



Parenting in adults with attention-deficit/hyperactivity disorder (ADHD) [☆]

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ABSTRACT

Although the validity of adult ADHD is well established and research has identified a variety of impairments associated with the condition in adults, study of how ADHD impacts an adult's ability to parent has been relatively neglected. Parenting is a particularly important domain of functioning given the familial nature of the disorder and emerging evidence that parenting behaviors play a role in the development or maintenance of child ADHD symptoms, comorbid psychopathologies, and other associated difficulties. In this paper, we focus on three broad categories of cognitive dysfunction proposed across models of ADHD – cognitive processes (e.g., working memory, planning, and inhibitory control), self-regulation deficits (e.g., self-monitoring of performance to detect errors or the need for regulation of behavior and/or emotions), and motivational or arousal difficulties (e.g., response to incentives, delay aversion). We consider how these deficits may lead to impairments in the parenting behaviors of effective behavioral control and emotional responsiveness, and review the available evidence regarding parenting in adults with ADHD symptoms. We conclude by noting the limitations in existing studies, and argue for further research that is theoretically grounded in how core deficits of ADHD may be related to dimensions of parenting. The implications of an improved understanding of how ADHD impacts parenting for the development of early intervention or prevention programs are outlined.

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1. Introduction

At an accelerating pace over the past two decades, ADHD has been recognized as not restricted to childhood, but a disorder which appears across the lifespan (Kessler et al., 2006). With the increasing recognition of ADHD among adults has come research focused on aspects of the adult disorder such as its correspondence to the childhood form, common comorbidities, and the efficacy of interventions. Central to understanding the nature of ADHD in adults is the extent to which the disorder interferes with or impairs functioning. It is well documented that ADHD symptoms in adults are associated with significant impairment across domains such as academic achievement, occupational history and attainment, and interpersonal relationships (Barkley, Murphy, & Fischer, 2008; Johnston, 2002; Mannuzza et al., 2011). However, only a few studies have examined the impact of ADHD symptoms on parenting. Confirming the importance of this domain of functioning, Barkley (2011b) found that, in a representative sample of adults, meeting diagnostic criteria for ADHD was associated with reports of greater child-rearing impairment. In this paper we argue that parenting is a critical domain of functioning that must be considered in adults with ADHD.

Research on how adult ADHD influences the caregiving environment is essential in order to fully understand the developmental trajectories that lead to ADHD or comorbid disorders, or to the avoidance of such outcomes, among the offspring of adults with ADHD. Given the highly heritable nature of ADHD (Faraone & Biederman, 2005), the co-occurrence of ADHD in child and parent is relatively common. Well over half of adults with ADHD have at least one child with the disorder (Biederman, Faraone, Mick, & Spencer, 1995; Kessler et al., 2006; Minde et al., 2003) and approximately 25–50% of children with ADHD have a parent with the disorder (Biederman et al., 1995; Chronis et al., 2003). Indeed, it is probable that the existing literature describing difficulties in families of children with ADHD reflects, to some extent, the presence of ADHD in the parents as well as in the children (Johnston & Lee-Flynn, 2011a).

To the extent that ADHD symptoms impair parenting, these parenting deficits will have ripple effects that may moderate the genetic risks for children in these families. The parenting difficulties that adults with ADHD face may be amplified by the strong likelihood of difficult child temperament and/or vulnerability to environmental risks in their offspring. Furthermore, the effects of parenting difficulties attributable to ADHD are not circumscribed to child ADHD (Humphreys, Mehta, & Lee, 2010) and may also open developmental pathways to comorbid conditions such as oppositional and conduct problems (Barkley, 2010; Beauchaine, Hinshaw, & Pang, 2010). From a developmental psychopathology perspective, ADHD in the parent contributes critical variance in determining trajectories of child development as the ADHD-linked parenting difficulties are reciprocally related to child vulnerabilities and each drives dynamic changes in the other over time. Although it is likely that parent ADHD and child characteristics often interact in a manner that impedes optimal child development (e.g., parents who lack self-regulation skills are less able to support and scaffold the development of such skills in their young children), there may also be pathways through which parent ADHD serves to attenuate or buffer the development of child problems (e.g., parents with ADHD are more in synchrony with a child's preference for fast-paced activities). From this standpoint, knowledge of the mechanisms and variations that underlie how parent ADHD and child vulnerabilities interact across development is critical to informing early and lasting interventions for ADHD. Even existing evidence-based treatments for childhood ADHD place heavy responsibilities on the parent for treatment administration (Hoza, Johnston, Pillow, & Ascough, 2006) and parental ADHD impedes the effective delivery of such treatments (Chronis-Tuscano et al., 2011; Sonuga-Barke, Daley, & Thompson, 2002). Parental ADHD may play an even more important role in early interventions which focus on the parenting environment as a modifier of child genetic risk.

Despite the crucial ways in which ADHD symptoms in parents may impact both adult and child functioning, our understanding of parenting in adults with ADHD is underdeveloped. It could be argued that we know more about how ADHD symptoms influence adults' performance on neuropsychological, personality, or driving tests than we know about how ADHD impacts the ability of adults to appropriately care for and cope with the challenges of parenting their high risk offspring. This lack of research into adult ADHD and parenting is likely the result of several factors, including the relatively recent recognition of the adult diagnosis of ADHD, a heavy emphasis on genetic rather than environmental factors in relation to ADHD, and a desire to avoid blaming parents for child ADHD problems. In this paper, we argue that the slow development of research focused on ADHD and parenting may also be attributed to the lack of a theoretical or conceptual framework to guide such work. Specifically, there is a need to ground studies of parenting impairment in adults with ADHD in what we know about the core dysfunctions of ADHD and how these may impact core aspects of parenting. The goal of this paper is to consider a framework that integrates proposed core deficits of ADHD with key dimensions of parenting. We then review studies of parenting and ADHD symptoms from the lens of this framework. Finally, we summarize directions and challenges for future research in this area.

2. Adults with ADHD

Despite continuing controversy and uncertainty regarding the most appropriate diagnostic criteria for adult ADHD (Barkley et al., 2008), it is recognized that the disorder persists into adulthood in 50 to 80% of individuals with childhood ADHD (Barkley, Fischer, Smallish, & Fletcher, 2006; Faraone, Biederman, & Mick, 2006) and epidemiological studies estimate that approximately 4% of adults have ADHD (Faraone & Biederman, 2005; Kessler et al., 2006). Given the strong possibility that current diagnostic criteria are not entirely appropriate when applied to adults, this may be an underestimate of the true prevalence (Mick, Faraone, Biederman, & Spencer, 2004; Pinkhardt et al., 2009). In contrast to the higher prevalence among male children, in adulthood, prevalence appears similar in males and females (Faraone & Biederman, 2005; Kessler et al., 2006). As in childhood, ADHD in adults is characterized by excessive inattention and hyperactivity/impulsivity, although symptom presentation is believed to differ in developmentally appropriate ways in adults (e.g., hyperactivity may be experienced more as restlessness) (McGough & Barkley, 2004). Although ADHD is subtyped in both children and adults, the fluid and indeterminant nature of these subtype classifications is widely recognized (Nigg, Tannock, & Rohde, 2010). In line with emerging evidence in several areas of psychopathology (Helzer, Kraemer, & Krueger, 2006), adult ADHD symptoms may best be conceptualized in a dimensional fashion (Marcus & Barry, 2010), with a recognition that impairment is associated with elevations in symptom levels whether or not an arbitrary diagnostic threshold is exceeded (Mannuzza et al., 2011). In addition, ADHD is highly comorbid with a range of other adult psychopathologies some of which may reflect disturbances in the same brain systems (Miller, Nigg, & Faraone, 2007). However, consistent with a view of ADHD as a neurodevelopmental disorder, it appears to have an earlier onset than many of its adult comorbidities, and these comorbidities, such as depression or substance use disorders, may be partly due to the effects of ADHD symptoms (Fayyad et al., 2007). Despite evidence of the efficacy of both medications and psychological treatments for adult ADHD (Faraone, Spencer, Aleardi, Pagano, & Biederman, 2004; Solanto et al., 2010), surveys suggest that a substantial number of adults are untreated for their ADHD and are more likely to enter mental health services because of comorbid problems (Fayyad et al., 2007; Kessler et al., 2006). In sum, ADHD in adults is relatively prevalent, impairing, and often untreated.

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