

Coping with Parenting Hassles

Researchers in the past have found a strong connection between the amount of hassle experienced by parents and their children's behavior. Mazer (2006) examined the connections between parents' thinking styles and their perception of the hassles involved in being a parent. Overall, they found that the more hassles a parent experienced (such as child problem behaviors and frustrating tasks associated with parenting), they reported more distress and less satisfaction with parenting. However, when the amount and intensity of hassles were statistically removed, parents' negative thoughts about parenting continued to predict higher levels of distress and lower levels of satisfaction. These negative thoughts included anticipating unrealistic negative outcomes from a stressful situation, assuming negative events will recur frequently or be the norm, feeling excessive personal responsibility for negative events, and only seeing negative aspects of mixed events. Mazer found that while parents experiencing more hassles used more positive coping thoughts, that the amount of mildly unrealistic positive thoughts they reported were not related to their distress or parenting satisfaction. Mazer concluded that helping parents maintain realistic expectations for their children's behavior and realistic interpretations of the day to day hassles of parenting may be the key to avoiding distress, feeling satisfied and competent as a parent, and maintaining effective parenting.

Mazur, E. (2006). Biased appraisals of parenting daily hassles among mothers of young children: Predictors of parenting adjustment. *Cognitive Therapy and Research*, 30, 161-175.

ADHD and Delayed Brain Maturation

Many researchers have perceived neurological differences between children and adults diagnosed with ADHD and those with no attention difficulties. However, it is unclear whether these differences are due to fundamental differences in brain structure for those with ADHD, or due to different rates of development. Using repeated measures and statistical modeling, Shaw and colleagues (2007) showed strong evidence for these differences being due to different rates of maturation of the brain between children with ADHD and children with no attention difficulties. All the children in their study showed similar patterns of cortex growth, with different areas maturing at different times, and all areas showing a thickening of the cortex through childhood followed by a thinning of the cortex into adolescence. In motor areas of the brain, ADHD children actually matured significantly faster, with a difference of a few months. However, in other areas, particularly in the middle prefrontal cortex, which is associated with attention, planning and impulse control, children with ADHD lagged approximately 5 years behind children without ADHD symptoms. Shaw and colleagues conclude that for at least some number of children with ADHD, their symptoms are not due to brain dysfunction, but rather a slower rate of brain development, and that with adequate treatment many children can hope to achieve normal levels of attention and impulse control.

Shaw et al. (2007). Attention-deficit/hyperactivity disorder is characterized by a delay in cortical maturation. *Proceedings of the National Academy of Sciences*, 104, 19649-19654.

Categories of Behavior Problems

While many studies have examined the categories of psychological difficulties children experience, frequently children with behavior problems are treated as a single group. This can make advising parents difficult, as not all problem behaviors are the same. Beg, Casey and Saunders (2007) examined a group of clinic-referred preschoolers, looking for distinct types of behaviors that parents and teachers find problematic. They found 4 different categories of childhood behavior problems in their sample: attention problems, excessive aggression and hyperactivity, odd or unusual disruptive behaviors, and emotionally reactive behavior problems. Researchers hypothesized that the first type included children with early signs of ADHD, the second type would capture children typically diagnosed with oppositional-defiant disorder indicating a need for changes in parenting style, the third type consisted of children with difficulties understanding the world around them and therefore choosing appropriate actions who may need occupational therapy of social skills training, and the final type, which included children with the most severe difficulties, consisted of children who had difficulty regulating their emotions and therefore could not control their behaviors.

Beg, M. R., Cassey, J. E. & Saunders, C. D. (2007). A typology of problems in preschool children. *Assessment*, 14, 111-128.

Personality and Disruptive Behaviors

Recently, researchers have examined personality traits typical of adult disordered personality in teens and even younger children, looking for understanding of how personality disorders arise. One group of traits, associated with adult antisocial personality disorder, includes being callous (limited empathy and guilt) and unemotional (restricted emotional response to events). Obradovic and colleagues (2007) showed that these personality traits tend to be relatively stable over time, in the absence of treatment. Two independent groups of researchers have shown that through systematic treatment, these traits can be reduced, leading to both better behaviors and to more connection and understanding of others. Hawes and Dadds (2007) examined a group of children with both serious behavior problems and callous-unemotional personality traits. They found that parent training emphasizing consistent rewards and calm correction of misbehavior reduced callous-unemotional personality traits in children. Pardini, Lochman and Powell (2007) examined parenting practices and CU traits, and found that youths experiencing less physical discipline and greater parental warmth and involvement had reduced callous and unemotional personality traits over time.

Hawes, D. & Dadds, M. (2007). Stability and malleability of callous-unemotional traits during treatment for childhood conduct problems. *Journal of Clinical Child and Adolescent Psychology*, 36, 347-355

Obradovic, J, Pardini, D, Long, J & Loeber, R. (2007) Measuring interpersonal callousness in boys from childhood to adolescence: An examination of longitudinal invariance and temporal stability. *Journal of Clinical Child and Adolescent Psychology*, 36, 276-292

Pardini, D., Lochman, J & Powell, N. (2007). The development of callous-unemotional traits and antisocial behavior in children: Are there shared and/or unique predictors? *Journal of Clinical Child and Adolescent Psychology*, 36, 319-333.

Special Section: Adult ADHD

Advancing Minds is proud to announce a new service: Adult ADHD evaluations. This disorder is one of the more commonly diagnosed and treated disorders in childhood, with prevalence rates of 3-7%¹. However, it has only recently been acknowledged that attention difficulties may continue into adulthood, and few adults seek treatment for these concerns². National and international surveys estimate the prevalence of ADHD in adults to be just over 4%^{2,3}, lower than childhood estimates as some children outgrow or overcome their symptoms. Parents of children with ADHD may be particularly likely to have undiagnosed ADHD symptoms, as ADHD has a strong genetic influence⁴. Treatments for adult ADHD are similar to childhood treatments, including psychostimulant medication, neurofeedback, and behavioral strategies. The articles in this section discuss recent findings regarding adult ADHD, including impulsive symptoms, co-occurring diagnoses, treatments, and parenting with ADHD.

1. American Psychiatric Association (2000). Diagnostic and statistical manual of mental disorders (4th ed, text rev.). Washington DC: American Psychiatric Association
2. Kessler, R. C. et al. (2006). The prevalence and correlates of adult ADHD in the United States: Results from the National Comorbidity Survey Replication. *The American Journal of Psychiatry*, 163, 716-723.
3. Fayyad, J, de Graff, R. & Kessler, R. (2007). Cross-national prevalence and correlates of adult attention-deficit hyperactivity disorder. *British Journal of Psychiatry*, 190, 402-409.
4. Levy, F., Hay, D. A. & Bennet, K. S. (2006). Genetics of attention deficit hyperactivity disorder: A current review and future prospects. *International Journal of Disability, Development and Education*, 53, 5-20.

Adult ADHD and Co-occurring Disorders

Miller, Nigg and Faraone (2007) conducted a study comparing rates of psychological disorders in adults with ADHD, and adults with no significant attention difficulties. They found that adults with ADHD had more additional difficulties than those without. Adults with ADHD were 3 times less likely to have finished high school, twice as likely to have clinically significant mood or anxiety disorders, twice as likely to consistently engage in antisocial behaviors and significantly more likely to have used substances to excess. They conclude that ADHD is associated with significant emotional and life difficulties, and should be routinely assessed for in adults seeking psychological treatment.

Miller, T. W., Nigg, J. T. & Faraone, S. V. (2007). Axis I and II comorbidity in adults with ADHD. *Journal of Abnormal Psychology*, 116, 519-528

Types of Impulsive Behaviors

Smith and colleagues (2007) looked at different types of behaviors that are typically grouped as impulsive behaviors. They found 3 distinct types of impulsivity that tended to cause problems in their adult sample. The first was disorganization, consisting of both difficulty planning ahead, and difficulty sticking with tasks over time. The second was sensation seeking, or a desire to engage in behaviors that are risky and give a rush of excitement. The third was urgency, which they describe as a tendency to act with greater impulsivity when distressed. Each type of impulsivity had different effects. For example, high sensation seeking was related to how often participants made poor choices while urgency related to how long they would continue to engage in harmful activities.

Smith, G. T. et al. (2007). On the validity and utility of discriminating among impulsive-like traits. *Assessment*, 14, 155-170.



Advancing Minds Research Review Quarterly is a free publication to promote awareness of psychological research in professionals that work with children. All articles are written by Susan Arvin., Ph.D. For additional copies or information, please call (408) 294-9903.

Advancing Minds is a child and adolescent mental health clinic in San Jose, CA. Our team of psychologists provides in depth evaluations of children's academic and emotional functioning. Evaluations help clarify diagnoses, qualify children for services, and provide parents and professionals with a detailed plan to help a child achieve their potential. Our psychologists also provide a full range of therapy and consultation services, helping families manage difficulties such as depression, anxiety, disruptive behaviors, inattention, relationships and troubling life events.

ADHD Symptoms and Parenting

Chen and Johnston (2007) explored the relationship between mothers' inattention and impulsivity and several parenting factors. They found that mothers with difficulty attending had more difficulties maintaining consistency in how they disciplined their children and in maintaining positive involvement with their children. Mothers with difficulty controlling impulses were less likely to use positive reinforcement to encourage their children to choose positive behaviors. Neither group of mothers were more or less likely to overreact to their children's difficulties. Overall, results showed that mothers with symptoms of ADHD have more difficulty applying the types of parenting skills recommended to help manage children's behaviors and attention. In families using primarily behavioral strategies to manage child ADHD, it may be particularly important for parents to get assessment and treatment for any attention and impulse difficulties they may themselves possess.

Chen, M. & Johnston, C. (2007) Maternal inattention and impulsivity and parenting behaviors. *Journal of Clinical Child and Adolescent Psychology*, 36, 455-468.

Treatments for Adult ADHD

Ramsay and Rostain (2007) reviewed 8 current studies of non-medical treatments for adults with ADHD. They noted that behavioral and therapeutic interventions are frequently needed for many adults with ADHD, as up to 50% of adults find medications to be insufficient treatment for their symptoms. All 8 studies showed significant improvements in ADHD symptoms for adults participating in therapy, as well as improvement in other areas including self esteem, depression and anxiety. Three of the 8 studies were randomized, controlled studies that showed that therapy provided significant additional gains over medication alone. They conclude that a combination of medication with therapy is the best treatment for adult ADHD, as it has shown to be with children.

Therapy techniques in all 8 studies were highly structured and goal based, using cognitive and behavioral techniques. They consisted of education about ADHD to help clients accurately understand their difficulties and reduce self-blame, cognitive restructuring to help clients question and defeat negative and self-defeating thoughts, and specific behavioral skills targeted to individual symptoms, such as coaching a client through scheduling and completing a major presentation at their job.

Ramsay, R. R. & Rostain, A. L. (2007). Psychosocial treatments for attention-deficit/hyperactivity disorder in adults: Current evidence and future directions. *Professional Psychology: Research and Practice*, 38, 338-346.