

A Follow-Up Study of Maternal Expressed Emotion Toward Children With Attention-Deficit/Hyperactivity Disorder (ADHD): Relation With Severity and Persistence of ADHD and Comorbidity

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Objective: Attention-deficit/hyperactivity disorder (ADHD) is associated with conflicted parent-child relationships. The underlying mechanisms of this association are not yet fully understood. We investigated the cross-sectional and longitudinal relationships between externalizing psychopathology in children with ADHD, and expressed emotion (EE; warmth and criticism) and psychopathology in mothers. **Method:** In this 6-year follow-up study, 385 children with an ADHD combined subtype were included at baseline (mean, 11.5 years, 83.4% male), of which 285 children (74%) were available at follow-up (mean, 17.5 years, 83.5% male). At both time points, measures of child psychopathology (i.e., ADHD severity, oppositional, and conduct problems), maternal EE, and maternal psychopathology (i.e., ADHD and affective problems) were obtained. **Results:** EE was not significantly correlated over time. At baseline, we found a nominally negative association ($p \leq .05$) between maternal warmth and child ADHD severity. At follow-up, maternal criticism was significantly associated with child oppositional problems, and nominally with child conduct problems. Maternal warmth was nominally associated with child oppositional and conduct problems. These associations were independent of maternal psychopathology. No longitudinal associations were found between EE at baseline and child psychopathology at follow-up, or child psychopathology at baseline and EE at follow-up. **Conclusions:** The results support previous findings of cross-sectional associations between parental EE and child psychopathology. This, together with the finding that EE was not stable over 6 years, suggests that EE is a momentary state measure varying with contextual and developmental factors. EE does not appear to be a risk factor for later externalizing behavior in children with ADHD. *J. Am. Acad. Child Adolesc. Psychiatry*, 2014;53(3):311–319. **Key Words:** attention-deficit/hyperactivity disorder (ADHD), conduct problems, follow-up study, maternal expressed emotion, oppositional problems

Attention-deficit/hyperactivity disorder (ADHD) is associated with increased family stress, parental psychopathology, and conflicted parent-child relationships.¹ The underlying mechanisms of these associations are not yet fully understood. A frequently applied measure of family relationships is parental

expressed emotion (EE).² EE quantifies the attitudes and emotions expressed towards family members.² We know from community studies that negative parental EE is related to higher levels of ADHD symptoms in children.^{3,4} Likewise, parents express more negative emotions toward their child with an ADHD diagnosis compared with controls^{5,6} or unaffected siblings.⁷ Moreover, family functioning is more problematic in children with ADHD who have comorbid oppositional and conduct problems.¹ Consistent with this, negative



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EE has been associated with comorbid behavior problems in children with ADHD.⁷⁻¹⁰ However, it is unclear whether negative EE is driven by comorbid externalizing behaviors or by ADHD *per se*.^{3,11,12}

So far, most research has focused on a parent effect model as an explanation for the association between EE and child psychopathology.¹³⁻¹⁵ That is, it is assumed that negative EE aggravates the course of child psychopathology (symptoms) over time. However, the reverse has also been considered^{7,16}: that is, high levels of parental critical EE could be a consequence rather than a determinant of behavior problems of a child. Raising a child with ADHD is associated with increased parenting stress and could easily lead to feelings of frustration and irritability in the parents who, in turn, negatively express these feelings toward their child.¹ In line with this, it has been argued that negative parenting starts as a reaction to the ADHD behavior of children. Subsequently, negative parenting increases the possibility of developing oppositional behaviors in children with ADHD.^{17,18} This in turn may enhance negative parenting, causing a negative spiral of child behavior affecting parenting and parenting affecting child behavior.

Parental psychopathology could play an important role in the negative emotions that parents express towards their children. Parents of children with ADHD have higher rates of psychopathology,^{19,20} and parental ADHD and depression have been found to be associated with negative EE.^{4,7,21-23} For parental ADHD, the relation might be more complex, as 1 study found that parental response to children with high ADHD symptoms was more positive when mothers also had high ADHD symptoms.¹⁷ Hence ADHD could even be a "protective" factor for parental EE, when parental ADHD is considered in the relationship.

To shed light on the direction of effect between parental EE and child externalizing psychopathology, one needs family studies that use a multilevel approach to tease apart family and child effects, or longitudinal designs. Few studies have done so, with mixed results regarding the direction of effects. One study reported both child and family effects on parental EE, depending on the statistical approach used.^{7,23} As for longitudinal studies, some revealed EE was predictive of later psychopathology over and beyond the predictive effect of baseline child psychopathology.^{11,18,24} However, these studies did not measure EE at follow-up; therefore, a bidirectional

relationship between EE and child psychopathology cannot be ruled out. Of the studies that did involve follow-up measures of EE, 1 study found that preschool EE predicted ADHD diagnosis 4 years later¹²; a second study did not reveal longitudinal associations between EE and externalizing behavior over a period of 2 years²⁵; and a third study showed that child externalizing behavior predicted maternal EE in the subsequent year.¹⁶ Longitudinal studies also reveal mixed results concerning the stability of EE.^{12,16,25,26} Studies that have assessed the psychometric properties of EE measures like the Five Minute Speech Sample (FMSS) and Camberwell Family Interview (CFI) have suggested a low stability of EE over periods of 6 months or longer in parents of young children.² Moreover, none of the longitudinal studies used a clinical ADHD sample, leaving the association and direction of the relationship underinvestigated in children with ADHD.

In this 6-year follow-up study on children with an ADHD combined subtype diagnosis, we set out to investigate the relationship between maternal EE and child psychopathology above the possible role of maternal psychopathology; whether maternal EE is a risk factor for later externalizing behavior problems or vice versa, child externalizing behavior a risk factor for negative maternal EE; and, finally, whether maternal EE remains stable over time.

METHOD

Participants

From 2003 to 2006 participants were recruited through child psychiatric clinics in the Netherlands as part of the International Multicenter ADHD Genetics (IMAGE) study.^{27,28} Families were included in IMAGE if they had at least 1 child with an ADHD combined diagnosis (proband) and at least 1 additional sibling (regardless of gender or ADHD diagnosis). All children were white and of European descent, between 5 and 19 years of age, had an IQ ≥ 70 , and had no diagnosis of autism, epilepsy, general learning difficulties, brain disorders, or known genetic disorders (such as fragile X or Down syndrome). For the follow-up measurement, all family members were re-invited, with a mean follow-up period of 5.9 years (standard deviation [SD] = .72) (see <http://www.neuroimage.nl/> for a description of the study). In this study, 385 participants (from 270 families with 1 affected child and 54 families with 2 or more affected children) with an ADHD combined subtype diagnosis and a measurement of EE were included at baseline, of which data on 285 participants (from 212 families with 1 affected child

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