (Lopez, 2008).

Parents of children with ADHD experience more parenting stress than parents of nonclinical control children, and severity of child ADHD symptoms are associated with parenting stress (Theule, 2010).

MATERIALS AND METHODS

Ways of coping questionnaire (WOCQ; Folkman & Lazarus, 1988): WOCQ is a 66- item self- report measure which is designed to assess individuals coping strategies in response to a specific stressor (Folkman & Lazarus, 1988). Individuals respond to each of the items while keeping in mind a particularly stressful event. Each item is scored on a 4- point Likert- type scale based on the frequency with which the individual has utilized that particular coping strategy. The WOCQ is comprised of eight coping scales-confrontive coping, Distancing Self- controlling, Seeking Social Support, Accepting Responsibility, Escape-Avoidance, Planful problem solving, and positive reappraisal.

The WOCQ is a later version of the ways of Coping Checklist which was developed around 1977. This newer version has deleted redundant items and reworded items that were unclear. Additionally, the rating scale was changed from "yes or no" to a 4- point Likert- type scale. The original scales of the Ways of Coping Checklist were problem focused or Emotion Focused Coping. Due to their simplistic nature these two scales were discarded and the items factor analyzed into the eight coping scales that make up the present WOCQ.

The items on the WOCQ are considered to be facing valid (Green, 2005). Data were analyzed by using version 16.0 of the SPSS program. T- Student test was used to compare the differences between two groups. The significance level was accepted as < 0.05 .

RESULTS AND DISCUSSION

According to findings in Table 1, the mothers of children without ADHD reported significantly used more planful problem solving ($M=10.52$, $SD=3.69$) than mothers of children with ADHD ($M=8.48$, $SD=3.00$), $t(48) = -2.145$, $p > 0.05$. There were no significant differences in use of other types of coping strategies between mothers of children with and without ADHD.

On the whole, it can be concluded that the presence of a child with ADHD in the family causes tremendous amount of stress particularly among mothers, so they find difficulty in employing some coping strategies like planful problem solving.

As a result, it can be proposed that the areas of inadequacy and problems for the mothers should be questioned and those should be supported in clinical interviews. Therefore, our results should be deemed preliminary, it can be posited that

further use of cope in larger sample and in various study designs would be beneficial.

Table 1: T test comparison of the coping strategies among mothers of children with/ without ADHD

Coping strategies	Group	Mean	SD	F	sig	t	df	sig
Confronting	with	9/92	3/97	2/143	0/150	-0/235	48	0/815
	without	ADHD	10/16					
Distancing	with	9/28	4/23	2/089	0/155	-0/614	48	0/542
	without	ADHD	9/92					
Self- Controlling	with	11/64	2/91	4/102	0/058	-0/868	48	0/379
	without	ADHD	12/80					
Escape- avoidance	with	9/04	3/83	3/288	0/062	0/332	48	0/741
	without	ADHD	8/60					
Seeking social support	with	17/72	5/62	0/198	0/658	-0/241	48	0/811
	without	ADHD	18/12					
Accepting responsibility	with	9/64	3/00	0/646	0/426	-0/390	48	0/699
	without	ADHD	9/96					
Positive reappraisal	with	14/36	4/32	0/168	0/684	-0/251	48	0/802
	without	ADHD	14/68					
Planful problem solving	with	8/48	3/00	0/626	0/433	-2/145	48	0/037
	without	ADHD	10/52					
Problem oriented style	with	50/20	14/57	0//353	0/555	-0/786	48	0/436
	without	ADHD	53/28					
Emotion oriented style	with	39/88	10/17	0/868	0/356	-0/508	48	0/614
	without	ADHD	41/48					

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