

Parenting stress and coping strategies in mothers of children with Attention Deficit Hyperactivity Disorder in Argentina

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Artículo Original

Abstract	Resumen	Tabla de Contenido
<p>The aim of this research was to study the relationship between parenting stress and coping strategies of mothers of children with Attention Deficit Hyperactivity Disorder (ADHD). The sample consisted of 143 mothers with a child who had been diagnosed with ADHD. The mothers completed a sociodemographic questionnaire, the Coping Strategies Questionnaire (CAE) and the Parenting Stress Index Short Form (PSI-SF). The results showed that mothers experienced high levels of stress and they tended to use coping strategies focused on problem solving. Meaningful differences were found between parenting stress and coping strategies according to sociodemographic characteristics. Negative correlations between parenting stress and coping strategies showed that coping strategies focused on problem solving were associated with lower levels of stress. Besides, positive correlations between parenting stress and coping strategies showed that higher levels of emotional coping strategies were associated with higher levels of parenting stress.</p> <p><i>Palabras clave:</i> parenting stress, coping strategies, mothers, ADHD.</p>	<p>Estrés parental y estrategias de afrontamiento en madres de niños con Trastorno por Déficit de Atención e Hiperactividad en Argentina. Arial 8 negrita. El objetivo de la investigación fue estudiar la relación existente entre el estrés parental y las estrategias de afrontamiento en madres de niños con Trastorno por Déficit de Atención e Hiperactividad (TDAH). La muestra estuvo compuesta por 143 madres con un hijo con diagnóstico de TDAH. Se les administró un cuestionario sociodemográfico, el Cuestionario de Afrontamiento del Estrés (CAE) y el Inventario de Estrés Parental Formato Abreviado (PSI-SF). Los resultados indicaron que experimentan niveles altos de estrés y que utilizan en mayor medida las estrategias de afrontamiento focalizadas en la solución del problema. Se encontraron diferencias significativas entre el estrés y las estrategias de afrontamiento según características sociodemográficas. Las correlaciones negativas encontradas demostraron que las estrategias racionales se asocian con un nivel bajo de estrés. Además, las correlaciones positivas demostraron que, a mayor utilización de estrategias focalizadas en la emoción mayor grado de estrés.</p> <p><i>Keywords:</i> estrés parental, afrontamiento, madres, TDAH.</p>	<p>Introduction 84 Methods 85 Participants 85 Procedure 85 Instruments 86 Results 86 Discussion 89 References 90</p>

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Introduction

Attention Deficit Hyperactivity Disorder (ADHD) is a chronic condition characterized by inattention, impulsivity, and hyperactivity (American Psychiatric Association, 2013). It has an early beginning in childhood, before the age of 12, and symptoms can persist or become more severe in adolescence or in adulthood, causing

several impairments in some aspects of their lives (Gapin, Labban, & Etnier, 2011; López-Martín, Albert, Fernández-Jaén, & Carretié, 2010). Fifty percent to 70% of children with ADHD continue with its symptoms during adolescence, whereas 40% to 50% of them persist with its symptoms in adulthood, and 10% to 15% of cases, ADHD

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symptoms become more severe and turn into a more complex condition (Ortiz-Léon & Jaimes-Medrano, 2007).

Children with this condition can be highly disruptive. Over 2/3 of children who have been diagnosed with ADHD have a comorbid disorder. It is believed that the presence of simultaneous disorders in childhood represents a serious challenge for health professionals; diagnostic, treatment and prognosis become even more complex (Hervás Zúñiga & Durán Forteza, 2014). Some authors affirm that more than 85% of children and adolescents with ADHD have a comorbid disorder and about 60% of cases have two or more comorbid disorders (González, Bakker, & Rubiales, 2014a). Others observe that ADHD is associated to behavioural disorders like oppositional defiant disorder (ODD), or other conduct problems are more frequent. It is considered that the presence of a comorbid disorder like these predict a worst prognosis (Díaz-Atienza, 2006; Hervás Zúñiga & Durán Forteza, 2014).

Parenting stress is a concept that derives from family stress, but this one refers to a type of stress that arises from parents' perceptions when performing their roles. The dominant theory about parenting stress was developed by Abidin (1995), it has three major concepts: parental distress, parent-child dysfunctional interaction, and difficult child. This author also described a general domain that is the overall stress perceived as a parent.

Several research studied the relationship between parenting stress and the presence of ADHD or other similar neurodevelopmental disorders in the family. The consistent results concluded that parents experienced considerable level of stress when performing their roles. Such stress is higher or clinically significant compared to those families with children without this condition (Del Bianco Faria & Cardoso, 2016; Fernández Andrés, Pastor Cerezuela, & Botella Pérez, 2014; Yousefia, Far, & Abdollahian, 2011).

Coping strategies are key elements in understanding the concept of stress. Lazarus and Folkman (1984) defined stress as a subjective perception of a specific event and stress as the disability or lack of resources to cope with. Thus, individuals perceive stress differently, and they make use of different resources to face stressful situations, helping them to maintain certain degree of adjustment. In order to explain the differences

found among individuals in coping with stress, it is believed that coping strategies either relieve or increase stress, so stress is determined by the coping strategies that individuals use (Mikulic & Crespi, 2008; Sandín, 2003). Coping strategies can be classified in different ways, however, Sandín and Chorot (2003) developed an outstanding classification, they described seven coping strategies and two general coping strategies: rational and emotional coping.

Consistent results in prior investigations demonstrated that mothers tended to use more frequently coping strategies focused on problem solving, positive reappraisal, social support seeking, planning, among others. Most of these strategies focused on rational or active coping allow parents to solve problems, plan future solutions or actions, find possible alternatives to problems, learn from difficulties, highlight positive aspects or to look for support. However, it was also found that parents also make use of passive, avoidance, or emotional coping but less frequently (González Bakker, & Rubiales, 2014b; Loubat & Cuturrufo, 2007; Tijeras Iborra et al., 2015).

In this study, we aim to examine the level of stress of mothers of children with ADHD, identify the coping strategies more frequently used and study the relationship between these variables. It is convenient to research level of parenting stress and coping strategies as well; they provide essential information which allows to understand how family dynamic or functioning are. Therefore, exploring the level of stress in parents and identifying how they face it could provide information that can be useful for future professional interventions (Pérez Padilla, Menéndez Álvarez-Dardet, & Hidalgo, 2014).

Methods

Participants

The sample consisted of 143 mothers with a child who had been diagnosed with ADHD, 67.2% of the participants were from Buenos Aires (Argentina), while the rest of them were from different provinces of the country. Children were between 4 and 12 years old ($M = 8.06$) and 47.6% of them had a comorbid behavior disorder.

Procedure

Participants were given a Sociodemographic Questionnaire, the Coping Strategies Questionnaire (CAE; Sandín & Chorot, 2003) and

the Parenting Stress Index-Short Form (PSI-SF; Abidin, 1995; Díaz-Herrero, Brito de la Nuez, López Pina, Pérez-López, & Martínez-Fuentes, 2010) which were transcribed in an online platform. Before completing the questionnaires, participants read an informed consent and accepted to participate. Subsequently, the Statistical Package for the Social Science (SPSS) version 22.0 software (Spanish version) was used for statistical analysis.

Instruments

Coping Strategies Questionnaire (CAE). It was designed by Sandín and Chorot (2003). It is a 42-item self-report measure that was developed to assess seven coping strategies:

- Problem-solving coping: tendency to analyze the possible causes of the problem, plan future actions or find alternatives that result in more effective solutions.
- Negative auto-focused coping: tendency to feel helpless, guilty or hopeless, unable to change or do something to find a possible solution to the problem.
- Positive reappraisal: tendency to learn from difficult situations, judge stressful events highlighting positive aspects.
- Overt emotional expression: tendency to experience hostile emotions and express them towards the others.
- Avoidance coping: tendency to avoid everything related to the problem, concentrate in other things in order not to think or do something to solve the problem.
- Social support seeking: tendency to look for information, advice, support in others that help to deal with the stressful situation.
- Religious coping: tendency to focus on religion to tolerate or to try to solve the problem by praying, asking for spiritual help, going to church.

The Cronbach's alpha reliabilities of the subscales ranged from .56 to .88 ($M = .73$). It also includes two more general coping strategies styles: rational coping that includes the subscales: problem-solving coping, positive reappraisal and social support seeking. The other general scale is focused on emotion and includes the subscales: negative auto-focused coping and overt emotional expression. The Cronbach's alpha reliabilities of the general scales ranged from .63 to .77 ($M = .70$).

The Coping Strategies Questionnaire is a

Likert scale, in which participants express the degree of agreement or disagreement with each statement, choosing one answer range from Never to Always. The score is obtained by adding the individual scores of each statement according to each coping strategy.

Parenting Stress Index-Short Form (PSI-SF). It was designed by Abidin (1995), it was validated and translated in Spanish by Díaz-Herrero et al. (2010). It is a 36-item self-report questionnaire that evaluates the overall parenting stress and three subscales:

- Parental distress: stress perceived by parents when performing parental roles.
- Parent-child dysfunctional interaction: stress related to the feeling by which parents feel satisfied with their child and their interactions with them.
- Difficult child: stress related to how parents perceive their child to be easy or difficult to take care of.
- Total stress: overall stress perceived as a parent.

The Cronbach's alpha reliabilities of the subscales ranged from .81 to .90 ($M = .86$). PSI-SF is a Likert scale, in which participants express the degree of agreement or disagreement with each statement, choosing one answer range from strongly agree to strongly disagree. The score is obtained by adding the individual scores of each domain. Scores at or above the 85th percentile on the total stress scale or in one of the subscales are considered clinically significant.

Sociodemographic Questionnaire.

Questions related to sociodemographic aspects including age, gender, marital status, level of education of the mothers, and age, gender, diagnostic and treatment of their child.

Results

A descriptive analysis was performed to define the coping strategies styles used by mothers with children with ADHD. Results indicated that mothers of children with ADHD used more frequently strategies like problem-solving ($M = 15.59$), positive reappraisal ($M = 13.13$), overt emotional expression ($M = 9.64$), and social support seeking ($M = 9.34$). According to the general coping strategies, rational coping ($M = 38.25$) was more frequently used compared to emotional coping ($M = 18.04$; Table 1).

Table 1.
Descriptive analysis of coping strategies

Coping Strategies	<i>N</i>	<i>M</i>	<i>SD</i>
Problem-solving coping	143	15.59	4.248
Negative auto-focused coping	143	8.41	4.679
Positive reappraisal	143	13.33	3.871
Overt emotional expression	143	9.64	4.435
Avoidance coping	143	6.59	3.798
Social support seeking	143	9.34	5.698
Religious coping	143	6.36	6.155
Emotional coping	143	18.04	7.813
Rational coping	143	38.25	9.909

Note: *N* = sample; *M* = mean; *SD* = standard deviation.

A descriptive analysis was performed to define the level of stress experienced in mothers of children with ADHD. Results showed that 83.9% of the participants experienced high level of total stress which were clinically significant (*M* = 89.41). According to the subscales, 67.1% of the sample experienced clinically significant levels of parental

distress (*M* = 79.99), 62.2% of the participants showed clinically significant levels of stress in parent-child dysfunctional interaction (*M* = 82.59), and 84.6% of the mothers experienced high levels of stress in child domain which were clinically significant as well (*M* = 90.16; [Table 2](#)).

Table 2.
Descriptive analysis of Parenting Stress

Parenting stress	<i>N</i>	<i>M</i>	<i>SD</i>
Parental distress	143	79.99	27.682
Parent-child dysfunctional interaction	143	82.59	21.161
Difficult child	143	90.16	19.532
Total stress	143	89.41	18.898

Note: *N* = sample; *M* = mean; *SD* = standard deviation.

In order to see if the variables were responding to a normal distribution a Kolmogorov-Smirnov test was conducted. The results indicated that almost all of them responded to a normal distribution ($p > .05$).

Parenting stress and coping strategies were compared according to sociodemographic variables including gender of the child, presence of a comorbid behavior disorder and aspects related to the child treatment were compared between groups.

A Mann-Whitney U test was performed to examine if there were significant statistical difference among groups within the sample. It

showed that a significant difference was found between mothers of children with ADHD and a comorbid behavior disorder and mothers of a child with ADHD without any other comorbid disorder. Mothers of children with ADHD and a comorbid disorder reported to be more significantly focused on problem solving coping. Besides, these mothers reported higher levels of stress in parent-child dysfunctional interaction and difficult child domains, and overall stress compared to those mothers of children without comorbidity. No other significant correlation was found in this research ([Table 3](#)).

Table 3.

Differences between parenting stress and coping strategies according to the presence of a comorbid behavior disorder

	Average range		Sig.
	P (n = 75)	W (n = 68)	
Problem-solving coping	62.18	82.83	.003*
Negative auto-focused coping	72.50	71.45	.879
Positive reappraisal	72.27	71.71	.935
Overt emotional expression	72.37	71.60	.911
Avoidance coping	73.07	70.82	.745
Social support seeking	75.33	68.33	.312
Religious coping	68.98	75.33	.356
Rational coping	70.42	73.74	.632
Emotional coping	71.85	72.17	.963
Parental distress	68.47	75.90	.284
Parent-child dysfunctional interaction	65.10	79.61	.036*
Difficult child	64.26	80.54	.019*
Total stress	65.25	79.45	.041*

Note: N = sample; P = presence of a comorbid disorder; W = without presence of a comorbid disorder;

* $p < .05$

In order to determine if the coping strategies and the parenting stress were related Spearman's Rho test was performed. The results obtained in this research showed that positive and negative correlations were found between coping strategies and parenting stress. Problem-solving coping and social support seeking were negatively and statistically significant associated with parental distress. Positive reappraisal and rational coping were also negatively and statistically significant associated with the total stress and all its subscales (parental distress, parent-child

dysfunctional interaction and difficult child). On the other hand, positive and significant correlations were found in overt emotional expression with total stress and parental distress. Besides, religious coping was positively and statistically significant associated with parental distress. Negative auto-focused coping and emotional coping were positively and statistically significant associated with total stress and its subscales (parental distress, parent-child dysfunctional interaction and difficult child). No correlations were found in avoidance coping and parenting stress (Table 4).

Table 4.

Correlations between parenting stress and coping strategies

Variables	Parental Distress	Parent-child dysfunctional interaction	Difficult child	Total stress
Problem-solving coping	-.226**	-.145	.009	-.158
Negative auto-focused coping	.471***	.354***	.372***	.486***
Positive reappraisal	-.361***	-.386***	-.323***	-.425***
overt emotional expression	.335***	.239**	.221**	.321***
Avoidance coping	.057	.122	.030	.084
Social support seeking	-.210*	-.156	.041	-.133
Religious coping	.233**	.028	.102	.133
Rational coping	-.306**	-.299**	-.124**	-.221**
Emotional coping	.476**	.358**	.314**	.404**

Note: * $p < .05$. ** $p < .01$. *** $p < .001$ (bilateral).

Discussion

The aim of this research was to study the relationship between parenting stress and coping strategies of mothers with children with ADHD. The results obtained indicated that positive correlations were found between those variables which were statistically significant. Strategies like negative auto-focused coping overt emotional expression and religion correlated positively to stress. The results obtained are coherent with prior investigations and bibliography. Sandín and Chorot (2003) consider that individuals with high levels of stress tend to use strategies focused on emotions that do not allow them to handle stressful events or problems in more effective ways. Besides, Lazarus (2006) suggests that the usage of coping strategies focused on emotion are not as effective as rational coping since they do not decrease the levels of stress, on the contrary, the person is in a worst condition to face stress. It is considered that coping strategies less adaptive like avoidance or passive coping were predictors of stress and it was shown that emotional coping was associated with parental and family problems in populations with children with neurodevelopmental disorders (Fernández Andrés et al., 2014; Lyons, Leon, Phelps, & Dunleavy, 2010). Thus, in this research the high levels of stress found in these mothers can be associated with the use of emotional coping. Expressing their emotion in hostile ways, feeling helpless, hopeless, or unable to change the stressful event, and focusing on religion or spirituality might not result effective and levels of stress might increase.

Strategies like positive reappraisal, problem-solving coping, social support seeking, and the general scale rational coping were negatively and significantly correlated to parenting stress. According to the literature found, it is believed that coping strategies buffer the effects of stress, strategies like rational coping are more effective to decrease stress (Lazarus, 2006; Siman-Tov & Kaniel, 2011). Studies showed results that are congruent with this investigation that demonstrated significant negative correlations, indicating the better coping strategies the lower stress experienced by parents. It was also found that good coping strategies could be associated to better quality of life and lower levels of stress. Parents or caregiver of disabled children or with a chronic condition reported lower levels of stress and a better quality of life when implementing

active coping problem-solving coping (Dwireksi Lukman, & Rafiyah, 2018; Fernández Andrés et al., 2014; Izani Uzair et al., 2015). Thus, in this case positive reappraisal problem solving and social support seeking could have contributed to decrease the levels of stress. Implementing rational coping strategies allow mothers to learn from difficulties, highlighting positive aspects. It also allows them to analyze the possible causes of the problem, plan alternatives that can lead to better solutions, and seek for social support allow them to have a better understanding and handling of the problem.

The results showed that mothers of children with ADHD experienced high levels of stress, which was considered clinically significant (Díaz-Herrero et al., 2010). Literature suggested that the level of stress in parents or caregivers of children with ADHD was significantly higher compared to those parents or those who took care of children without this condition (Del Bianco Faria & Cardoso, 2016; Fernández Andrés et al., 2014; Theule, Wiener, Tannock, & Jenkins, 2013; Yousefia et al., 2011).

It was also found in similar studies that parents with a child with ADHD had levels of stress that were clinically significant which indicated that they needed professional support (Leitch et al., 2019; Pozo Cabanillas, Sarriá Sánchez, & Méndez Zeballos, 2006). In this research, mothers reported significantly high scores in the three PSI subscales, including parental distress, parent-child dysfunctional interaction and difficult child. These results were consistent with several other studies in which it was found that the strong demands from taking care of a child with ADHD were excessive and difficult to cope with (Barker et al., 2011; Del Bianco Faria & Cardoso, 2016). Therefore, it can be said that the high levels of stress experienced by mothers could be a result of the excessive demands, so parental distress perceived can be reflected on the high levels of stress found in this domain.

In additions to this, literature also suggested that when parents are not completely satisfied with their child and their interactions with them, it is expected that the problems related with parent-child interactions increase. Besides, it is believed that parent-child dysfunctional interaction can rise if parents have negative perceptions or expectations are not completely fulfill (Perea Velasco, Pérez-López, Montealegre Ramón, &

Pérez-Lag, 2012). Thus, the high levels of stress in this domain could be perceived due to the unsatisfied or partially satisfied expectations about their children. Moreover, several studies showed that the ADHD symptoms, mainly the disruptive behavior and the severity of the syndrome were associated with high levels of stress. Parents also described that the child condition made their everyday life more difficult to cope with (Barker et al., 2011; Del Bianco Faria & Cardoso, 2016; Leitch et al., 2019; Yousefia et al., 2011). Raising a child with this condition can be overwhelming for parents or caregivers and that can explain the high levels of stress found in this domain.

On the other hand, results indicated that mothers tended to use more frequently strategies like problem-solving coping, positive reappraisal and social support seeking. This coping strategy style allows mothers to analyze the possible causes of the problem to plan future actions or alternatives to solve the stressful situations. Besides, by using this type of coping strategies, people can learn from difficult situations, judge stressful events, highlighting positive aspects and finding new ways of coping that allows them to find the problem less stressful. Moreover, rational coping helps people to seek social support, look for information or advice from family, friends or professionals that help them to deal with the stressful situation in a healthier way (Sandín & Chorot, 2003). A similar study showed that mothers of children with ADHD used more frequently coping strategies focused on problem-solving, positive reappraisal, social support seeking and overt emotional expression (González et al., 2014a). In another research, similar results indicated that mothers of children with neurodevelopmental disorders tended to use active and problem-solving coping strategies (Tijeras Iborra et al., 2015). However, the presence of an emotional coping strategy like overt emotional expression can explain the high levels of stress found in this research. By using this strategy, mothers can be hostile, they can express their irritability, bad mood, or anger towards the others in a non-effective way, causing higher levels of stress (Sandín & Chorot, 2003).

Parenting stress and coping strategies were compared according to sociodemographic variables. There were few comparisons which were statistically significant. The results showed mothers with children with ADHD and a behavioral

comorbid disorder reported to be more significantly focused on problem solving coping and more significantly stressed. This result is congruent with prior investigations that affirmed mothers with children with behavioral problems tended to report higher levels of stress compared to control groups (Del Bianco Faria & Cardoso, 2016; Perea Velasco et al., 2012; Yousefia et al., 2011).

In conclusion, the results obtained in this research were congruent with previous investigations and literature. Results confirmed that mothers with children with ADHD experience high levels of stress and they tend to use coping strategies focused on problem solving more frequently as well. In addition, positive and negative correlations were found between coping strategies and parenting stress, indicating that the usage of a coping strategy may be associated to low or high levels of stress. Moreover, this study illustrated the importance of implementing clinical interventions to parents. Most research has mainly focused on disability and secondarily on families or caregivers that surround people with this kind of condition. Parents' role is crucial for children with ADHD as it is a chronic disorder; parents and children are exposed to everyday challenges that may affect family dynamic. Therefore, understanding parenting stress and coping strategies used in this type of population provide essential information for future interventions, better professional support and orientation to parents that may allow them to face the impact of this disorder in a more effective way. According to the Spanish Federation of Attention Deficit Hyperactive Disorder (FEAADAH) and the American Children and Adults with Attention Deficit/Hyperactivity Disorder (CHADD), treating children with ADHD often require a multimodal treatment that may include parent training. They believe that working closely with parents, caregivers or educators improve not only the child's symptoms but also the overall well being of families or caregivers. In Argentina, Fundación TDAH offers courses, seminars and workshops that provide training and support to parents.

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