

ADHD and Family Functioning

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Abstract:

Most of what is known about attention-deficit/hyperactivity disorder (ADHD) and family functioning has been derived from studies that used children with ADHD as the starting point for their investigations. Such research has consistently reported that parent–child interactions are often characterized by a high degree of negativity and conflict. Also commonly found in such families are the use of less effective parenting strategies, elevated levels of parenting stress, higher rates of parental depression and other types of psychological distress, lower levels of marital satisfaction, and increased sibling conflict. Although a great deal of progress has been made, many questions remain as to how ADHD plays out in families. Several research design issues have limited our understanding of this topic, including an absence of empirical attention to underlying conceptual processes that may serve to explain the link between ADHD and various family outcomes. Implications for future research and clinical practice are discussed.

Keywords: ADHD | attention-deficit/hyperactivity disorder | families

Article:

Introduction

The research and clinical literature is replete with descriptions of children with attention-deficit/hyperactivity disorder (ADHD) and their families [1•]. Most of this literature has addressed parent–child relations, parenting style, and parental functioning. On a more limited basis, there have also been accounts of sibling relationships and marital functioning. Although such research and clinical reports have advanced the field’s awareness of these issues, it would be premature to suggest that little remains to be learned about how ADHD plays out in families. In fact, quite the opposite seems to be the case.

Most of what is known about ADHD and families has been derived from studies that used children with ADHD as the starting point for their investigations. Although this seems like a reasonable approach, the story of how ADHD plays out in families could potentially be very different if it was instead derived from investigations in which parental ADHD was the starting point for entry into the study. Another factor limiting our understanding of how ADHD might impact family functioning is that most investigations addressing this topic have not taken into account that multiple family members may be affected by ADHD. To complicate matters further, very little empirical attention has been directed to developmental issues—that is, the age-specific ways in which ADHD alters family functioning from early childhood through the adult years. Yet another limitation is that virtually all of what is known about ADHD and family functioning comes from maternal reports, with very little information available about fathers or from the perspective of fathers. Also missing from the literature is any understanding of how ADHD may disrupt functioning in families from different ethnic and racial backgrounds.

Until future research clarifies these matters, our knowledge of how ADHD plays out in families will remain incomplete. In the meantime, it would be beneficial to clinicians and researchers to step back and reflect upon this matter. Such is the purpose of this article—to provide a brief review of what is currently known about ADHD and family functioning. Following this review, we discuss implications for clinicians and researchers.

Parent-Child Relations

During interactions with their mothers, children with ADHD are more talkative, more negative, and more demanding, as well as less cooperative and less able to work independently than children without ADHD [2,3]. Mothers of children with ADHD tend to be overly directive and corrective, less likely to reinforce positive behavior, and less attentive to the overall needs of their children [2,3]. Although mothers tend to dispense more rewards to sons with ADHD than to daughters with ADHD, mothers also engage in more emotional and acrimonious interactions with their sons [4]. Such negative parent–child relations occur across child development, affecting preschoolers [3], school-age children [2], and teenagers with ADHD [5]. Although ADHD is a risk factor for such negative interactions, the comorbid presence of oppositional defiant disorder and conduct disorder is a particularly salient factor intensifying this conflict.

The limited available evidence suggests that fathers have less trouble than mothers interacting with children with ADHD [6]. However, the specific ways in which fathers interact with children with ADHD and the impact of child gender on parent–child relations with fathers are not yet known. Also missing from the literature are accounts of how adult ADHD impacts parent–child relations. Likewise, virtually no information is available regarding the manner in which ethnic and racial factors influence parent–child relations within an ADHD population.

Parenting Style

In families of children with ADHD, parenting style is often characterized by more negative and less effective parenting strategies [2]. Such findings—drawn primarily from mothers of children with ADHD—also have been reported in studies in which adults with ADHD were the starting point for the investigation. In particular, less effective and less consistent parenting strategies, as well as poorer monitoring and higher levels of hostile reactive behavior toward their children have been found among mothers with ADHD [7••]. Virtually absent from the ADHD literature, however, is a clear understanding of paternal parenting style. Also missing is information on ethnic and racial influences, as well as how the parenting style of either parent may be affected when more than one child in the family has ADHD.

In contrast, the field recently began to gain insight with respect to parenting style in families in which a parent and a child have ADHD. Such findings suggest that parental symptoms of ADHD are associated with even less involvement with children, fewer positive parenting behaviors, and less consistent discipline [8]. Furthermore, parental symptoms of inattention seem to be associated with self-reported laxness in parenting children with ADHD [9]. Recent studies also have shown that mothers with ADHD respond less well compared with mothers without ADHD to parent training interventions [10].

Parental Functioning

One of the most consistently reported findings in the literature is that high levels of parenting stress and diminished levels of parenting self-esteem are common-place among mothers of children with ADHD [11]. In studies of such mothers, both child and parent characteristics have been shown to be significant predictors of maternal parenting stress, including child inattention and oppositional defiant/aggressive behaviors [12], as well as parental psychopathology [13]. Investigators also observed higher levels of parenting stress among mothers who believed that their ADHD children were less in control of their own behavior [14]. Parenting stress is further linked to lax and over active parenting practices among depressed mothers of children with ADHD [15]. Together, such findings suggest that when mothers feel overwhelmed and ineffective as parents, they also engage in poorer parenting practices.

In addition to elevated parenting stress levels, the risk of depression is increased among parents of children with ADHD, with most studies focusing on mothers [16,17]. When maternal depression is present, mothers tend to be less responsive to their children with ADHD [18]. Furthermore, pharmacologic and behavioral interventions for children with ADHD are less effective when mothers have depression [19]. Not only does maternal depression predict poor treatment outcome for children with ADHD, it is also a risk factor for the development of comorbid conditions. When present in families of children with ADHD, maternal depression is a risk factor for the development of future conduct problems; this finding holds true even when investigators have controlled for initial levels of conduct problems [20].

Mothers who have ADHD are more likely to experience elevated levels of parenting stress, regardless of whether they have a child with ADHD [7••]. The extent to which this finding holds true for fathers who have ADHD is not well understood. Likewise, limited information is available regarding parental functioning in families in which multiple children have ADHD, as well as among ethnically and racially diverse ADHD populations.

Sibling Relations

Somewhat surprisingly, the potential impact of ADHD on sibling relations has received very little empirical attention. The limited available evidence suggests that conflict between siblings is heightened whenever one member of the sibling dyad has ADHD [21,22]. Hyperactive-impulsive symptoms, more so than inattentiveness, seem to be associated with this increased level of sibling conflict [23]. For reasons that are not entirely clear, children who have a sibling with ADHD but who are unaffected by ADHD themselves tend to have more behavioral and emotional problems than matched control children [24,25].

Yet to be addressed in these studies is how sibling relationship quality is affected by multiple siblings having ADHD or by parental ADHD status. Also commonly overlooked in this line of research are age and gender considerations, which have great potential for moderating sibling relationship outcomes. As has been the case throughout this review, ethnic and racial differences typically have not been taken into account.

Marital Functioning

Very few studies have systematically addressed marital functioning within ADHD populations. Most of the early reports on this topic were drawn from investigations of families of children with ADHD, which showed higher rates of marital discord, separation, and divorce [26]. More recently, researchers began to examine marital functioning within populations of adults with ADHD. Findings from these studies have been somewhat equivocal with respect to divorce rates, with some studies reporting higher divorce rates [27] and others showing no such difference [7••,28]. Of additional interest is the finding that gender may moderate this marital outcome, with women with ADHD reporting higher rates of divorce compared with men with ADHD [7••]. More consistently reported is the finding that marital satisfaction seems to be lower among couples in which one member has ADHD [29], with greater dissatisfaction more often expressed by the spouse affected by ADHD [7••]. What remains unclear is the extent to which marital satisfaction is influenced by the presence of ADHD among both partners or by the presence of ADHD in children. Of additional clinical importance is that the specific dyadic processes and mechanisms by which ADHD impacts marital satisfaction have yet to be identified. Also absent from the literature is any information on how ADHD affects marital functioning among ethnically and racially diverse families.

Conclusions

As should be readily apparent from the preceding discussion, ADHD may disrupt family functioning in many ways. Prominent among the many findings to emerge from this literature is that parent–child interactions are often characterized by a high degree of negativity and conflict. Also found in such families is the use of less effective parenting strategies, including inconsistent discipline, poor monitoring, and higher levels of hostile reactive behavior. Not surprisingly, many parents experience high levels of parenting stress and tend to have low opinions of their parenting skills. In many families, there is also an increased likelihood that parents will be dealing with bouts of depression and other types of personal distress. Although debate continues about rates of separation and divorce within ADHD populations, there is little question that marital satisfaction tends to be lower, especially among spouses affected by ADHD. In addition to disruptions in the parent–child and parent–parent dyads, sibling relationships also seem affected by ADHD and are characterized by increased conflict and higher rates of behavioral and emotional problems among unaffected siblings.

Despite the many advances in our knowledge of how ADHD plays out in families, many questions remain. For example, given the high heritability of this disorder [1•], it seems especially important for future researchers to begin to conduct systematic investigations of families in which multiple members are affected by ADHD. This would include various combinations of affected individuals (eg, affected parent and child, affected mothers and fathers, affected siblings). As part of this systematic investigation, particular attention should be paid to the ways in which gender, age, and cultural background influence these family outcomes. Although it is very challenging, the time has come for researchers to intensify their efforts to recruit more fathers into their studies to gain a better understanding of paternal functioning and a paternal perspective on other things happening in the family.

Another important issue for researchers to consider is that most of what is known about ADHD and family functioning has been derived from correlational research. In other words, what has primarily been reported are associations between ADHD and various aspects of family functioning at a single point in time. Although there is nothing inherently wrong with this line of research, one cannot infer causality from these associations. To illustrate this point, consider for a moment the robust finding that parents of children with ADHD are at increased risk for depression. All too often, it is assumed that the child's ADHD is the driving force behind this outcome, that it contributes to parental depression. Although this may be the case, it remains entirely possible that other factors (eg, parental ADHD, health concerns) not controlled for in these studies are the primary pathways by which parental depression arises. The correlational nature of the research generating those findings does not allow for that differentiation among competing explanations. Thus, researchers and health care professionals must not to jump to premature conclusions about the causal connection between ADHD and these family outcomes. Additional research must be conducted to clarify such connections. At the very least, this should

include the use of longitudinal designs that allow for observing families over time and charting the sequencing of how various family outcomes unfold across development.

Another limitation of the available research findings is that they are highly descriptive and lack conceptual depth. A good illustration of this problem comes from the adult ADHD literature on marital functioning. Findings from this literature suggest a reasonably well-established link between adult ADHD and marital dissatisfaction. Assuming for a moment the validity of that finding, researchers should begin asking, by what theoretical processes or mechanisms does that connection between adult ADHD and marital dissatisfaction arise? Similar questions should be posed with respect to the presumed connection between ADHD and other aspects of family functioning. To the extent that such underlying processes and mechanisms are elucidated, such information would go a long way toward informing clinical assessment and treatment planning.

As they await such future guidance, clinicians can still enhance the quality of care they provide to their patients and clients by incorporating their knowledge of what is currently known about ADHD and family functioning. For example, regardless of which family member first presents with ADHD referral concerns, it seems prudent for practitioners to screen for the possibility that other family members may be affected by ADHD or at least have other types of problems. This would be particularly critical when conducting child evaluations, given that successful child outcomes depend heavily on a parent's ability to implement medication regimens and other recommended treatment strategies on behalf of their child. To the extent that parental problems are identified, it may then be necessary to initiate treatment for the parent prior to or concurrent with any treatment being implemented for the child. Regardless of whether other family members have ADHD or other problems, the take-home message is that individuals do not live in a vacuum; they function in a family system that provides an important context for understanding the nature, course, and treatment of their problems.

Disclosure

Dr. Anastopoulos was invited to and attended Shire's ADHD Expert Consultants' Meeting in September 2008. No other potential conflicts of interest relevant to this article were reported.

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