

The Effectiveness of Positive Parenting Program in Marital Satisfaction among Mothers of Children with Attention Deficit/Hyperactivity Disorder

Roghayyeh Mousavi
Shahed Univ. Tehran-Iran
Mousavi@shahed.ac.ir

Abstract

The present research intends to examine the effectiveness of positive parenting program in marital satisfaction among mothers of children with attention deficit/hyperactivity disorder. The research method is a quasi-experimental method based on pretests and posttests to the experimental and control groups. The participants of the research comprised mothers of children ranging from 4 to 12 with ADHD disorder. The sample were selected through available sampling procedure from two medical centers affiliated with Tehran University of Medical Sciences, and were randomly assigned to the control and experimental groups. The experimental group was trained under "group positive parenting training program" through eight sessions. In the present research, the evaluation was done using ENRICH marital satisfaction questionnaire; the collected data were analyzed through the Multivariate Analysis of Covariance (MANCOVA), and the results indicated that positive parenting program leads to a significant increase in mothers' marital satisfaction compared with mothers in the control group. Therefore, it could be concluded that the effective role of positive parenting program in the enhancement of mothers' marital satisfaction is undeniable.

Keywords: *group positive parenting program, mothers' marital satisfaction, symptoms of children with ADHD*

Introduction

Just as parents influence other members of the family, so children have some effects on their parents' behavior through their personality traits and their developmental, behavioral characteristics (Smolak, 1987). Therefore, behavioral disorders of one of the children, such as attention deficit/hyperactivity disorder, which is one of the most prevalent psychological problems among children, affects the whole family and its various functions (Gillberg, 2003). This disorder, being among the most common mental health disorders in childhood (Pelham and Gnagy, 1999), has driven children toward mental health centers more than any other disorder has (Barkley, 1990: 9). According to statistics, 3-7 percent of school-age children are suffering from ADHD all over the world. According to DSM-IV criteria, 8.7 percent of American children aged between 8 and 15 have been diagnosed with this disorder. It is estimated that the prevalence of ADHD among Iranian pre-school children is 12.3 percent, and among school boys is 15.2 percent (Talaie et al., 2010).

The cause of this disorder seems to be unknown; however, a number of studies have suggested that genetic factors and the family background have been ascertained to be the root causes of this disorder (Stergiakouli et al., 2012). ADHD is considered a childhood disease when its effect on adult performance is not noticeable. Nevertheless, recent studies have indicated that ADHD could persist into teenage and adulthood (60%) (Valdizan and Izaguerri, 2009).

Studies on family functions have demonstrated that families of hyperactive children experience more parenting strains and do not think of themselves as competent parents. They tend to drink more alcohol and have fewer contacts with other families. Also, marital conflicts, separation, the rate of divorce and parents' depression are increasing among these families. ADHD is associated with oppositional defiant disorder (ODD), and in later stages with conduct disorder (CD), acute psychopathology of parents and

marital inconsistency and divorce (Mash and Barkely, 2003). Parents of children with ADHD have reported less marital satisfaction and more conflicts compared with parents with normal children (Murphy and Barkely, 1996; Shelton, et al., 1998, cited in Babadi, 2006). usually, parents of these children spend most of their time disciplining them, they do not have much time for fulfilling their marital needs; consequently, they-- especially mothers— become exhausted, impatient and depressed. This may leads to decline the efficiency of family (Khoushabi and khosravi, 2004). Goodman's (1989) research on twin children indicated that there are relationship between behaviors associated with attention deficit/hyperactivity disorder and seven family variables, namely: indifference toward children, excessive criticism of children, poor functions of family, parents' conflicts, divorce, long- running boredom and restlessness of parents. Parents of children with ADHD may have a sense of failure in their parenting roles due to their incapability in improving or managing their children's behavior or efficiency at home or school. Usually there are high levels of conflict between these parents when the ADHD child turns 8 or 10, with several years of poor performance at school, some marriages may end in divorce (Everett and Everett, 2006).

Mothers of ADHD children experience numerous problems such as: 1- Dealing with a child with disorder. 2-Frustration and indignation because their husbands, fail to understand, appreciate and help them out. 3- being unsure about their competencies as a mother (Fridman and Dowyall, cited in Sadrossadat et al., 2002). Lack of efficiency in parenting also affects other aspects of private life such as marital relationships. The majorities of mothers, who devote themselves, full-time, to their children, may experience angry, guilty, and embarrassing. Feelings of anger and frustration have strong impact on marital relationships. Parents, who spend more time and energy looking after their sick child, have a few chance for privacy, which is essential for their intimate and inter-personal relationship. Besides, those parents tend to spend most of their time arguing over their child and how to manage him, and family quarrels ensue (Everett and Everett, 1999). Under such circumstances, the mother increasingly feels isolated, immersing herself in her maternal responsibilities. In addition, the father puts all the blame, strains and pressures of marital life on his wife. Father's dissatisfaction leads to withdraw his child and wife. moreover, some fathers find excuses for coming home late, spending less time with their wives and children. As a consequence, the gap between the spouses widens (Fridman and Dowyall, cited in Sadrossadat et al., 2002). Today, parents face many challenges in child rearing. Since some parents are not still prepared for their parenting role, they apparently experience feelings of desperation and disappointment. The majority of parents start bringing up their children without education and preparation, acting simply based on trial and error (Alaghband Rad, 2004). The devastating effect these children have on their families increases the need for intervention and effective treatment. Spencer. (1996), and Swanson. (1993) discovered that most of the studies indicate the positive effect of pharmacological intervention on the major symptoms of attention deficit and hyperactivity; nevertheless, it is quite obvious that such interventions should be considered as only part of the treatment (Westhuizen Bpharm, 2010). According to As Anastopoulos et al. (1991) state, among although the most important method of treatment for ADHD children is , pharmacotherapy, the parents training is so vital. (Alizadeh, 2004). Parent management training (PMT) was developed on the basis of social learning model (Patterson, 1982) to serve as an effective intervention for children with behavioral disorders. PMT teaches parents how to increase their positive interaction with their children and at the same time decrease their dictatorial and inconsistent interactions (Dean, Mayors & Evans, 2003). This program involves parenting interventions which are based on behavioral principles, social learning and theories of child development (Carolyn et al., 2012). Such interventions encourage parents to learn and practice the most important parenting skills (Kjobli et al., 2013).

PMT approach is superior to other methods based on for two reasons. First, the aim of the program is the correction of child's behavior in the natural environment like home by parents since they have the highest level of interaction with their children; the second reason is that PMT influences different aspects of parenting and family functions (Sanders, 2003; Sanders, 2002; Dean et al., 2003; Crisante, 2003; Sanders, 2007). For example, One part of PMT program is "positive parenting program" (Triple p), a multi-level program with a preventive orientation and supportive strategy of the family (Sanders, 1999, cited in Sanders, 2003).

The purpose of Triple P is to reduce risk factors to prevent developmental, excitatory and behavioral problems among children through increasing knowledge, skills, commitment and self-confidence of parents (Small and Mather, 2009). This program also attempts to determine the adequate intervention that a parent requires in order to help their child overcome further problems (Turner and Sanders, 2006).