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Parent-Child Interactions with ADHD Children: Parental Empathy and Child Adjustment

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ABSTRACT

This study investigated the relationship between parental empathy and child adjustment in children with ADHD. Participants were 56 children who were previously diagnosed with ADHD and their parent/guardian. The study included parent-child participation in a videotaped analogue observation procedure and completion of parent- and child-report measures. The appropriateness of parents' self-reported level of expectations for children predicted higher levels of self-esteem in their child. Moreover, parents who made more positive and fewer negative comments about their ADHD child during the observed interaction reported that their children were less aggressive than the children of less affirming parents. Parental empathy was also positively correlated with children's reports of peer acceptance. These results suggest the importance of interventions for parents of ADHD children that focus on increasing various forms of empathy. Enhancing parental empathy may reduce ADHD children's aggressiveness and have positive effects on their self-esteem and peer relations.

Parent-Child Interactions with ADHD Children: Parental Empathy and Child Adjustment

According to Carl Rogers (1951), as children interact with the environment, they develop concepts about the self, the environment, and the self in relation to the environment. This suggests that because young children spend a great deal of time interacting with their parents, the child's concept of self is largely influenced by parent-child interactions. In fact, one of the most fundamental aspects of the child's self-experience is that the child perceives love from his or her parents, which allows children to perceive themselves as lovable and worthy of love (Rogers).

One way children perceive parental love and affectionate attitudes is through their parents' expressions of empathy. Empathy is the ability to perceive the world as another person sees it and to sense the feelings and personal meanings that the individual is experiencing (Rogers, 1961). Empathic understanding involves knowing what it feels like to be another person and accepting these feelings, without wanting to analyze or judge the person. Acceptance means having warm regard for an individual and valuing him or her no matter what their condition, behavior, or feeling state. It also means having respect for the individual as a separate person and a regard for their attitudes of the moment, no matter how negative or positive. This unconditional acceptance provides a climate of safety, as the child learns that he or she is regarded as an individual of worth no matter what he or she does (Rogers). As a result, children become more accepting of themselves and develop more positive attitudes toward themselves, which promotes psychological growth and the development of emotional security (Rogers).

Numerous studies provide evidence for the relationship between empathic parental characteristics and child adjustment with a variety of child populations (e.g., Denham, Renwick, & Holt, 1991; Domitrovich & Bierman, 2001; Kaufmann, Gesten, Santa Lucia, Salcedo, Rendina-Gobioff, & Gadd, 2000; Patterson, Cohn, & Kao, 1989; Russell & Russell, 1996). Studies found that parental warmth, affection, and positive involvement have been positively associated with healthy emotional, social, and behavioral adjustment in their children.

Parental empathy may be especially important for children who experience behavioral and emotional difficulties, such as those related to Attention-Deficit/Hyperactivity Disorder (ADHD). Hyperactive children have been found to have more conduct, learning, personality, and emotional problems than normal children, as well as greater interpersonal deficits, including poorer conversation skills (Barkley, Fischer, Edelbrock, & Smallish, 1991; Befera & Barkley, 1985; Gizzo, 2001; Greene, Biederman, Faraone, Monuteaux, Mick, DuPre, Fine, & Goring, 2001).

Due to the significant stress that families of ADHD children often experience, it may be especially difficult for these parents to provide a consistently empathic home environment. Many studies have focused on the manner in which the inattention, impulsivity, and overactivity commonly seen in children with ADHD is related to the way in which they interact with their parents and how parents respond to them. Evidence indicates that not only are hyperactive children more negative and less compliant to parental instructions, but parents of ADHD children are also more negative, controlling, and disapproving (Barkley et al., 1991; Cunningham & Barkley, 1979; Gomez & Sanson, 1994). In fact, parents of children with ADHD were found to exhibit negative behavior toward their children three times more frequently than parents of nondiagnosed children, particularly when asking their children to complete tasks (DuPaul, McGoey, Eckert, & VanBrakle, 2001).

Whereas most research on parental correlates of emotional and behavioral problems in ADHD children has focused on the role of negative parenting attitudes and strategies, some researchers have suggested that the absence of positive parental behaviors may also be related to

problem development (Pettit & Bates, 1989; Stormshak, Bierman, McMahon, & Lengua, 2000). Parental expressions of interest and attention likely reward and strengthen appropriate child behavior (Cunningham & Barkley, 1979; Pettit & Bates, 1989). In addition, positive parental behavior likely creates a positive affective bond between the parent and child so that when a parent uses control, it is more effective (Pettit & Bates). Positive parental involvement may also lower the incidence of the child's problem behavior because the child is more positively occupied, and thus does not need to seek attention through negative behavior. On the other hand, uninvolved parents do not consistently respond to the child's need for affection and nurturance, which may result in attention-seeking negative behaviors as well as angry and hostile reactions toward others (East, 1991). When disciplined by parents who provide sufficient empathy and reassurance, the child will learn that the parent can disapprove of his or her behavior while remaining emotionally supportive and available (Ladnier & Massanari, 2000).

Due to limited studies on positive parent-child interactions with ADHD children, questions remain about which parental behaviors, or combinations of behaviors, may help prevent or reduce problem behavior and facilitate the best possible outcomes (e.g., high child self-esteem, good peer relations). Whereas behavioral strategies may be useful in limiting problematic behavior in ADHD children (Anastopoulos, Shelton, DuPaul, & Guevremont, 1993; Estrada & Pinsof, 1995; Frazier & Merrell, 1997), parental empathy may go beyond that goal by healing the parent-child relationship and fostering child personality development and self-esteem (Campbell, 1977; Kohut, 1977; Landreth, 1991; Rogers, 1939, 1951). Also, by receiving messages of empathy from parents, ADHD children may learn how to respond empathically to others, which may facilitate the development of social skills and decrease peer rejection (Rogers, 1961). Thus, the purpose of this study was to examine the relationship between parental empathy and child adjustment factors in children with ADHD. Among parent-child dyads with ADHD children, it was hypothesized that parental empathy would significantly predict greater psychological, social, and behavioral child adjustment. Specifically, it was hypothesized that higher levels of observed and reported parental empathy would predict higher levels of child self-esteem and peer acceptance and lower levels of child aggression.

METHOD

Participants

Participants were a community sample of 19 girls and 38 boys with ADHD and their parent/guardian. The children were between the ages of 7 years, 0 months, and 11 years old, 6 months. All of children had been previously diagnosed with Attention-Deficit/Hyperactivity Disorder, Combined Type (ADHD/C). Symptoms of ADHD were confirmed parent and teacher report measures. Most of the children (77%) were taking stimulant medication daily, but all were off medication at the time of the parent-child interaction.

The majority (73.7%) of parent participants were married Caucasian mothers ages 33 to 41 years, with at least community college education and a yearly household income of at least \$50,000. Thirty-seven teachers also participated in the study.

Measures

Measures to confirm diagnoses of ADHD. Diagnoses of ADHD were confirmed with elevations above the 85th percentile on at least two of the three scales described below. The Home and School Versions of the ADHD Rating Scale-IV (ADHD-RS-IV: HV & ADHD-RS-IV: SV; DuPaul, Power, Anastopoulos, & Reid, 1998) were employed. Internal consistencies for the current sample ranged from $\alpha = .94$ to $\alpha = .98$. The Attention Problems Scale of Achenbach's Child Behavior Checklist (CBCL/4-18; Achenbach, 1991) was also used to confirm ADHD

diagnoses. In the present study, the internal consistency for the CBCL Attention Problems Scale was $\alpha = .89$.

Measures of parent empathy and acceptance. The Child-Parental Acceptance Rejection Questionnaire (Child-PARQ; Rohner, 1999) is a 73-item measure designed to assess the child's perception of the parent's behavior toward his/her child in terms of the constructs acceptance and rejection. Rohner defines "acceptance" as warmth, affection, and support that can be expressed by parents either physically or verbally. Parental "rejection" is the absence or withdrawal of acceptance, which can take the form of aggression/hostility, neglect, or indifference. In the present study, internal consistency for the Total Rejection scale was $\alpha = .82$.

The Adult-Adolescent Parenting Inventory-2 (AAPI-2; Bavolek & Keene, 1999) is a 40-item self-report measure of parenting and child rearing attitudes of adolescents and adults (ages 13 and older). Responses to the items generate five sub-scores that provide an index of risk in five parenting behaviors. Of interest in the current study is Inappropriate Expectations of Children scale (IEC). Lower scores are indicative of less realistic expectations about the typical skills and abilities of children at various stages of development. A lack of empathy is a major contributor to the inappropriate demands parents make on their children (Bavolek, 2003). In the present study, internal consistency for the IEC subscale was $\alpha = .71$.

The Parent-Child Interaction Assessment (PCIA-II; Holigrocki, Kaminski, & Frieswyk, 2002) is an analogue observation technique designed to evaluate aspects of parent-child relational functioning. On the PCIA-II, a parent-child dyad is videotaped while they are given instructions about going on an imaginary trip to the zoo. A brief (90 seconds) "free play" interaction is followed by a series of instructions on playing out several scenes with toy people, animals, and blocks. These 15 "Co-construction Tasks" are designed to pull for emotions, as well as a variety of parenting behaviors, (e.g., level of involvement, nurturing, limit setting, and encouragement) (Holigrocki, Kaminski, Frieswyk, 1999). In addition, the scenarios put the children in situations "that may require them to delay gratification, achieve, take risks, negotiate autonomy, receive help, compete, and be comforted" (Holigrocki et al., 1999, p. 417). After the parent and child have completed the construction tasks, they engage in a "Clear-up task."

Parent-child interactions during the PCIA-II were analyzed using the Observational Coding System for Parent-Child Interactions (OCS; Kaminski, Holigrocki, Warren, Smith, Tassin, King, Durrant, Barton, Collins, Jacobs, & Dobbs, 2002). Graduate and post-baccalaureate students who were blind to ADHD status independently coded the PCIA-II videotapes. OCS Codes used to measure parent empathy were Parents' Positive Personal Comments about the Child (PPC) and Parents' Negative Personal Comments about the Child (NPC). The number of parents' NPC was subtracted from the number of parents' PPC to determine their Positive Parent Verbal Responsiveness (PPVR) to the child.

A team of graduate and post-baccalaureate students in psychology programs at the University of North Texas completed the PCIA-II coding according to the procedures described in the Observational Coding System (OCS) Manual. Coders were blind to study hypotheses. Following the procedure outlined by Weiner (1991), inter-rater reliability was computed by dividing the number of times the coders agreed on that code by the total number of times that code was assigned. Coders attained at least 70% agreement for their codes to be considered reliable. Trainees with less than 70% reliability continued to code archival tapes until adequate reliability was achieved. The final percent agreement among coders for the PPC and NPC codes was 71% and 86%, respectively.

Measures of child adjustment. The SDQ Self-Description Questionnaire I (SDQ-I; Marsh, 1988) is a 76-item multidimensional self-report measure of children's self-concept. It includes a

General-Self self-concept scale that “infers a general or overall positive self-perspective that is not specific to any particular facet of self-concept but could be applied to each specific facet of the self” (p. 23). In the present study, internal consistency was $\alpha = .71$ for the General Self scale.

The adapted Loneliness and Social Dissatisfaction Questionnaire (LSDQ; Asher, Hymel, & Renshaw, 1984; Cassidy & Asher, 1992) was used as a measure of the child’s peer acceptance. The LSDQ is a 24-item measure completed by a child to assess perceived peer acceptance and feelings of loneliness. Higher scores represent greater peer acceptance. In the present study, internal consistency of the adapted LSDQ was $\alpha = .88$.

The PCIA-II (Holigrocki et al., 1999) was used to obtain a sample of parent-child interaction from which child aggression could be observed. It was coded using the OCS (Kaminski, et al., 2002). The OCS Child Physical Aggression (AGG) code indicates “any action (i.e., behavior) by the child that is destructive or hurtful OR would be perceived as destructive or hurtful if the child’s play were real” (Kaminski et al., 2002, p. 11). Coders were careful not to include “rough play” or unintentional harm. During each PCIA-II scene, coders indicated the presence or absence of child aggressive behavior every 30 seconds, totaling 21 possible occurrences. The percent agreement among AGG coders was 94%.

The Aggressive Behavior subscale of the CBCL (Achenbach, 1991) was also used as a measure of the child’s aggression. The CBCL Aggressive Behavior subscale includes behaviors such as arguing, teasing, fighting, and destroying property. In the present study, internal consistency was $\alpha = .92$.

Procedure

Families with ADHD children were referred through ADHD support groups, family therapy clinics, parent education groups and flyers posted in physician’s offices, pharmacies, and throughout the community. Participants who were interested in the study were contacted by phone. Parents were made aware that participation required that their child delay or skip 1 dose of their stimulant medication.

Informed consent and child assent were obtained. Children who had delayed their stimulant medication were asked by a researcher to take their medication at that time. This researcher was not involved in the collection or coding of data. All other researchers remained blind to ADHD status.

Dyads participated in the PCIA-II (Holigrocki et al., 1999), which was administered according to the protocol described in the PCIA-II Manual (Holigrocki et al., 2002). The PCIA-II was videotaped.

Following the administration of the PCIA-II, parents and children were each given one of 4 counterbalanced questionnaire packets to complete. A trained graduate student, who read directions and items aloud and recorded the child’s responses, administered the child questionnaires. Frequent breaks were taken to prevent child fatigue. After completion of all parent measures, the parent was asked to sign a letter addressed to the child’s teacher asking them to complete the ADHD-RS-IV: SV. Teachers who returned the completed questionnaires received five dollars for compensation. Dyads were paid ten dollars per hour for their time (usually about three hours) and offered childcare, snacks, and prizes during their participation. Following completion of the study, parents received a debriefing form.

RESULTS

For all multiple regression analyses, the predictor variables were the three measures of parental empathy, each presenting a unique perspective. The AAPI-2 IEC score, the PCIA-II PPVR score, and the Child-PARQ Total Rejection score provided parent, observer, and child reports, respectively.

Parental Empathy and Child Self-Esteem

A simple multiple regression (MR) analysis was performed to determine the predictive power of parental empathy variables on ADHD children's self-esteem. Results indicated a trend in the expected direction with the combination of parental empathy variables accounting for 8% of the variance in child self-esteem scores $F(3, 45) = 2.3, p = .09, Adj. R^2 = .08$. Of the three predictors, the IEC score was the most important variable ($Beta = .34, t = 2.3, p = .02, sr^2 = .10$).

Parental Empathy and Peer Acceptance

Another MR analysis was performed to examine the predictive power of parental empathy variables on the ADHD child's peer acceptance. The combination of parental empathy variables did not significantly predict peer acceptance scores $F(3, 45) = 1.3, p = .28, Adj. R^2 = .019$. However, it is important to note that a Pearson's correlation between the PPVR and LSDQ Total scores was significant and in the positive direction, $r(49) = .28, p < .05$.

Parental Empathy and Child Aggression

Two additional MR analyses were performed to examine the predictive power of parental empathy on reported and observed aggression in ADHD children. Parental empathy variables significantly predicted reported child aggression scores, accounting for nearly 15% of the variance $F(3, 43) = 3.674, p = .02, Adj. R^2 = .148$. Of the three predictors, the PPVR score was the most important variable ($Beta = -.38, t = -2.7, p = .009, sr^2 = .14$). IEC score was also an important predictor ($Beta = -.29, t = -2.0, p = .05, sr^2 = .08$). The MR to predict observed child aggression was not significant.

DISCUSSION

The purpose of this study was to explore one of the primary tenets embedded in clinical child psychology (i.e., a relationship exists between parenting attitudes and behaviors and child functioning). Given that children with ADHD experience unique challenges related to their disorder, parental empathy was believed to be especially important for these children. In general, hypotheses were upheld. That is, among parent-child dyads with ADHD children, the combination of three measures of parental empathy significantly predicted the level of child aggression. Positive verbal responsiveness and appropriate expectations for one's child are particularly important in predicting lowered child aggression. More appropriate parental expectations were also associated with higher child self-esteem. In addition, parents with higher ratios of positive to negative comments during an interaction with their ADHD child have children who are more accepted by their peers.

Parental Empathy and Child Aggression

Parental empathy variables significantly predicted *reported* child aggression scores, but not observed aggression scores. Of the three predictors, PPVR and IEC accounted for the most variance in child aggression. Specifically, parents who reported having more realistic expectations of their child and who responded positively to their child during the PCIA-II were likely to report having less aggressive children. These results are consistent with other investigators who reported a relationship between negative parenting and child conduct problems and aggression among dyads with ADHD children (Gomez & Sanson, 1994; Heller & Baker, 2000; Pettit & Bates, 1989). Deficits in parental warmth may be critical in the development and maintenance of oppositional and aggressive behavior (Stormshak et al., 2000). However, positive parenting behaviors may be related to lower levels of child misbehavior. In fact, positive parenting is more strongly related to child behavior than negative parenting (Russell & Russell, 1996). Parents who have realistic expectations of their children are likely to interact with their child in a more accepting and positive manner. Positive parenting practices, such as demonstrating realistic expectations and positive responsiveness toward the child, may set a

child up for success and positive experiences, thus reducing the likelihood of frustration and consequent aggression.

Parental Empathy and Child Self-Esteem

Results indicated a trend in the expected direction for parental empathy predicting general child self-esteem among ADHD children. Specifically, parents who reported having more realistic expectations for their ADHD child were more likely to have children with higher self-esteem scores. This finding is consistent with prominent child development theories, which assert that a child's concept of self is largely influenced by parental attitudes and expressions of empathy (Kohut, 1977; Landreth, 1991; Rogers, 1951). With a more realistic understanding of the child's developmental capabilities, the parent is likely to be more accepting of the child and his or her limitations. A child who perceives unconditional parental acceptance learns that he or she is regarded as an individual of worth no matter what he or she does (Rogers, 1961). When faced with parental expectations that are consistent with the child's ability, the child likely feels more capable of meeting those expectations. The end result is a greater sense of overall competence for the child. However, inappropriate or unrealistic parental expectations may cause the child to feel a sense of failure and inadequacy, thereby resulting in lower overall self-esteem.

Parental Empathy and Peer Acceptance

The combination of parental empathy variables did not significantly predict child acceptance scores as reported by children. However, the ratio of positive to negative parental comments was significantly associated with children's reports of their feelings of loneliness and social dissatisfaction. This finding is consistent with other researchers who found that warm and supportive parenting practices predict higher levels of child prosocial behavior and lower levels of peer aggression (Domitrovich & Bierman, 2001). While the direction of causality among these variables cannot be determined, it is likely that a reciprocal relationship between parent and child factors exists. That is, prosocial child behavior may elicit supportive parenting or parents who respond positively to their child may foster feelings of social competence, increasing the child's perception of peer acceptance. Further, by modeling positive responding to their child, parents may facilitate the development of social skills for their children. Positive communication with children may provide children with a better understanding of social norms and may enable children to consider the outcomes and interpersonal impact of their behaviors (Domitrovich & Bierman). Thus, through positive interactions with their parent, children learn how to respond positively in interactions with others. As a result, children develop more positive interpersonal relationships and are more likely to be accepted by their peers. For the ADHD child who lacks impulse control, this interpersonal skill may be especially important. Positive interactions allow opportunities for implicit learning of basic skills such as listening, waiting, and controlling impulses, which are valuable in social and academic situations (Heriot, Evans, & Foster, 2001). By practicing these positive behaviors, children may elicit more positive responses from their parents. The opposite pattern may also apply. It may be more difficult for parents to respond positively to children who are oppositional and difficult to manage. Parents who are not responsive or who respond negatively to their child may send a message to the child that he or she is not worthy of acceptance. As a result, the child may continue to misbehave, which negatively affects interpersonal relationships and elicits more negative parent and peer responses.

Limitations and Directions for Future Research

The study of parent-child interaction presents a unique set of challenges. Researchers must remember that child behavior is affected by multiple factors. Child characteristics, such as intelligence, physical attractiveness, attention skills, impulse control, and temperament may affect the quality of the child's self-concept and interpersonal relations in ways that are not

highly influenced by parenting practices (Domitrovich & Bierman, 2001). Therefore, any conclusions regarding the relationship between parental empathy and child adjustment are likely to only present a partial explanation of child phenomena more generally. Furthermore, although parental empathy was associated with child self-esteem, peer acceptance, and aggression, a causal relationship cannot be determined. As a result, interpretations of the relationships are limited in terms of the predictive function of parenting in the development of child adjustment problems. It is likely that a reciprocal relationship exists, whereby child difficulties impact parents' ability to demonstrate empathy, just as parental empathy affects child functioning. Problems experienced by families of children with ADHD may not simply reside in the parenting practices or the child behavior, but instead may be a feature of the interaction between the parent and child. Studies that assess this interaction, rather than focusing on parent and child factors independently, may provide a valuable contribution to understanding the nature of difficulties for ADHD children and their families.

Future replications of this study would do well to include measures of social desirability for both parent and child, add a control group, and recruit a more culturally and ethnically diverse sample. In addition, the current study included an overrepresentation of mother-son dyads. Not only do fathers and mothers interact with their children differently, there are also differences related to child gender. Moreover, in a meta-analysis of gender differences in ADHD children, girls with ADHD had lower ratings on externalizing problems and higher ratings on internalizing problems (Gershon, 2002). It is possible that a larger sample with child gender equally represented would have resulted in different findings. Finally, longitudinal studies are needed to examine the stability of parenting beliefs and practices and of children's adjustment over time. A longitudinal design would also enable exploration of the reciprocal and bi-directional effects between parental empathy and child adjustment variables.

Conclusions and Implications

This study represents a step toward understanding the relationship between parental empathy and child adjustment factors for children with ADHD. It also highlights the benefits of incorporating child, parent, and observer perspectives in the assessment of the parent-child relationship. Although the discussion has focused on the impact parenting practices may have on child adjustment, reverse effects may also occur. Children who exhibit various kinds of behaviors may elicit certain kinds of parenting, creating bi-directional and reciprocal influences (Rothbaum & Weisz, 1994; Whalen & Henker, 1999). Therefore, to help these children overcome their difficulties, parent involvement is essential. According to Guernsey (2000), "Most parents have within them the psychological and emotional wherewithal to make a major contribution to the positive development of their children, given the knowledge and practice, and emotional support to do so" (p. 7). Parent training interventions need to move beyond general behavior modification techniques to include an emphasis on the importance of parental empathy in parent-child interactions. Parents who learn to respond to their child with acceptance and understanding may alter the basis of the parent-child relationship so that it may become more rewarding for both the parent and child. As a result, the child may become more compliant and less aggressive, which would likely improve the child's interpersonal relationships and self-esteem. Given the prevalence of childhood ADHD and the numerous difficulties associated with it, the potentially significant role of parental empathy in children's psychological, social, and behavioral adjustment should not be underestimated.

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