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## **Coaching parents of children with ADHD: A Western Australian study**

Susan Mary Hughes

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# Coaching parents of children with ADHD: A Western Australian study

This thesis is presented in partial fulfilment of the degree of  
Master of Education

Susan Mary Hughes

Edith Cowan University

School of Education

2017

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For

Nicholas C. Robinson

## Abstract

Parents of children with Attention Deficit/Hyperactivity Disorder (ADHD) often experience emotional and behavioural difficulties that contribute to stress and conflict in their family relationships. ADHD Parent Coaching is a promising intervention for these families; however, little is known about its effectiveness. This study explored the effects parent coaching had on parents of children with ADHD using descriptive case study methodology. A secondary purpose was to measure any reduction in stress and homework problems. A workshop offering solutions to homework-related issues was conducted over two consecutive weeks. Parents who attended (N=10) were offered parent coaching, and five parents were subsequently coached over a period of six to eleven weeks. Parents' experiences of engaging with coaching were explored using thematic analysis of an interview conducted following the intervention (N=4). They also completed a Parent Stress Index (PSI) and Homework Problem Checklist (HPC) pre and post after intervention. Themes relating to mindfulness in parenting, changed parental cognitions, awareness of parenting styles, improved parent-child relationships, impacts on the wider family, and improved self-efficacy emerged from the interviews. The PSI results indicated significantly lower total parent stress scores following intervention while HPC scores were significantly improved. The results showed that parent coaching may produce positive outcomes, including reduced parental stress, increased self-efficacy and parent mindfulness.

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# Chapter One

## Introduction

### 1.1 Context

Parenting children with ADHD is challenging and has been extensively researched for many years. Earlier research tended to focus on diagnosis and treatment, and for a long time, ignored the important issue of support for families. Gradually, as studies increasingly showed parents have the most influence over children with ADHD, particularly in the early years, and also experience severe stress, more recent research has investigated the various interventions available to families living with ADHD. This research has shown that behavioural parenting interventions may be effective for ADHD symptoms (Sonuga-Barke et al., 2013). It is widely acknowledged that dysfunctional parenting can impact negatively on the social functioning of a child with ADHD (Modesto-Lowe, Danforth, & Brooks, 2008) and therefore, interventions to support parents are of increasing importance for managing symptom control.

Coaching provides a solution-focused pathway for supporting parents' unique goals. The purpose of parent coaching is: "to increase knowledge, skills and competence... to enable participation in the context of the family's daily life" (Foster, Dunn, & Lawson, 2013, p. 254). Coaching is distinct from other interventions, since it focuses on helping parents to come up with their own solutions for problems, guided by a coach. This study explored the impact of coaching on parents of children with ADHD.

This study defines *evidence-based coaching* in concurrence with an article by Grant (2016). The author states that as coaching is not a medically based intervention, evidence is contributed by both "professional wisdom and empirical evidence" (p. 78). He suggests that both practitioners and academics add different values to evidence-based coaching. However, when reviewing empirical evidence-based coaching, the focus of the research study to coaching and the design of the study needs to be considered when relying on *evidence-based coaching* studies. Grant uses the definition of "well designed randomised controlled studies with a range of populations" (p. 80) to be a superior base but that other less rigorous studies still add value. He describes

“coaching-specific research” as studies which have a specific focus on coaching e.g. how effective coaching is (p.79). The aim of this study was to add to the evidence-base coaching by using rigorous evidence-based coach-specific research.

## 1.2 The Problem

Parental skills and involvement have been identified as having a significant impact on outcomes for children with ADHD. Research shows that parents of children with ADHD suffer from high levels of stress (Theule, Wiener, Tannock, & Jenkins, 2013). Self-efficacy and depression have been identified as two aspects which can significantly impact on parenting (Kaiser, Hinshaw, & Pfiffner, 2010), while other parenting traits, such as warmth and compassion, lead to improved outcomes for children with ADHD (Modesto-Lowe, Chaplin, Godsay, & Soovajian, 2014). Since wellbeing impacts significantly on parenting skills, improving parental wellbeing is of paramount importance.

## 1.3 Rationale

In Western Australia, there is currently little formal support available for parents of children diagnosed with ADHD. To ensure effectiveness of a program to support these parents it is necessary to evaluate the elements and identify the ones that work.

In the context of this study, initial communication with parents was centred on solving homework problems as this is a widely recognised stressor (Power, Karustis, & Habboushe, 2001). A workshop was conducted to provide solutions and introduce parents to a coach, with the objective of building and developing the relationship throughout the coaching process (Fettig, Schultz, & Sreckovic, 2015).

## 1.4 Research Questions

The overarching research question was:

- **What effect has the parent coaching intervention had on the parents of children with ADHD? (RQ1)**

The three sub questions were:

- Are homework problems identified with the participant’s child or children prior to the workshop and how have these problems changed as a result of the coaching and workshop intervention? (RQ2)
- Is there evidence of parental stress when parents first attend the workshop and has the stress changed as a result of the coaching and workshop intervention? (RQ3)
- How did the parents evaluate the workshop intervention? (RQ4)

Both qualitative and quantitative data were used to address the research questions. **Error! Reference source not found.** Figure 1 indicates how each research question relates to the data obtained. The main research question (RQ1) was answered through feedback from semi-structured interviews, while research questions two (RQ2) and three (RQ3) were informed by data collection instruments, namely the Homework Problem Checklist (HPC) and the Parent Stress Index – SF (PSI-SF). Evaluation forms at the conclusion of the workshop addressed the evaluation question (RQ4).

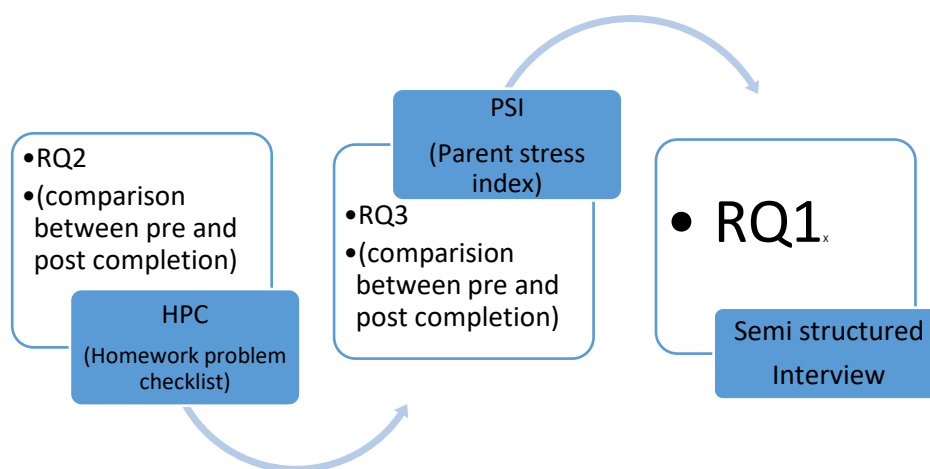


Figure 1 Research Framework

### 1.5 Significance

Despite coaching being a relatively new intervention for managing the symptoms and behaviour of ADHD, a number of studies have demonstrated the benefits. One such study explored the benefits for adults living with ADHD and

described the effectiveness of coaching in managing cognitive and behavioural outcomes (Kubik, 2010). Another study, exploring coaching interventions for college students with ADHD, illustrated greater self-regulation following coaching which supported increased academic achievements (Parker, Field Hoffman, Sawilowsky, & Rolands, 2013). Further analysis showed improvements in study and learning areas, self-esteem and improved satisfaction with their work for these college students (Prevatt & Levrini, 2015). Nevertheless, research on parent coaching is scarce. A recent emphasis on friendship coaching revealed improvements in children's social skills and some evidence of success for children with ADHD (Bernstein, 2014).

Due to the challenging nature of parenting children with ADHD (Corcoran, Schildt, Hochbrueckner, & Abell, 2016) parental interventions are essential for improving outcomes. A meta-analysis by Corcoran and colleagues reviewed parents' perceptions of living with children diagnosed with ADHD and highlighted a need to substantiate parental stress and difficulties associated with behavioural management strategies. The study exposed a requirement for connecting parents with support to promote positive outcomes for their children, and signalled a demand for evidence-based interventions. Therefore, the aim of this study was to investigate the effects of coaching on parents of children with ADHD.

The outcomes of this research will be of interest to education authorities, particularly those involved in bridging the gap between home and school support for children with ADHD. The results will also be of interest to the International Coach Federation, as the study adds to existing evidence-based research on coaching.

## 1.6 Organisation of the Thesis

This thesis is comprised of five chapters. The Introduction in chapter one provides a background and outline of the problem, followed by the rationale and significance of the research questions. Chapter two comprises a literature review, which references previous research in the areas of parenting and interventions for children with ADHD, including coaching as a basis for the principles of this study. This chapter also examines the difficulties associated with parenting children with ADHD, the evolution of evidence-based interventions, with particular attention to coaching, and



presents the conceptual framework for the study. Chapter three describes the data collection methods and methodology chosen for this study, and provides information about the participants, the research instruments and the data analysis procedures. Chapter four looks at the results of the three case studies; each examines and interprets the data from the workshop, coaching and interview, to illustrate the impact of coaching on the respective parents. The cross-case analysis at the end of chapter four draws together the findings of the case studies and identifies common themes. Chapter five elaborates on the common themes, recommends avenues for future research and discusses the practical implications of the study.

## Chapter 2

### Literature Review

#### 2.1 Introduction

The literature review begins with an examination of the research on parenting children with ADHD; in particular, parental stress in these families and the role of homework as a widely recognised stressor. An examination of the impact of parenting styles on the behaviour of children with ADHD follows. Parent cognition and parental self-efficacy are reviewed from a parental perspective because researchers have reported the significance of these aspects when considering parent-child relationships in families living with ADHD (Huang et al., 2014; Johnston & Mash, 2001; Johnston, Mash, Miller, & Ninowski, 2012). The wider impact of ADHD on family relationships is also explored.

The various support and treatment options currently available form the second theme of this review, which includes evidence-based pharmacological interventions for ADHD and psycho-social treatments for families. This leads to a brief summary of the history of Behaviour Parent Training (BPT) for parents of children with ADHD and a review of the research direction of BPT.

Mindfulness, or the practice of focusing on the present without any judgment of thoughts or feelings, is an area that has attracted attention in more recent research on interventions for ADHD. Studies investigating the efficacy of this approach show evidence of success in the treatment of ADHD symptomology for both adults and children (Cassone, 2015). In recent times the notion of *mindful parenting* has attracted positive attention as an adjunct to other interventions for parents (Loren et al., 2015).

The third theme examined is the research around coaching individuals with ADHD and their families. A brief summary of the influences on coaching, in particular influences on parent coaching, illustrates its origins within behavioural theory and cognitive behavioural therapy. The current research outlines the components of coaching considered necessary and highlights the elements of particular value to parents. The literature reviewed here provides evidence of the paucity of research in

the area of coaching parents of children with ADHD in general, and virtually no reported research in Australia in particular. Finally, the conceptual framework underpinning this study is explained.

## 2.2 Parenting Children with ADHD

It is generally accepted that parents who live with ADHD have a more challenging job raising children than those who don't live with this neurological disorder (Fischer, 1990; Johnston & Mash, 2001; Johnston et al., 2012; Theule et al., 2013). Since there is a strong genetic link (Fischer, 1990; Johnston & Mash, 2001) the symptoms of ADHD may be present in both the parents and children; and this genetic link can manifest in parents as deficiencies in parental control and emotional regulation. Johnston et al. (2012) highlighted the link between parenting behaviour and the development of ADHD symptoms in a child, confirming its relevance as a factor worthy of consideration.

Parenting children with ADHD has a significant, and at times, negative impact on families. A major review conducted by Johnston and Mash (2001) found parents of children with ADHD are more likely to experience marital disharmony, damaged parent-child relationships and increased parental stress. Stress has also been linked to diminished parental self-efficacy and negative cognitive thought patterns. Furthermore, Johnston and Mash (2001) reported a prevalence of negative impacts in cases where other comorbid problems exist, such as Oppositional Conduct Disorder (OCD), suggesting this occurs due to an increased severity of ADHD symptomatology. Parental stress appears to be linked to characteristics of the ADHD child, and the severity of the symptoms are linked to parental stress (Theule et al., 2013). These authors defined parenting stress as a distinct type of stress which manifests when parents do not meet their own expectations of parenting.

There also appears to be a link between parenting and a child's negative social functioning. Certain parenting aspects, such as warm relationships and consistent boundaries, have been associated with better self-regulation and greater awareness of negative consequences for children with ADHD (Modesto-Lowe et al., 2008). Modesto-Lowe and colleagues suggested that these attributes support children as they adjust to adolescence and aid their maturity and independence. Given the recognition of the

pivotal role of parenting on the social interaction with peers for children with ADHD (Kaiser, McBurnett, & Pfiffner, 2011), interventions aimed at improving parenting skills could have a direct, long-term impact. This is significant in view of the link between poor childhood social skills and long-term problems (Kaiser et al., 2011). For many parents this association with poor outcomes for children with ADHD as they mature into adolescence (Molina et al., 2012) and adulthood (Molina et al., 2014) is of particular concern.

As the lived experience of parents with ADHD children indicates, the many documented challenges create an environment where stress is commonplace and frequently exacerbated by child and parent interactions. These are examined in the following section.

### 2.2.1 Parent Stress

Given the impact on parents, it is not surprising that a number of studies over the last fifteen years have demonstrated increased stress in parents of children with ADHD compared with those of unaffected children (Corcoran et al., 2016; Fischer, 1990; Johnston & Mash, 2001; Theule et al., 2013). A meta-analysis using a quantitative approach, more inclusive than previous literature (Theule et al., 2013), endorsed the hypothesis that parents of children with ADHD experience more stress. Theule et al. (2013) found both hyperactivity and inattention symptoms in children were predictors of parental stress. These authors suggested that while both hyperactivity and inattention are contributing factors, inattention symptoms have a less negative impact on family functioning.

One definition of parental stress describes it as particular to parents with a perception or expectation of parenting that does not meet their resources for dealing with the lived experience (Deater-Deckard, 2004; Theule et al., 2013). Mash and Johnston (1983) researched parents' perceptions, parental self-esteem, stress and parental self-mastery, and found a strong correlation between parents' perceptions of anomalous behaviour in their child and their own stress levels. The parents' description of the behaviour was inversely related to their self-esteem. Additionally, Theule et al. (2013) argued that parents who experience high levels of stress are less likely to consistently implement interventions successfully (Theule et al., 2013).

Abidin (1995) researched the components of parental stress and broke it down into two main aspects: a) the child aspect made up of child characteristics; and b) the parent aspect which is impacted by parents' reactions. Abidin argued that total parental stress is made up of a combination of both child and parent aspects. This theory led Abidin to develop the Parenting Stress Index (PSI) (1997), a measurement tool that is highly regarded as a reliable instrument for researchers (Reitman, Currier, & Stickle, 2002) and is still used today (Anderson & Guthery, 2015).

Using the PSI measure on both mothers and fathers, Theule et al. (2013) reported no difference in relation to overall child and parental stress, that is, both genders experience the same overall levels of stress in parenting a child with ADHD. Although there is a general imbalance in the representation of mothers versus fathers in the research, the difference is not considered sufficient to skew the findings and can be generalised to both genders (Theule et al., 2013).

While it is apparent that parents of children with ADHD experience more stress than parents of children without ADHD, a relationship has been found to exist between parental perceptions of the child's behaviour and parental stress of living with ADHD. Homework appears to be a significant catalyst for parent-child stress and is reviewed in the following section.

### 2.2.2 Homework-Related Stress

A common aspect of family life which causes particular parental stress is homework (Podolski & Nigg, 2001). Parents of children with ADHD report that homework is both onerous and presents increased challenges and stress. These parents also attest to lower self-efficacy when it comes to supporting their children compared to typically developing children (Rogers, Wiener, Marton, & Tannock, 2009).

The educational value of homework attracts a great deal of attention in schools, households and the media, with much of the commentary focused on whether the activity contributes to the academic achievement of a typical child. In a comprehensive synthesis of research from 1987 to 2003 conducted by Cooper, Robinson, and Patall (2006), the authors validated the completion of homework as leading to improved overall academic achievement in primary and high school years. In high school, the

benefits were considered to have significant impact on overall academic achievement. Unlike Hattie (2009), who reported few benefits of homework in the primary years, Power et al. (2001) described additional advantages in assigning homework to primary school children. These authors argued that homework is helpful for teaching children useful study habits for when they get older, and also cited parent involvement in their child's schooling as an important factor. Hattie (2009) reported a moderate impact (effect of 0.51) for the benefit of parent involvement on overall academic outcomes.

It is well established that children with ADHD have more problems with homework than typical children (Barkley, 1998; Habboushe et al., 2001; Pfiffner, Villodas, Kaiser, Rooney, & McBurnett, 2013). Researchers argue that many students with ADHD have the intellectual capacity to perform academically but are stymied by failure to complete homework, poor performance, missing deadlines for projects, and lack of timeliness in handing in work (Langberg, Epstein, Becker, Girio-Herrera, & Vaughn, 2012). Completing homework requires a combination of skills, including an ability to plan, prioritise, organise and focus. Typical homework-related problems associated with children with ADHD include forgetting the necessary materials and instructions to complete tasks, disruptive behaviour during homework, avoidance, inability to manage time, and not adhering to deadlines (Habboushe et al., 2001; Langberg et al., 2011). Children with ADHD also tend to lack skills in planning, time management and organisation (Barkley, 2013; Langberg et al., 2011). Finally, Resnick and Reitman (2011) argued that the various symptoms of ADHD are related to difficulties with academic functioning, which can have a significant impact on performing homework tasks.

Research has shown that homework problems can be separated into two types: a) Avoidance/inattention and b) poor productivity/non-adherence to homework rules (Power, Werba, Watkins, Angelucci, & Eiraldi, 2006). The first factor, Avoidance/Inattention (Factor One), is an area which parents can influence as it deals with behaviour outside the classroom. A study conducted by Langberg et al. (2010) built on the findings of Power et al. (2006) and confirmed that homework is not a unitary construct and has implications for interventions. Problems categorised as Factor One include issues such as focus and being easily distracted, inability to complete tasks,

timeliness of completion, and the parent-child relationship during homework time. To address Factor One issues, Langberg et al. (2010) suggested parents be taught strategies, such as creating an area to support focus, giving useful instructions, and establishing a reward system to motivate the child.

The second type of homework problem, described as Factor Two (Power et al., 2006, p. 27), refers to problems which can be categorised as poor productivity or non-adherence to homework rules. This encompasses knowing when to hand in homework and what needs to be completed. This differentiation of homework problems into two distinct areas guides the most effective use of interventions.

Since homework is defined as a task to be completed outside school hours (Cooper, Lindsay, Nye, & Greathouse, 1998) the tasks are generally completed at home. Children with ADHD require more instruction and support than their non-ADHD peers and parents are well placed to provide one element of this support. For many families, the support required for their children to successfully complete homework can only come from parental support. However, in many instances parents do not have the knowledge or skills to address this need (Power et al., 2012) and supporting parents to provide this kind of assistance has become a major growth area.

In acknowledgement of the stress associated with homework completion, a number of studies have addressed behavioural interventions relating to homework for children with ADHD. A meta-analysis of general behavioural interventions conducted by Fabiano et al. (2009) recommended a behavioural intervention as the first intervention for children with ADHD in all cases. According to Langberg et al. (2011), interventions that target a particular skill demonstrate positive effects on ADHD symptoms and academic weaknesses, including homework problems. These researchers recommended that the first ADHD interventions with regard to homework should “target organization and materials management” (p. 99) and that other skills such as planning, time-management and study strategies should be introduced on a secondary basis.

Prompted by the universality of homework as a *standard practice* in most schools and the problems experienced by parents, Anesko, Schoiock, Ramiraz, and Levine (1987)

developed a tool to assess children's homework difficulties. The Homework Problem Checklist (HPC) was first developed in 1987 (Anesko et al.) and set out to develop a measure of the frequency and magnitude of the problems experienced by children in regard to homework. Power et al. (2006) and Langberg et al. (2011) subsequently further validated the HPC measure by using it in their studies.

### 2.2.3 Parenting Style

A number of studies demonstrate that particular styles of parenting can impact the parent-child relationship and outcomes. Modesto-Lowe et al. (2014) described how researchers have attributed parenting styles to various results. They argued that "certain parenting characteristics such as warmth and sensitivity are linked to better self-regulation and less risky behaviours in children" (p. 943). In the authors' view, poor parenting and coping skills appear to exacerbate the behaviour of children with ADHD. Modesto-Lowe et al. (2014) purported ADHD is often present in the parents and impacts on how families interact. They observed a link between parental ADHD, overly critical parenting and less cohesive control. Put simply, this means that parents who themselves have deficiencies in self-discipline and impulse control, even without the impact of parental ADHD, find consistent parenting problematic.

The relationship between young people's academic outcomes, the parenting style of adults who care for them, and these children's symptoms of ADHD have gained the attention of researchers in recent years. Jones, Rabinovitch, and Hubbard (2015) interviewed college students and examined the style of parenting they had experienced in childhood and their adjustment to ADHD. The researchers' review of the literature on parenting styles and childhood ADHD revealed two types of parental involvement: supportive and controlling. They reported a controlling style more often resulted in parents adopting negative strategies in managing the behaviour of their children with ADHD, including harsher instructions, more severe consequences and stricter impositions (Khamis, 2006; Woodward, Taylor, & Dowdney, 1998), which in turn, led to more severe symptoms such as inattention and hyperactivity (McLaughlin & Harrison, 2006). Conversely, a supportive style, demonstrated by parents' approval, interest and validation of age-appropriate choices seemed to be linked to more positive outcomes.



Jones, et al. (2015) argued that this supportive style of parenting nurtures self-esteem and resourcefulness in the child for academic activities.

The concept of parenting styles is closely aligned with a study by Williams, Harries, and Williams (2014) in which the authors examined how parents gained control over situations involving their children with ADHD – CT (combined type) and unmedicated at the time of the study. Williams et al. (2014) devised a theory of gaining control which identified the parents' response as either a cognitive pathway or an emotional pathway in relation to their child's behaviour. They found that successful parents took a cognitive pathway rather than an emotional one, allowing them to be one step ahead of the child. Parents do not always react the same way, but if they have the skills and resources when confronted by challenging behaviour they can choose the cognitive pathway over the less effective emotional option. Situations perceived as a threat by parents may drive them to exert control and/or defend and justify their behaviour, consequently eliciting an emotional reaction. The authors found parents who used the emotional pathway were often distressed about their relationship with their children.

In contrast, the authors observed the cognitive pathway resulted in more favourable outcomes. The study identified three graduated cognitive stages. The first was a hopeful solution where the parent hoped the child would respond favourably – these parents had limited resources at their disposal. The second was sharing control, whereby parents shared relevant decision making with the child, including listening and choosing suitable times to talk to their child. These parents tended to be mindful of the consequences they imposed. The third was an ability to optimise performance and where parents believed the child capable of achieving more than he generally did.

Williams et al. (2014) identified three paths to support performance optimisation: a) the path of least resistance (POLR); b) extrinsic bridge; and c) intrinsic bridge – all these related to motivating the child. The authors claimed that motivational support from parents led to the child achieving more and that by providing parents with increased resources they will be more likely to choose a more successful cognitive pathway when motivating children. Williams et al. (2014) also identified three types of resources: emotional, physical and knowledgeable. Emotional resources refer to

parents' strengths when dealing with challenges related to their child's behaviour or traits. Physical resources relate to the energy levels of parents at the time of the challenging behaviour, while knowledgeable resources relate to the information and facts parents have acquired to equip them to manage the behaviour of their child. These parental resources are important in this study, as they suggest that parents with increased resources at their disposal have improved opportunities to choose a cognitive pathway, associated with the achievement of more successful outcomes (Williams et al. (2014). One outcome of the parent coaching in this study was expansion of emotional resources and increased knowledge resources for the parent participants. Similarly, Graham, Rodger, and Ziviani (2010) highlighted the benefits of coaching for parents by providing new skills and insights into their child's behaviour.

A review by Modesto-Lowe et al. (2008) examined all published research using the terms *ADHD* and *parenting* to establish what impact, if any, a particular parenting style had on the parent-child relationship. The authors reported a correlation between child ADHD, high levels of parental stress and dysfunctional parenting. Dysfunctional parenting is associated with inconsistency, harsh and excessive discipline leading to undesirable outcomes in children including aggression and delinquency (Baumrind, 1966; McCord, McCord, & Howard, 1961). The presence of parental psychopathology also has implications for how parents respond to symptoms of ADHD in their children. Modesto-Lowe et al. (2008) concluded there was some evidence that poor parenting practices contribute to executive functioning deficits such as self-control. They went on to suggest this may contribute to further disruptive behaviour and exacerbate ADHD symptomology.

Baumrind's (1966) seminal classification of three parenting styles into authoritative, authoritarian and permissive are useful parenting models. She preferred the authoritative style because it added warmth and attentiveness to parents' interactions with their children, combined with clearly articulated, age-appropriate expectations of their social behaviour. An authoritarian style is characterised by control, regimen and a tendency for harsh discipline, and is less warm than autocratic; while the permissive style is relaxed, undemanding, indulgent but warm (Woolfson & Grant, 2006). The authoritative style is widely considered the preferred choice and the

definition of effective and positive parenting (Maccoby, 1992), and is also considered the most effective for children with ADHD (Kaiser et al., 2011). Kaiser et al. (2011) examined the predictors of positive parenting combined with ADHD severity on children's social functioning. Three theoretical models were examined to determine how the three variables (parenting, ADHD severity and child social functioning) influenced one another. The authors concluded that the variables of parenting and ADHD severity are independently related to a child's social functioning, and found evidence to suggest that improved parenting alone may improve child social functioning. This may also be effective in improving other ADHD-related symptoms in children.

A number of studies show a connection between parental stress and ADHD (Corcoran et al., 2016; Fischer, 1990; Johnston & Mash, 2001) with more parental stress present in parents of children with ADHD. Woolfson and Grant (2006) established higher parental stress was associated with a more authoritarian style in mothers of children with developmental disabilities such as ADHD. Parents of children with ADHD often self-report higher levels of controlling behaviour than those of children without ADHD (Kaiser et al., 2011). The impact of ADHD on parenting is significant, as shown by the impact of parenting styles on peer outcomes for children with ADHD (Hinshaw, Zupan, Simmel, Nigg, & Melnick, 1997), where the authors found authoritarian parenting beliefs to be a predictor of negative peer acceptance and poor social outcomes for these children.

#### 2.2.4 Parent Cognitions

Several studies demonstrate the important role of parent cognition in determining how parents manage ADHD-related behaviour. The literature shows how parents' attributes to children's behaviour can determine the functionality of parents' responses (Hoza et al., 2000). The research shows that parents can become more upset by children's behaviour if they attribute it to intentional behaviour (Hoza et al., 2000). In this study, parent cognition refers to the attention and awareness parents apply to the behaviour of their children (Kaiser et al., 2010). Johnston and Mash (2001) also defined parent cognitions in this way and found that parental cognition can impact the behaviour of the child. They described an important study, conducted by Hoover and

Milich (1994), in which the participants were mothers who believed their boys' problem behaviour was linked to sugar. They were led to believe that some boys were given sugar and some were given a placebo, when in fact all boys were given a placebo. The mothers who believed their boys were given sugar were more critical and controlling in their interactions with the boys, substantiating the impact of their expectations of bad behaviour following a sugar intake.

It is important to identify the variables that influence a child's behaviour and ADHD symptoms. The literature indicates that parents' views of their children's behaviour can be significant. Johnston and Mash (2001) documented evidence from various studies that showed "child ADHD can influence parent behaviour and adjustment" (p. 199). However, they also indicated that the opposite applies, that is, parents' behaviour can influence the child's behaviour and ADHD symptoms. Hoza et al. (2000) hypothesised a shift in parental cognition can change the behaviour of both the parent and child. Kaiser et al. (2010) discussed the relationship between parental acknowledgement of their child's behaviour and intervention outcomes. They used the example of a parent who referred to their child's behaviour as *bad* being more likely to use negative or strict parenting practices.

Parents who associate behaviour with a biological or neurological aspect are more likely to remain calm when their child misbehaves, suggesting that parents' cognitions impact how they perceive their child's behaviour. They are more forgiving and open to intervention if they believe misbehaviour is due to a disorder. The opposite also applies, in that they are less open to adopting interventions when they believe misbehaviour stems from a child's choice. Hoza, Johnston, Pillow, and Ascough (2006) highlighted this assertion, and observed fathers' views of their child's behaviour as personal choice rather than ADHD symptoms was pertinent to the success of intervention.

Certain cognitive disorders have been identified as predictors of treatment/intervention outcomes (Hoza et al., 2000). The cognitive disorders may be depressive thinking or continually processing information in a systematically negative manner, as discussed by Beck (1963). Kaiser et al. (2010) suggest in their research that parents with negative cognitions tend to have more influence on their child's negative

behaviour, which in turn, can lead to a sense of hopelessness with regard to improved behaviour in the future. Accordingly there is a requirement to focus on “inaccurate parent attributions or cognitions” in every session of behavioural parent training (Kaiser et al., 2010, p. 9).

One of the salient components of Barkley’s (1987) training for parents who manage children with ADHD is to embrace and practice the concept of forgiveness. This includes letting go of anger, disappointment and resentment on the part of parents in relation to their children’s behaviour, and is closely linked to more recent research which demonstrates the altered cognitions of parents improve their children’s behaviour (Kaiser et al., 2010).

Just as parents’ cognition impacts the behaviour of children with ADHD, changes in their attributions or explanations for problem behaviour can result in different intervention outcomes. This idea is not new, and was reported by Beck (1963) who described a cognitive error as a pattern of consistently processing information by an individual as correlated to a negative view already held. In 2010 Kaiser et al. developed an unpublished scale to measure parents’ cognitive errors, and suggested a decrease in cognitive errors through intervention may predict improved responses to treatments of children. In this instance Kaiser and his colleagues used the Homework Problem Checklist (Anesko et al., 1987) to assess improvements. Moreover, Kaiser et al. (2010) reported the more parent cognitions changed in relation to their child’s behaviour during the intervention, the more positive the outcomes were.

### 2.2.5 Parental Self-efficacy

When asked to reflect on how effectively they interact and manage the behaviour of their children, parents are measuring their *self-efficacy* (Bandura, 1977; Jiang, Gurm, & Johnston, 2014). A review of the significance of parental cognitions on the outcomes of and engagement in behavioural parent training acknowledged that parental self-efficacy is extremely relevant (Kaiser et al., 2010). It is generally accepted that lower parental self-efficacy is evident in parents of children with ADHD than those of non-ADHD children (Hoza et al., 2006). Furthermore, these parents self-report less effective parenting skills and perceive their influence over their children to be weaker (Hoza et al., 2006).

Hoza et al. (2000) explored parent cognition as a predictor of treatment for children with ADHD and found that it impacts persistence, awareness of community support and greater parent responsiveness. These authors also found lower treatment outcomes were associated with low self-esteem in mothers and low parental efficacy as perceived by fathers.

Much of the research has addressed the self-efficacy of mothers. Mash and Johnston (1983) assessed mothers' self-esteem and found social isolation was a major cause of maternal depression. A subsequent study by Johnston, Mah, and Regambal (2010) found higher self-efficacy in mothers led to more positive outcomes with regard to managing the symptoms of children with ADHD following behavioural treatment. Recently, Jiang et al. (2014) endorsed the correlation between parents' self-efficacy and the prediction of treatment after examining the impact of the child's impairment and parents' self-efficacy on the acceptability and effectiveness of ADHD treatments. The results demonstrated that greater impairments, as reported by mothers, were positively correlated to the acceptability and effectiveness of treatment. Significantly, parental self-efficacy was positively correlated to mothers' predictions of treatment outcomes, that is, mothers rated the effectiveness of the behavioural strategies more positively where higher parental self-efficacy was apparent before the intervention. This is consistent with previous findings where mothers with higher parental self-efficacy have higher expectations of behavioural strategies working (Hoza et al., 2000; Johnston et al., 2010). Recent findings on parental self-efficacy coupled with parents' need to feel empowered when using behaviour strategies reinforce the importance of this study.

### 2.2.6 Impact on the Wider Family

A number of studies have demonstrated the stress experienced by parents of children with ADHD (Theule et al., 2013; Corcoran et al., 2016). More recently it has been established that this stress continues into adolescence (Wiener, Biondic, Grimbos, & Herbert, 2016). A wider impact on these families has also emerged, one of these being lower quality sibling relationships (Strahm, 2008), characterised by less warmth, less closeness and more conflict (Mikami & Piffner, 2008, Steiner, 2014). The symptomology of ADHD in children presents challenges for parents that can lead to ineffective

parenting and disruptive behaviours, evoking negative reactions among siblings and damaging sibling relationships (Johnson & Mash, 2001).

### 2.3 Interventions for ADHD

Interventions and treatments continuously emerge as new knowledge expands with regard to treating the symptoms of ADHD (Johnston & Park, 2015). This new knowledge has not only informed the nature of ADHD, but also the benefits of refining various interventions and treatments. One application has resulted in the most recent diagnostic criteria in the Diagnostic and Statistical Manual of Mental Disorders (APA, 2013) by changing the age at which symptoms appear from before seven years old to before 12 years old. Many studies have also reviewed the effects and impacts of various types of interventions, including both pharmacological and non-pharmacological interventions. Much of the literature over the last 20 years has focused on the efficacy of pharmacological versus psychosocial treatment, however, a number of recent studies provide evidence of the most effective approach being a combination of pharmacological and non-pharmacological treatments (Johnston & Park, 2015; Van der Oord, Prins, Oosterlaan, & Emmelkamp, 2008).

Johnston and Park (2015) undertook a comprehensive study reviewing published studies on all types of ADHD interventions, including pharmacological and non-pharmacological interventions. The authors considered pharmacological interventions alone, psychosocial treatments such as behaviour and skills training alone, their combined effects, and emerging interventions such as cognitive-based training, dietary and other alternative interventions. Johnston and Park (2015) described the field of pharmacological interventions as widely accepting of stimulants, namely methylphenidate (MPH) and amphetamine (AMP) compounds, as the prime treatment for ADHD. The authors explained that new developments in long-acting drugs and novel delivery methods have refined the benefits of these treatments for both adults and children. They discussed concerns about the side-effects of stimulants and claimed that some of these concerns have been alleviated by new knowledge. The authors cited the example of reduced impact on growth and weight for children after two years of ceasing medication: "...all but two of the studies demonstrated an accelerated growth rate

within two years after the discontinuation of medication, which often compensated for the height and weight deficits accrued during medication treatment” (p. 39).

Johnston and Park (2015) reported that some children do not respond to stimulants, so a new type of “non-stimulant” drug was being used by these young people. The indications were that these alternative drugs had some benefits with regard to reducing symptoms of inattention and hyperactivity, and could be used as a pharmacological intervention for those children who cannot endure the side effects of more typical medication (Johnston & Park, 2015).

Johnston and Park (2015) described psychosocial treatments as those not involving medication, and including a range of interventions such as behavioural parent training (BPT), classroom management strategies and others conducted in the school environment, as well as various skills training interventions aimed at child functioning when additional requirements to managing ADHD symptoms are needed (Evans, Owens, & Bunford, 2014). There is significant evidence that these types of psychosocial interventions are effective in managing symptoms of ADHD (Evans et al., 2014; Fabiano et al., 2009; Johnston & Park, 2015), but it is difficult to quantify the efficacy of these various interventions due to the different methodologies used. Nevertheless, the efficacy of treatments such as BPT and classroom management interventions is well established (Evans et al., 2014; Johnston & Park, 2015).

Over the last 20 years there has been much debate over the merits of pharmacological and psychosocial interventions (Evans et al., 2014; Fabiano et al., 2009; Sonuga-Barke et al., 2013; Van der Oord et al., 2008). Johnston and Park (2015) concluded that both pharmacological and psychosocial interventions are effective standalone treatments for managing various symptoms, but are most efficacious when combined in both home and school environments. They outlined evidence to support the view that long-term social problems can be prevented for children with ADHD as they mature into adults, suggesting fewer problems with substance abuse and antisocial behaviour. However, in their review of ADHD treatments, Johnston and Park (2015) concluded that more effort is needed to clarify the requirements of families and individualise interventions to better match their particular values and preferences.



The literature details theories and models put forward to explain ADHD and its comorbidities but two in particular have been favoured: Barkley's unifying theory of ADHD (1997) and the Dynamic Development Theory (Sagvolden, Johanses, Aase, & Russell, 2005). Barkley's unifying theory of ADHD (1997) offers the theory that there is a central deficit inhibiting behaviours which impedes self-control and goal directed behaviour. The Dynamic Development Theory which is in particular attributable to ADHD Combined Type offers the theory that there is a shorter and steeper delay of reinforcement presenting with ADHD, which leads to the requirement for more stimulation to activate dopamine in the brain (Sagvolden et al, 2005). Dopamine is the major neurotransmitter of the reward circuit in the brain and this theory indicates that children with ADHD may need more motivation to make an activity worth doing (Sagvolden et al, 2005). Therefore, strategies which enhance self-control, goal directed behaviour and extrinsic motivation have derived from these theories. Both theories are at the essence of psychosocial interventions. The next section reviews the most frequently researched psychosocial interventions.

### 2.3.1 Behavioural Parent Training

Behavioural Parent Training (BPT) is defined as "therapy aimed at establishing a behavioural contingency program for parents" (Lee, Niew, Yang, Chen, & Lin, 2012, p. 2041). The research shows that over time parents may take up dysfunctional parenting to deal with the challenging behaviour of ADHD in children (Chronis, Chacko, Fabiano, Wymbs, & Pelham Jr, 2004). BPT derived from the recognition that working directly with parents to modify their parenting behaviour was associated with increased positive outcomes with their children (Pelham, Wheeler, & Chronis, 1998). Pelham and colleagues purported that BPT was the most effective way to change parenting behaviour. Many models of BPT have been developed which focus on providing parents with strategies for managing ADHD and associated behaviour problem e.g. oppositional defiant disorder (ODD). These models vary from a 10-session BPT program (Barkley, 1997b) provided in a group format to the 35-session BPT program utilised in the Multimodal Treatment of ADHD (MTA) study (1999).

BPT is one of the most considered, researched and well-evidenced psychosocial treatment for ADHD (Johnston & Park, 2015). A meta-analysis of BPT conducted in 2012

by Lee et al. reported it as an effective intervention for increasing positive child behaviour, changing child-rearing behaviour and parents' stress and abilities. In their meta-analysis of behaviour treatments for ADHD, Fabiano et al. (2009) explained that BPT is recommended as the first intervention because the behaviour of parents can negatively influence children with ADHD. Moreover, children with poor regulation and control present additional challenges for their parents, and therefore interventions which target parent behaviour are of value in reducing negative impacts.

The outcomes of the 40 BPT studies included in Lee et al.'s (2012) meta-analysis were ordered into three types. These were: a) outcomes measured on the child's behaviour; b) the parenting behaviour; and c) the parents' perceptions of their parenting. Overall, the findings supported BPT as a persuasive intervention for improving both child and parent behaviour and augmenting parents' insights and feelings about parenting. Follow ups conducted in 17 of these studies found that BPT was still effective after a time lapse of 3 months to 3 years, despite evidence of reduced effectiveness over time.

Lee et al.'s (2012) meta-analysis found a negative interrelationship between BPT and children with comorbid behavioural problems, leading to an implication that BPT has value for children with ADHD especially when there is no evidence of comorbid behaviour. Their study presented the benefits of individualised programs, taking into account a child's specific needs in conjunction with those of the family. It follows that individual interventions may differ widely, with the most effective being embedded in all aspects of family life to increase the long-term effects of BPT.

Lee et al.'s 2012 study revealed that Behavioural Parent Training varies in format and between practitioners, as well as its delivery to parents only and to parents and children – both at group and individual levels. The authors found delivery to parents alone in a group setting equally effective as individual delivery, including parent and child. An examination of participant and intervention characteristics found no statistically significant difference between presenting BPT to a group as opposed to individuals. There was also no significant difference in studies which engaged both parents and children as compared with studies that only engaged parents. However, delivery of BPT in a group format has important economic implications as it is more cost

effective to present to a group rather than individuals. Several other benefits have also been identified, namely improving functioning outcomes in children and adolescents, providing a framework for instruction with clear guidelines for parents on implementing training, and more acceptable social positioning of parent training (Power, Russell, Soffer, Blom-Hoffman, & Grim, 2002).

In their meta-analysis of behavioural treatments for ADHD, Fabiano et al. (2009) reported that effective parenting practices supported by BPT can lead to success at home and school. Levels of involvement vary from parents actively supporting academic activities in the home, to pursuing active communication strategies between the school and home (Fantuzzo, Tighe, & Childs, 2000). Parents of children with ADHD have been shown (Rogers et al., 2009) to feel less effective when dealing with academic issues compared to parents with non-ADHD children who have similar beliefs about academic involvement and similar knowledge and skills.

More recent research attests to the importance of psychosocial interventions for families and children with ADHD (Loren et al., 2015; Power et al., 2012). A comprehensive study conducted as a family/school intervention by Power et al. (2012) investigated the relationship between home and school to improve the functioning of students with ADHD. The main components of the intervention were consultation on behaviour strategies between school and home and daily report cards between the teacher and home, combined with strategies aimed at supporting homework related problems. The authors concluded that such an intervention had a small to medium positive effect on “family involvement in education, the quality of the family-school relationship, homework performance and parenting behaviour” (p. 621). The study was designed to measure behavioural intervention on the functioning of the child both at school and at home, and consistent with previous research, indicated homework improvements and reduced negative or inadequate parenting (Langberg et al., 2010).

Langberg et al. (2010) also showed improvements from BPT intervention on the parent-teacher relationship. This has an important impact on a child’s ability to perform academically, as acknowledged by Hattie (2009), who stated that schools need to “work in partnership” (p. 70) with parents to achieve academic expectations and standards. He went on to explain that parents have expectations about schooling outcomes for

their child, which if not met, can impact negatively on the parent's relationship with the school and sometimes alienate them. It is therefore logical to conclude that any intervention aimed at improving the relationship between parents and schools will support the long-term academic achievement of the child. In relation to this study therefore, it was assumed that focusing on the relationship between the parent and the school/teacher will benefit the child.

Several studies show particular parenting groups, such as sole parents (Chacko et al., 2008; Kaiser et al., 2010), are at risk. Emerging research is attempting to find ways of engaging these parents since low engagement has historically been a feature of BPT efficacy. Another example is a program which focused on fathers of children with ADHD. This program combined traditional BPT with soccer skills in an innovative way to increase and maintain involvement (Fabiano et al., 2012). The fathers in this study described discernible improvements in their children's behaviour following the program, demonstrating the importance of adapting and focusing BPT delivery to individual parent needs and contexts.

Much of the research on BPT has been conducted in a clinical setting, however the study conducted by Loren et al. (2015) was delivered in a typical outpatient setting with many diverse parent participants (N = 241). The authors investigated a behavioural parent training course aimed at reducing child impairment and simultaneously increasing parent confidence. The difference between this and other previously conducted BPT was the community setting, as well as a focus on measuring parent confidence at the conclusion of the intervention. The eight-session BPT was based on a ten-session program developed by Barkley (1987), in which all parents were asked to complete a scaled questionnaire to assess their confidence in managing their children's symptoms, both before and after the BPT. Parents reported increased confidence in managing the behaviour of their children with ADHD following the BPT. They also reported improved child behaviour across a range of areas, such as the parent-child relationship, the impact on the wider family, and overall impairment. The evidence also indicated that this brief eight-session intervention was as effective in improving functional behaviour as those measured in controlled studies.

As these studies of BPT have shown, providing parents with effective strategies to manage the symptoms of ADHD in their children can lead to enhanced parental confidence and successful results. Loren et al.'s (2015) findings demonstrated that BPT can be effectively delivered in a group to a diverse range of parents in an outpatient setting, similar to the context of the research reported here.

### 2.3.2 Mindful Parenting

While BPT is a well evidenced psychosocial treatment for children with ADHD, no equivalent intervention exists for parents. BPT focuses on behavioural interventions for children rather than the contribution of parenting to successful outcomes, and therefore interventions are required to address the needs of parents living with children with ADHD. A review conducted by Anderson and Guthery (2015) on parent training studies over the past five years as an adjunct intervention for ADHD, found that mindfulness based training was the most common form of parent training. Typical outcomes reported from mindful parenting included decreased parental stress and propensity to overreact, and increased parental satisfaction. Mindful parenting focuses on parents' patience, their predisposition and satisfaction (Sawyer-Cohen & Semple, 2010).

Mindful parenting has its origins in mindfulness training. In the 1990s, research reviewed programs like Mindfulness-Based Stress Reduction (MBSR) and Mindfulness-Based Cognitive Therapy (MBCT), and found mindfulness training effective for reducing certain symptoms. Mindfulness has formed a part of most spiritual beliefs and religions, but Western psychology only started to explore its benefits in relatively recent times. Earlier work in this area reviewed the use of mindfulness training for parents and families with mental health issues. Bogels, Lehtonen and Restifo (2010) explained that mindfulness training can be used to facilitate parents changing their automatic responses; that is, a thought or reaction performed without thought. Furthermore, it is believed to positively change dysfunctional parenting practices derived from one's own childhood (Bogels et al, 2010) .

In her early work on mindful parenting, Dumas (2005) laid out the components of MBSR and MBCT which could be adapted for mindfulness-based parent training (MBPT). She explored how mindfulness-based techniques could be incorporated into

evidence-based BPT models, and recommended empirical evidence to support the merits of MBPT. Another study on this topic by Sawyer-Cohen and Semple (2010) observed a reduction in parental stress, increased parent satisfaction, and a reduction in child aggression as the initial benefits of MBPT. The study referenced one of only two articles known at the time to review the use of MBPT in families with ADHD. The first was a 12-session program of mindfulness for two mothers and their children diagnosed with ADHD (Singh et al., 2010), which implied that personal transformation of both parents and children adapted their behaviour, led to greater compliance by the children and increased satisfaction with the parent-child relationship. It must be noted however, that the findings of this study cannot be generalised as the researchers investigated just two mother-child dyad participants.

The second study reviewed by Sawyer-Cohen and Semple (2010) evaluated mindfulness parent training for parents and children, with a focus on attention and impulsivity difficulties across a wide range of diagnoses including ADHD (S. Bögels, Hoogstad, van Dun, de Schutter, & Restifo, 2008). Fourteen adolescents and their parents received eight sessions of mindfulness training, after which self-reported improvements were measured on inattention, impulsivity and awareness. However, there was no differentiation between ADHD symptoms and other diagnoses.

The latest research on mindfulness training for families living with ADHD suggests that it should be combined with other evidence-based interventions. Cassone (2015) evaluated the evidence from 29 psychology-related research databases and concluded that mindfulness training should be included as a recognised intervention for families with ADHD. He discovered positive findings from mindfulness training for individuals with ADHD which translated into improved attention ability and reduced ADHD symptomatology. Despite small numbers of participants in many of the studies he reviewed, Cassone reported promising initial results.

The most recent study by Cassone (2015) also examined evidence of mindful parenting (MP), the essence of which was to incorporate mindfulness tools into communication between parents and children. It is similar to the techniques of mindfulness training for individuals, but pays particular attention to parent specifics. After an eight-week training course, during which children underwent mindfulness

training and parents underwent mindfulness parenting, the parents rated their children's ADHD symptoms significantly lessened (Peijnenburg, Bögels, & Oord, 2012). From the parents' perspective their stress was reduced, as measured by the PSI index (Abidin, 1995), and overreaction decreased. A limitation of this study is while parents reported symptom reduction for their children, the teacher did not rate ADHD symptoms reduced for these children following the intervention.

Cassone argued that despite the limitations of evidence-based findings in relation to mindfulness, combining MP with Behavioural Parent Training (BPT) may be an effective method of reducing ADHD symptomatology for all members of a family living with ADHD. He regarded the work of Dumas in 2005 as the first combination of MT and BPT for ADHD in families. Dumas focused on automatic thinking – she states that automatic thinking and reactions are not always helpful and often *mindless*, since they are characterised by behaviour without thought and not easily changed. In families “automaticity plays a major role in parenting and in the development of a child's coping competence” (Dumas, 2005, p. 781). In families who live with ADHD symptomatology, automatic responses can reduce a parent's ability to be sensitive or supportive to the needs of the child. Mindfulness training, as described by Dumas, incorporates facilitative listening, distancing, and motivated action plans. She also stressed the need for further empirical investigations into this strategy.

Given the recognition of parental stress for parents of children with ADHD (Theule et al., 2013), the most recent research on mindfulness-based psycho-education investigated the effects of mindfulness on reducing stress (Anderson & Guthery, 2015). Various options were reviewed as potential methods of mindfulness intervention, and a mindful parenting book, *Everyday blessings: The inner work of mindful parenting* (Kabat-Zinn, 2009) was chosen as the intervention. The Parenting Stress Index was used as the outcome measure (Abidin, 1995) after an eight-week pilot study conducted with seven participants. The results showed mindfulness training significantly reduced parental stress by connecting the importance of self-efficacy and successful parent training. This small but significant study aligns with social cognitive theory which argues that no change can occur if self-efficacy is not already present (Bandura, 1977).

In summary, mindful parenting has been found to be effective in reducing parental stress. Parents of children with ADHD are known to experience high levels of stress (Theule et al., 2013) and therefore, interventions to reduce parental stress will bring about improved parent-child relationships. In addition, early evidence shows that combining mindful parenting with other evidence-based BPT may reduce ADHD symptomatology for all members of a family living with ADHD.

## 2.4 Coaching Parents of Children with ADHD

In the context of this study, coaching was the intervention used to support parents of children with ADHD. As the research has shown, parenting children with ADHD has a particular relationship with increased parental stress (Theule et al, 2013), which has been linked to dysfunctional parenting and a negative impact on parents' cognitive functioning (Theule et al., 2013). There is also a relationship between parent self-efficacy and parental cognitions (Kaiser et al., 2010), and evidence suggests these factors can alter a child's behaviour (Johnston & Mash, 2001). Given the impact of how parents feel about themselves on their child's behaviour, an intervention which addresses parent cognitions is likely to lead to positive outcomes (Kaiser et al., 2010). Parent coaching addresses parental cognition through combining a focus on increased self-efficacy, parent cognition and parental stress with appropriate behavioural strategies, and could change the way parents think, act and feel. The next section reviews the influences on coaching, in particular parent coaching, how coaching is practiced and how it is being used with parents of children with ADHD.

### 2.4.1 Parent Coaching influences

In general the literature describes coaching as multi-disciplined, with its influences derived from many theoretical models (Grant, 2001; Wang & Millward, 2014), multiple disciplines and key influences (Brock, 2014). The roots of modern coaching include education, sports, personal development and productivity, philosophy, liberal arts, business and organisational and clinical psychology. Coaching became prominent in business in the 1980s when it became part of offices and boardrooms. In the 1990s, formal training programs, schools, professional association and credentials all embraced the coaching concept (Brock, 2014). Stober and Grant (2006) discuss the



many influences from varied fields which benefit the discipline of coaching. They include cognitive behavioural theory, behavioural theory, adult learning theory, positive psychology modelling, systemic approaches and goal-oriented approaches. This section reviews the origins of cognitive behavioural theory in coaching, followed by a discussion on the origins of behavioural theory which led to behaviour modification techniques in Behavioural Parent Training. The two coaching influences of cognitive behavioral theory and behavioral theory are of particular relevant to this study of parent coaching. Parallels between coaching and adult learning theory are also discussed as relevant when reviewing parent coaching.

Cognitive behavioural coaching (CBC) has been defined by Palmer and Szymanska (2007, p. 86) as an approach which combines various elements from cognitive, behavioural and problem-solving models, as cited by Palmer and Williams (2012). It was the most frequently used model in Palmer and Whybrow's (2006) survey of mainly British coaching psychologists (Palmer & Williams, 2012), in which the authors examined the measurable outcomes from goal setting and achievement, performance measures, cognition, emotion and physiology (anxiety disorder), behaviour (procrastination, time management, conflict management), mental health (depression), and psychological well-being (coping skills, quality of life) (Palmer & Williams, 2012) amongst others.

Beck (1970) has been credited with developing cognitive therapy based on cognitive theory. The theory states that a person's reality is created by their internal voice, and focusing on this internal voice and bringing it to conscious thought affords an opportunity to test its validity. By raising awareness of the internal voice and the underlying belief which creates this voice one can check if there is evidence to sustain the belief, and subsequently create a new, more positive, constructive and validating voice. Cognitive behavioural theoretical frameworks are underpinned by three levels of cognition as identified by Beck (1970). They are "automatic thoughts, intermediate beliefs and core beliefs" (p. 320).

Cognitive Behavioural Therapy (CBT) has been widely researched and was purported by Neenan (2008) to be the most validated therapy. Palmer and Williams (2012) refer to its validation in the CBT section of *The Wiley-Blackwell handbook of the*

*psychology of coaching and mentoring* (Passmore, Peterson, & Freire, 2012). This book was written to present a multitude of perspectives on the many influences on coaching and the chapter of CBT explains how cognitive therapy can be utilised as a coaching approach. Many theoretical models have been put forward to explain why cognitive behaviour therapy works. According to Palmer and Williams (p. 322), these theoretical models include goal-setting theory, as suggested by Locke and Latham (1990), solution-focused and problem-solving models, as studied by Palmer and Neenan (2000), and a multi-modal model as introduced by Lazarus (1984, 1989) and Palmer (2008).

CBT rose to prominence amongst coaching professionals when some of the models were adapted for non-clinical settings, in particular the workplace. In 2001, Grant conducted a review of cognitive and behavioural approaches in coaching and concluded that through a solution-focused, cognitive-behavioural coaching (SF-CBC) method, goal achievement and increased wellbeing are accomplished by managing the connection between a person's thoughts, feelings, behaviour and the impact of the environment (Grant, 2008). The desired result is to align all four elements so as to support the achievement of goals and increased wellbeing. By including a solution-focused approach with a cognitive behavioural structure a person's strengths are emphasised and are used to find a solution.

Grant (2012) compared solution- and problem-focused approaches in coaching and argued that while both will move a person closer to their goal, a solution-based focus will also improve self-efficacy, attributed by Bandura (1977) as being at the center of the human agenda. Grant also observed that more action steps towards achieving a goal are recorded in a solution-focused approach, and he reinforced the important link between planning for action and attainment of goals in health, education and broader life, as documented in the literature. All approaches in coaching require the wider context of coaching to be considered and the coaching will need to be modified according to particular circumstances (Ives, 2008). Ives writes that solution- and problem-focused approaches may be more appropriate in each circumstance with no one approach being better than the other.

Coaching has its origins in many theoretical models, including cognitive behavioural theory and behavioural theory (Grant, 2001). Behavioural theory

originated from social learning theory, which is the ability to learn by observing others. It is widely accepted that internal cognitive processes are important in determining behavioural responses, and an individual can anticipate the consequences of a behaviour based on past experience (their own or others) (Bandura, 1977). An individual's belief about their own ability to perform an activity will affect whether or not they attempt a behaviour, indicating strong links between self-efficacy and performance (Eldridge & Dembkowski, 2012). For this reason increasing self-efficacy is often a desired outcome of coaching.

In discussing the impact of behavioural theory in coaching, Eldridge and Dembkowski (2012) asserted that most coaching programs have an element of the behavioural approach. Coaching is about achieving change; in the awareness of the behavior first and what creates change in an individual. This is followed by learning how change can happen and be maintained, a central link between behaviourism and coaching (Eldridge & Dembkowski, 2012). The significance for this study is that it examines the link between parenting behaviourism and coaching – parents becoming more aware of their parenting through coaching and what might create change for them. Coaching facilitates their learning of how changed parenting behaviour can occur and be sustained after coaching ceases.

Eldridge and Dembkowski (2012) reviewed the existing literature on behavioural coaching and found only a small number of studies considered this approach. They concluded that evaluating behavioural coaching is made more difficult by the absence of universally agreed criteria to define successful outcomes. A study conducted by Grant (2001) noted that behavioural-based approaches are essential for enhanced performance: “it would appear that the combined cognitive and behavioural coaching program is an effective means of enhancing both performance and well-being” (p. 14).

The influence of learning theory on coaching has been explored in the literature (Griffiths, 2005) and it is now accepted that adult learning theory and lifelong learning are fundamental to the success of coaching for adults (Grant, 2001; Skiffington & Zeus, 2003; Wilkins, 2000). In particular, adult learning theory has been identified as having significance for the foundations of *evidence-based coaching* (Grant, 2005). Griffiths (2009) drew parallels between the characteristics of coaching and adult learning and

suggested that the “problem-centered context that is based on immediate goals, needs, and concrete situations” (p. 31) is applicable to both coaching and adult learning because both address the unique needs of the individual, the importance of pre-acquired knowledge, and the learning gained from self-fulfilling needs to reach goals. This new learning is linked to existing knowledge and experiences (Griffiths, 2009). The literature consistently refers to the importance of learning as part of the coaching process, which has been described as “a model for effective learning” (Griffiths, 2005, p. 55) and a “holistic multifaceted approach to learning and change” (Skiffington & Zeus, 2003, p. 30). Furthermore, the International Coach Federation espouses the necessity to facilitate “learning and results” as part of the coaching process. Accordingly, learning can be considered a core component of coaching, and for this reason the current study explored the learning acquired by parents as part of parent coaching.

#### 2.4.2 Coaching Practices

The term *coaching* has and continues to be used in the literature with inconsistent meaning. The International Coach Federation (ICF) defines it as: “partnering with clients in a thought-provoking and creative process that inspires them to maximize their personal and professional potential” (International Coach Federation, n.d.-c). This definition is broad but clearly demonstrates certain important components of coaching: client-centred working relationships, collaboration between client and coach, self-reflection and creativity, and a focus on client’s future growth.

Additionally, the various definitions of coaching are unclear in terms of their distinction between direct teaching and self-directed learning. Self-directed learning is defined as an ability of individuals to determine their learning needs with or without another’s assistance and proactively find solutions. In other words, they take responsibility and control for their own learning (Woolfson & Grant, 2006). This is in contrast to teaching or direct instruction, whereby another dictates the goals and process for learning. Grant (2001) explored these different extremes in their application to coaching and explained that the many and varied definitions have a different emphasis depending on the underlying psychology of the coaching. For example, he highlighted the work of Kilburg (2000) which emphasised executive coaching and excluded life coaching and workplace coaching; and the work of Parsloe (1995), and

Druckman and Bjork (1991), which excluded self-directed learning and focused on instructional coaching. Ives (2008) explores how elementary aspects to coaching such as taking a directive role versus a non-directive role seem to be polarised but in fact, “no one approach is better or right but each approach is appropriate in particular situations” (p. 109). Such studies attest to the broad views expressed in the literature which are held with regard to the *right* or *correct* approach to coaching while accepting that the contrasting perspectives to coaching are all appropriate depending on the situation, as suggested by Ives. In the current study the coaching approach was on self-directed learning with a teaching/direct instruction element in regard to evidence-based behavioural strategies for parents of children with ADHD.

According to the definition of coaching (Woolfson & Grant, 2006), providing expert advice is controversial. Ostensibly there are two opposing views: one as “coach and expert advice-giver” and the other as “a non-directional ask-not-tell approach” (Woolfson & Grant, 2006, p. 363). According to the authors these are not opposing views but represent opposite ends of the expert-knowledge scale in coaching. Woolfson and Grant (2006) went on to explain that the most appropriate method of imparting expert knowledge is determined by the most suitable method of facilitating clients to reach their goals. An important consideration when giving expert advice is maintaining a balance between the “process facilitation and content or information delivery” (p. 363).

In their review of the literature on client-centred coaching, Schwellnus, King, and Thompson (2015) identified nine components considered essential for coaching: “(1) client-centred, (2) collaborative, (3) reflective, (4) promotes capacity, (5) ecological (takes place in the client’s natural environment), (6) strength-based, (7) promotes self-determination, (8) uses positive language and (9) focuses on a preferred future or goal.” (p. 1306). The 17 coaching studies examined by Schwellnus et al. were all within the field of paediatric health care services, and therefore applicable to coaching families living with ADHD. It is significant that ten out of the 17 studies reported positive findings. However, it should be noted that the studies did not report any correlation between the use of specific coaching components and the (positive) findings, so it is not possible to determine which of the individual components were most effective. The authors also

raised the idea that the interrelation between the components is likely to determine the effectiveness of client-centred coaching.

A new field of coaching which is gaining increasing recognition encompasses family life coaching, parent- and family coaching (Allen & Huff, 2014). All these terms explicitly describe working in the family life area. A new group has recently been formed to study the expertise of family and parent coaching currently in existence (Kruenegel-Farr, Allen, & Machara, 2016), with the aim of creating a standard credentialing process for all *family life coaches*, the generic term for all who work in this field.

### 2.4.3 Coaching Parents of Children with ADHD

There is a dearth of research related to coaching parents and coaching parents of children with ADHD. Coaching in the area of ADHD is a relatively new field so there is limited research on the subject, and none based in Australia. Existing studies focused on coaching college students with ADHD (Field, Parker, Sawilowsky, & Rolands, 2010; Swartz, Prevatt, & Proctor, 2005) and showed the interventions were effective in helping students improve executive functioning and related skills (Field et al., 2010). Another study explored the benefits for adults living with ADHD, and recommended coaching as an effective tool for managing their cognitive and behavioural outcomes (Kubik, 2010).

To date most research on parenting and ADHD has focused on behaviour interventions for parents' to use with their children, rather than a specific coaching intervention. Many are based on behaviour therapy or cognitive behavioural therapy, as noted in the meta-analysis of Lindhiem, Higa, Trentacosta, Herschell, and Kolko (2014), who asserted these theories formed the foundation of coaching. These authors reviewed the skills acquisition and skills utilisation of the participants described in the 68 articles, in which evidence-based treatment was adopted for dealing with child behaviour problems. Following their review, one recommendation was to develop "innovative interventions to enhance the acquisition and utilization of cognitive-behavioural and parent management skills" (p. 1). In the context of this study, parent coaching was proven to have the potential of such an "innovative intervention".

Few studies have considered parents' perspectives from within coaching, but research conducted by Foster, Dunn, and Lawson (2013) set out to understand the perceptions of coaching from mothers' points of view. This approach was taken to bridge the knowledge gap on "the nature of the learning experience for parents" (p. 253). The study involved ten one-hour one-to-one sessions with the same coach and was followed by a qualitative interview comprised of six open-ended questions. The concepts that emerged were indicative of the elements of coaching considered important by the mothers to facilitate a better understanding of themselves and their children. Foster et al. (2013) divided the concepts into two sections: a) process of change (1 to 3) and b) the results of coaching (4 and 5). The concepts were: "(1) parent-coach relationship, (2) analysis, (3) reflection, (4) mindfulness, and (5) self-efficacy" (p. 258). The results suggest the relationship between the parents and coach developed and changed due to analysis of the parents' behaviour and their reflection on the strategies that had been applied. Foster et al. (2013) reported increased awareness and mindfulness served to raise the mothers' self-efficacy.

The literature also informs practitioners about the provision of effective coaching for parents (Graham, Rodger, & Ziviani, 2009; Rush, Shelden, & Hanft, 2003). Graham, Rodger, and Ziviani (2010) analysed three parent-child dyads using case study methodology and reported that the benefits of coaching for parents included increased insights into child behaviour, new skills gained from the expertise of the coach in combination with additional knowledge gained, and a greater sense of competence and empowerment in respect of the parent-child relationship. The study revealed parents' self-learning and listening skills where their children were involved was enhanced, and the authors described a new awareness amongst parents of the impact of their emotional states on the behaviour of the child, i.e. remaining calm in difficult situations will achieve the goal more effectively (Graham et al., 2010).

Graham et al. (2010) conducted their study in the context of an occupational therapy practice with coaching delivered in five phases as identified by Rush et al. (2003). The five phases were 1) Initiation or acceptance of coaching (the coach and coachee form a plan jointly which includes the coachee's purpose of the coaching process); 2) Observation during and action following (the coach was present to observe

and gather data and the action involves the coachee practicing a new skill outside the coaching process); 3) Reflection and contemplation (the coach supports the coachee to continuously analysis the behaviour and promotes ongoing new skills along with proficient existing skills); 4) Evaluation of the coaching process (the coach and coachee review how effective the coaching has been in meeting the purpose of the coaching process); and 5) Continuation of further coaching or resolution of coaching (this phase is a choice which is made after the evaluation has taken place). These five phases have also been cited as meaningful for the process of parent coaching (Foster et al., 2013). In conclusion, coaching within this occupational therapy context elicited positive findings regarding the achievements of children and their families, and is significant because it moves away from traditional child-focused interventions while retaining a family-centred focus (Simpson, 2015).

Parental interventions may be of more benefit than simply reducing ADHD symptoms. Tarver, Daley, and Sayal (2015) argued there was evidence of broader benefits where treatments contained a parental component, including improved parent-child relationships, which can positively impact a child's behaviour. The authors also described evidence of altered parental behaviour, which may be linked to better academic and social results and even altered child neuropsychology. On balance, the evidence (Tarver et al., 2015) indicates that interventions targeting parents of children with ADHD may have a wide range of positive benefits.

## 2.5 Conceptual Framework

A review of the literature informed the conceptual framework for this study. The challenges of parenting children with ADHD are well documented and considerable attention has been paid to interventions for these children. However, it has become clear in recent years that solutions for supporting these families are complex and favours a combination of psychosocial treatment and medication (Johnston & Park, 2015).

As this study was aimed at exploring the effects of parent coaching programs on parents of children with ADHD, the elements of parenting deemed most important were derived from the literature. These include parental stress particular to parents of



children with ADHD, specific stressors such as homework, the importance of parenting styles, parent cognition, and how parental self-efficacy may be influenced (see Figure 2).

There is a broad range of interventions to support the symptoms and behaviours of children with ADHD, some better established than others. Those most closely aligned with this study focused on Behavioural Parent Training (BPT). Johnston and Park conducted a review of new and well established treatments, both psychosocial and pharmacological interventions, and concluded that BPT was the most validated and effective intervention for parents of children with ADHD, but had “disappointing rates of engagement and retention” (Johnston & Park, 2015, p. 41).

Mindful parenting is a recent area of interest, aimed at finding solutions for low engagement through individual tailoring to meet parents’ needs. There is limited research on mindful parenting, but initial findings indicate positive outcomes for reducing parental stress, increasing parental satisfaction and reducing child aggression (Friedmutter, 2015; Sawyer-Cohen & Semple, 2010). An evaluation of the effectiveness of mindfulness training, particularly in families living with ADHD, concluded that it should be recommended as an effective intervention (Cassone, 2015).

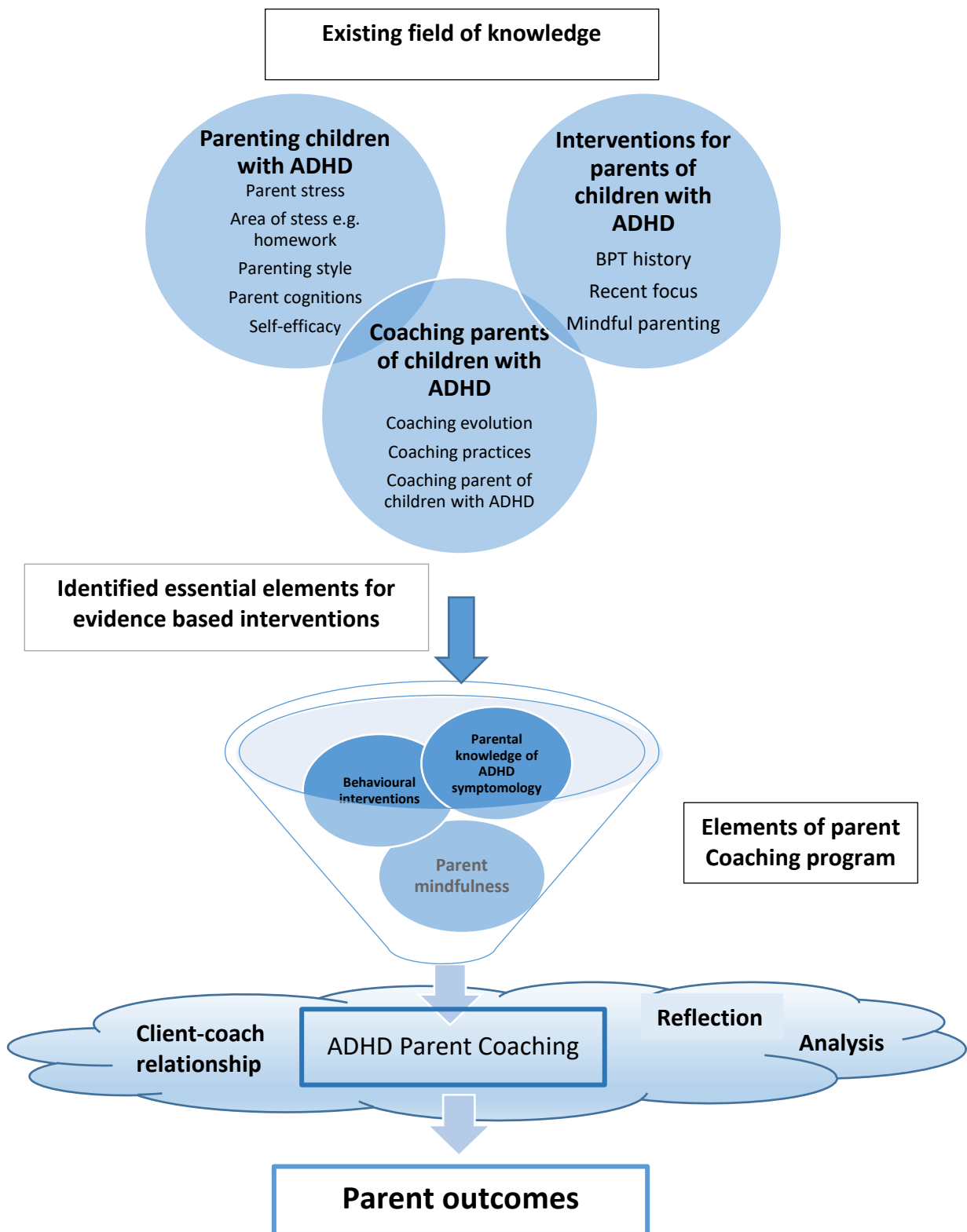


Figure 2 Conceptual Framework

As the objective of the study was to evaluate a parent coaching program, the existing body of knowledge on parent coaching was thoroughly reviewed. It is a limited field, even more so when distilled for parents of children with ADHD. The core components of coaching surfaced from the literature review, as illustrated in Figure 2. The conceptual framework suggests that the essential elements, such as behavioural interventions, knowledge of ADHD symptomology, and mindfulness have been included in the study, and the necessary components to support the parents undergoing coaching in this study were appropriately provided.

Coaching has been variously defined, but certain elements are essential for an effective coaching experience. These include a strong client-coach relationship and space to reflect and analyse in order to allow the client (parent) to solve challenges themselves with the support of a coach.

## 2.6 Summary

The literature review illustrates that parenting children with ADHD presents unique and significant challenges. Obstacles to effective parenting, such as parental stress, parental style, parental self-efficacy and parental cognitions were examined, as well as interventions for parents of children with ADHD with a particular focus on the relatively new areas of mindfulness training and mindful parenting, reflecting a range of approaches. The review highlights the potentially positive results of mindfulness training combined with parenting training as these appear to contribute to reduced parental stress and increased self-efficacy, and ultimately to successful parenting.

The literature reviewed for this research also examined the evolution of coaching and described the theoretical models from which it is derived. It was noted that many acceptable definitions have been applied to coaching, and that different models based on varying theoretical models have been validated. While there is inadequate research on coaching for parents of children with ADHD, the literature review covered outcomes from coaching parents of children in occupational therapy with potential for application in other areas. Of particular relevance is a study which explored the perceptions of coaching from a mother's point of view, and showed that

coaching facilitates cognitive changes which can lead to reduced parental stress and improved parent-child relationships.

The unique relationship between parenting children with ADHD and increased parental stress is a recurring theme in the research. Abidin (1995) developed a measure of parental stress: The Parent Stress Index (PSI), which has been utilised and validated extensively and is still today the most relevant measure of parental stress following an intervention. Accordingly, this measure was also utilised in this study to gauge changes in parental stress levels at the conclusion of parent coaching.

The literature review for this study is broad by necessity to cover all the relevant literature, including parenting children with ADHD and parental stress. The research concluded that homework is a particular source of parental stress, comprised of two types of related problems for children with ADHD. A brief overview of some behavioural interventions for homework has been provided, followed by a discussion of the Homework Problem Checklist (HPC) utilised in this study, a well-validated measure for improving homework-related problems. Next, an outline of general interventions is provided, leading to a summary of the current view that a combined approach, using behavioural and psychosocial methods, are most effective in the management of symptoms of ADHD. The review also examines new interventions to emerge in recent years, including mindful parenting and parent coaching, both within and outside the context of ADHD.

The final part of the literature review explores the literature on coaching and explains its importance for this study. Coaching offers an intervention to address parental cognition, and in particular, self-efficacy. Combined with evidence-based behavioural training, this can effectively address the needs of parents with beneficial results. The process of change that takes place during coaching was found to be facilitated by the coach/client relationship, continual analysis of behaviour and reflection upon past actions, and brings about greater mindfulness and increased self-efficacy (Foster et al., 2013). The findings of the study by Foster et al. (2013) are particularly significant for this study.

## Chapter 3

# Methodology

Chapter three presents the methodology used to guide this study. It is divided into four sections. The first section provides an overview of the epistemology and theoretical framework. Section two describes the research strategy and justification for the methodology selected. The third section describes the participant selection and provides an overview of the participant dyads. The final stage considers the validity, reliability and generalisability of the findings and describes the ethical issues that were taken into account.

### 3.1 Epistemology and Theoretical Framework

This study was undertaken with a constructivist epistemology. Crotty (1998) stated: “meaning is not discovered but constructed” (p. 42), in other words meaning does not exist without a person’s consciousness being activated to objects and events in the world. The term *epistemology* is described by Wiersma and Jurs (2009) as providing the foundations for how research is undertaken. The authors listed some important points to be considered in the epistemology of a qualitative research project, which have been taken into account in this study. They include reviewing the phenomena in their entirety and not merely considering the individual parts in isolation; the researcher should work in the natural setting in which the phenomena occurs; meaning must be taken from the participants being studied and their perceptions taken into account; and outcomes and assumptions must be excluded until after data analysis and *construction* of meaning.

The objective of this study was to ascertain what impact, if any, parent coaching has on the parents of children with ADHD, in the knowledge that each will understandably have a unique experience. Maykut and Morehouse (1994) defined six hypotheses of the constructivist research paradigm, reviewed below to demonstrate their appropriateness for this study. The first hypothesis relates to “how does the world work” (Maykut & Morehouse, 1994, p. 12) and maintains that a constructivist approach is accepting of “multiple realities” all influenced by social and psychological differences. Individual reality can only be understood by understanding these influences. The second

is related to the “relationship between the knower and the known” (p. 12) and states that these two factors are interdependent. In other words, true objectivity is not possible as we are all influenced by our internal beliefs and values.

The third hypothesis flows from the second and questions the role “value play in understanding the world” (p. 12). The constructivist approach embraces the notion that each individual’s values contribute to their understanding of the world and their reality is created from these values. Researchers must therefore be mindful when interpreting data to ensure that their own personal values do not exert any influence on analysis and interpretation of the data.

The fourth hypothesis deals with and questions the possibility of establishing causal links. A qualitative approach presupposes that every event is influenced by another, and it is therefore conceivable and probable to establish multidirectional relationships. The fifth proposition deals with generalisation. Despite the argument that research is pointless if no generalisation can be established, qualitative research acknowledges that generalisation may be localised and limited. Moreover, Maykut and Morehouse explain, only a “tentative explanation” (p. 12) can be expected.

Finally, Maykut and Morehouse (1994) highlighted contribution to the greater body of knowledge and concluded that the qualitative researcher’s objective is to find or unearth previously unknown aspects and facts. This study took the “multiple realities” (Maykut & Morehouse, 1994, p. 12) of the participating parents’ experiences into account and examined the values which shaped and played a part in their understanding during the coaching process.

The theoretical framework for this study was determined by the influence of learning theory on coaching (Griffiths, 2005). There are a variety of influences and ideas which have contributed to coaching development (Stober & Grant, 2006), all of which contribute to a selection of coaching approaches. For this study, as the coaching objective was to stimulate deep learning in adults (Ives, 2008), an adult learning approach was used. The literature shows that coaching philosophies originated from a variety of theories including adult learning theory and lifelong learning theory (Grant, 2001; Skiffington & Zeus, 2003; Wilkins, 2000), and as explained by Griffiths (2005), the

coaching framework is strongly reflected in adult learning theory. She documented how coaches are motivated by individuals' need to learn, and argued that clients' needs are met by "working through a goal-orientated, self-directed and active connection between new learning and life experience" (p. 58). In this study, a coach worked with parents who needed to learn new strategies for managing the symptoms of ADHD. The coaching was self-directed and underpinned by a strong relationship between parent and coach. A goal-orientated framework, in this case the goal of managing the symptoms of the ADHD child, allowed parents to understand the benefits and value of learning about ADHD through understanding what is most relevant in real life (Skiffington & Zeus, 2003). There was inherent respect for both the parents' acquired knowledge prior to coaching and the importance of feedback, identified by parents as important factors in the coaching process (Griffiths, 2005).

The study also drew upon an interpretivist approach, which uses both written and verbal forms of communication to answer the research questions and create meaning. Crotty stated: "the tests humans write, the speech they utter, the art they create and the actions they perform are all expressions of meaning" (Crotty, 1998, p. 94). A combination of data sources was utilised for this study, including survey responses, semi-structured interviews, transcripts and coaching observations, in order to best understand the effects of the coaching program.

### 3.2 Methodology and Method

Research methodology continues to advance in the social and human sciences, and over the past two decades mixed methods has become a popular choice. Creswell (2009) described mixed methods as providing more insight into the phenomenon under study by combining the evidence from qualitative and quantitative data (p. 203). Today there are many published studies using mixed methods across a wide range of topics in the social and human sciences, stemming from a desire to gain greater depth of understanding.

Wiersma and Jurs (2009) identified several strengths of the mixed methods approach. These included: broader audience appeal, i.e. being more acceptable from a positivist and constructivist epistemology; avoidance of bias which may occur in a single-

method approach; and the combined strength of quantitative and qualitative approaches in a single (or multiple) study. Creswell (2007) defined mixed methods as research design which includes a quantitative method (one that produces numbers as evidence) and a qualitative method (one that produces words as evidence). The strength of using a combination of qualitative and quantitative data to reinforce each other for a more comprehensive and robust outcome has been endorsed by many (Creswell, 2009; Crotty, 1998; Wiersma & Jurs, 2009; Yin, 2009). In this study, both qualitative and quantitative data were used to explore the outcomes of a parent coaching intervention.

Creswell (2009) defined six mixed-method designs, namely: sequential explanatory, sequential exploratory, sequential transformation, concurrent triangulation, concurrent embedded and concurrent transformative. These different types of strategies consider the timing of the data collection, the weight or importance given to quantitative and qualitative research in a study, and how and when the data is mixed in the analysing process. In this study, a concurrent triangulation strategy was used, whereby quantitative and qualitative data were collected concurrently and the results compared to determine what differences and similarities were present (see Figure 3).

The qualitative and quantitative data were collected concurrently during the same phase of the research project. Consistent with the epistemology of the research, weight or priority was given to the qualitative data. The qualitative and quantitative data were compared “to determine if there is convergence, differences or some combination” (Creswell, 2009, p. 213). Creswell considered this approach to provide benefits due to its familiarity to most researchers and its ability to lead to “well-validated and substantiated findings” (p. 213).

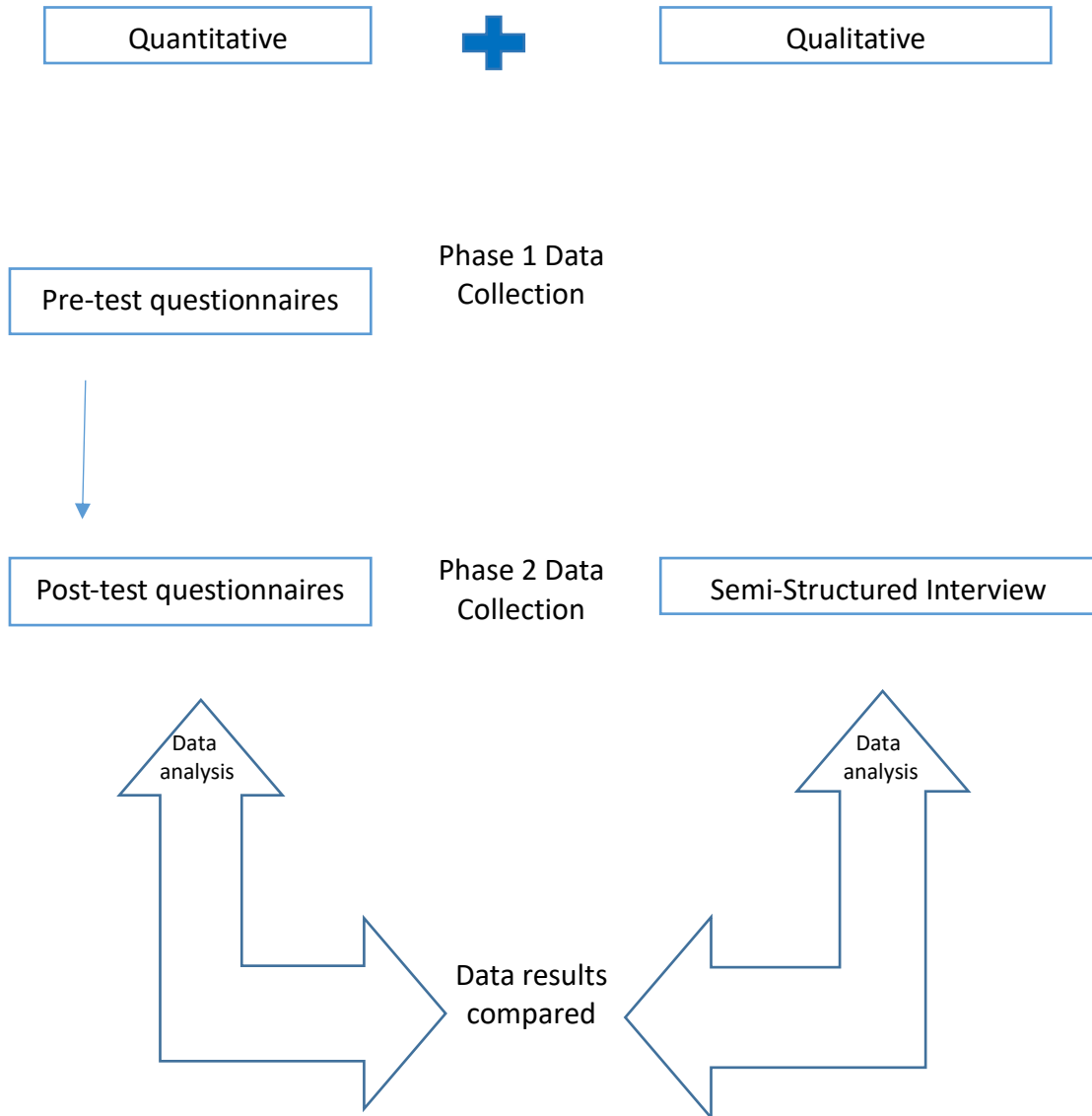
### 3.3 Case Studies

This research used descriptive case studies since the research was exploratory within the field of parent coaching (Yin, 2009). The descriptive nature of a case study allows for fuller exploration of a particular experience and is useful for describing an untested intervention such as parent coaching (Graham et al., 2010). Lincoln and Guba (2002), citing Geertz (1973), put forward a strong argument for using case studies as a



means of providing “thick description”, vital for understanding context. This thick or rich description provides quotes, field notes, interview notes, or a combination of these, which contributes to a vital understanding (Merriam, 2009).

Figure 3 Concurrent Triangulation Design (adapted from Creswell (2009)



The use of case studies is widely understood to provide “the information and sophistication needed to challenge the reader's current construction and enable its reconstruction” (Lincoln & Guba, 2002, p. 206). Yin (2009) described the case study as an empirical inquiry that “investigates a contemporary phenomenon in depth” and occurs as part of “real life” (p. 18). Since this study investigated the impact of coaching on parents of children with ADHD and coaching is complex because it straddles

disciplines, case study was chosen as the overall approach for extracting relevant data. Yin (2009) highlighted case study as the preferred data collection method in diverse areas such as psychology, sociology, social work, education and nursing in order to understand real life situations. Yin (2009) argued that case study is the most relevant method to deepen understanding in studies that seek to understand “how” and “why” a social phenomenon works. It is this need to understand “what happened” when parents underwent parent coaching that identified case study as an appropriate method of data collection for this research. Another suitable application of case study is examination of a “real-world context” (Yin (2009, p. 5) and when gathering information from a “natural” situation informs this need. This study collected information from parents during and immediately after the coaching process, reflecting both real-world and natural situations.

Criticism of case study research has raised questions about the value of this data collection method. In an essay titled *Case Studies*, Flyvbjerg (2011) foreshadowed potential misconceptions. Despite advocating for case studies, he acknowledged that they had been considered irrelevant or of poor value in social science. Nevertheless he maintained a case study approach is required to achieve a depth of understanding about the “why” and “what” of a social phenomenon, whereas understanding how widespread a phenomenon is requires statistical information to address its breadth and prevalence. Flyvbjerg considered the two methods complimentary (p. 314) and defined five misunderstandings about case studies, summarised below to demonstrate the researcher’s awareness of the potential limitations of this methodology and the alternative views of others.

The first misunderstanding Flyvbjerg addressed was the lack of value placed on knowledge gained from case studies as opposed to theory. However, he argued that since social science explores human behaviour, it is not possible to derive “predictive theories and universal” knowledge (p. 303). The alternative, provided by case study research, is learning about a specific phenomenon rather than “hard theory” (p. 303). The second misunderstanding assumes that generalisations cannot be drawn from case studies and therefore they have no scientific value. While it is true that generalisations cannot be inferred from one case study, Flyvbjerg argued that case studies play a role

in theory development by testing hypotheses. He claimed that, in social science, “formal generalisation is overrated” (p. 305) and transferable examples are undervalued. That is, case study research creates opportunities to test hypotheses by providing evidence to support or refute them. The third misunderstanding is a belief that case studies are more useful for generating hypotheses, but not useful for testing such hypotheses and building theory. However, the strength of a case study lies in its ability to test a hypothesis by providing evidence or lack of evidence to verify it.

The fourth misunderstanding Flyvbjerg addressed is related to bias, specifically an inclination on the part of the researcher to seek data that will confirm a presupposed opinion. This is a common risk in all research, regardless of the method, but is considered more common in case study as subjectivity can exert more influence than in other methods. However, Flyvbjerg argued that the propensity of case study to hone in on a “real-life” event (p. 309) provides unique rigour. He contended that case study provides more opportunity to examine bias than quantitative studies because the researcher must consider which variables to include in the study.

The fifth misunderstanding identified by Flyvbjerg is the perception that it is not possible to provide a summary and develop general theories based on the specifics of a case study. He argued that this should not necessarily be the only objective, and details of the narrative should be read “in their entirety” (2011, p. 313) to understand the development of knowledge, thereby rejecting the need to standardise all cases.

The use of case studies has become more popular in recent times, but this methodology is not without its critics and there has been much debate in the literature about its pros and cons. Flyvbjerg (2011) put forward a convincing argument to critics of case studies, claiming that awareness of its limitations makes it possible to “draw inferences about general, abstract theoretical principles”. For the purposes of this study which gathered information from three significant participants in a “real world context” (Yin, 2009, p. 5), case study was deemed the most appropriate method.

The various applications of case study research were described by Yin (2009) as: 1) to explain causal links in real-life interventions which a survey would not encapsulate; 2) to describe a real-life intervention in context; 3) to illustrate a theme; and 4) to inform

where an intervention has no single outcome. The general agreement is that a case study must refer to a “functioning thing” (Stake, 2005; Yin, 2009, p. 22) in reference to a person or program. An important aspect is for the case to be bound or described within certain parameters, for example, a certain place or time. The “intent of conducting the case study” (Creswell, 2013, p. 98) is also an important consideration. Creswell cited Stake (1995) who declared the intent of a case study can be distinguished by three variations: a) the single instrumental case study; b) the collective or multiple case study; and c) the intrinsic case study. The current study employed a multiple case-study approach whereby one issue was selected, that of the impact of parent coaching, and the researcher used multiple case studies to illustrate the issue across three persons (Yin, 2009). The value of multiple case studies lies in the repetitive use of procedures for each case, as in this research where each parent experienced the same intervention.

After considering the advantages and the disadvantages a case study design was selected for this research as it was considered the most appropriate for answering the research questions. Case studies have been used to investigate social events where the variables are complex and all potentially important, and offer the researcher a “real-world” context for examining social phenomena. (Merriam, 2009) observed that case studies contribute to knowledge in evaluation programs and education innovations, adding to the appropriateness of this methodology for the current research.

### 3.4 Participant Selection

Selection of participants is particularly important in case studies where the objective is to form an understanding of a phenomenon (Yin, 2009). The aim of this study was to determine the effects of parent coaching intervention on parents of children with ADHD, and to this end members of the organisation *Learning and Attentional Disorders of WA* (LADS) were contacted. As this was the first investigation of parent coaching in Western Australia, a convenience sample of LADS members was appropriate, and participants were selected “based on time, money, location, availability of sites or respondents, and so on” (Merriam, 1988, p. 63). A convenience sample is deemed to be a population sample which is readily available for the purposes of the study (Salkind, 2010) as in the case of the parent membership of LADS.

An invitation in the form of a flyer was emailed to all members of LADS from the president of this not-for-profit organisation. Interested parents were asked to contact the researcher directly by email and supply the age/s of their child or children with ADHD. The researcher then contacted interested parents and provided more detailed information about the study, such as the time commitment and type of data being sought. Upon receipt of their emailed response the researcher sent each potential participant a consent form, the HPC, the PSI-SF, and the demographics form to complete. Not all participants responded formally by completing the demographics form, but they did provide the age of their child or children by email which was used to determine suitability for participation. Children between the ages of eight and twelve years were selected. This age group was selected as the Homework Problem Checklist has been validated for Grades 3 to 6 in the US. The equivalent age range within the Australian education system includes children between ages eight to twelve or school year 4 to 6.

Twelve participants confirmed their attendance to the workshop and all the forms were completed in advance of the workshops. On the morning of the first workshop two participants who had confirmed did not attend, leaving a total of ten participants; nine mothers and one father who participated in both days of the workshop. The workshops were two hours long and held one week apart at the LADS offices.

The first workshop covered the following topics: how ADHD relates to homework problems; the importance of making time visible (raising awareness of time passing); establishing a homework routine; and the concept of Antecedent, Behaviour and Consequence (ABC). The concepts were presented using a PowerPoint presentation. There was also a handout, which included a copy of the PowerPoint slides, and other handouts relevant to the various topics adapted from "Homework Success for Children with ADHD" (Power et al., 2001) - see Appendix A for a list of handouts provided. The second workshop held one week later covered the following topics: a review of the first workshop and a review of actions committed to by each participant; executive functioning and its impact on ADHD; some strategies for communication; positive reinforcement; negative consequences and goal setting. Towards the end of the second

workshop the coach offered parent coaching to all participants - five participants were offered immediate coaching and another five were deferred until after the first five had completed the parent coaching program. A sheet was passed around for participants to choose immediate or deferred coaching. Four people opted to start immediately, four opted to wait a while and two indicated no preference. The four who chose to commence immediately formed part of the coaching program in this study. The fifth participant was chosen from the initial “no preference” group, but it became clear after a few weeks that this participant was over-committed and unable to attend regularly. Subsequently an additional participant was chosen by emailing the remaining parents and requesting an additional participant. The first one to reply became the fifth participant in this study.

The intended period of delivery for the coaching was three to four months. A coaching session was a duration of up to 60 minutes and initially was offered weekly. After the first two or three sessions, the client dictated the frequency and duration depending on individual need and availability with a suggested gap between sessions being two or three weeks. The total number of coaching session was between eight and ten.

All participant parents lived with a partner and children. Three parents are presented in the case studies in this research – one of the five parents did not complete the parent coaching program and another parent’s child was below the school year recommended for the homework workshop (Power et al., 2001) so therefore outside the parameters for parent coaching in this study.

#### 3.4.1 Dyad 1 – Sharon (and her oldest son)

Sharon was a mother of two children (both sons) aged 10 and 2 at the time of the study. She was in the 41 to 50 year age range and lived with a de facto partner who was the father of her youngest son. Her oldest son, who was diagnosed with ADHD, was from a previous relationship. He lived with Sharon and her de facto partner and visited his father fortnightly for a weekend. Sharon indicated she had achieved a postgraduate education and was a recent member of LADS.

### 3.4.2 Dyad 2 – Mark (and his oldest son)

Mark was a father of three children (two boys and a girl) aged ten, eight (daughter) and four when he attended the first workshop. His oldest son was in the process of being diagnosed with ADHD, and between the second and third coaching sessions, they obtained a confirmed diagnosis of ADHD. Mark and his wife had recently joined LADS. Mark's age range was between 31 and 40 and he had attained a year 12 high-school education.

### 3.4.3 Dyad 3 – Martina (and her oldest son)

Martina was the mother of two boys aged 9 and 11 respectively when she attended the workshop titled "How to Stop the Tears at Homework". She was married and in the 41 to 50 year age range. Martina indicated her education level was TAFE equivalent and she was a member of LADS when she received notification of the workshop. Her oldest son had been diagnosed with ADHD two years previously.

## 3.5 Research Instruments and Analysis

The aim of the researcher was to determine if there were common outcomes across the case studies to indicate the effects of the intervention. In order to answer this question both quantitative and qualitative data were employed because it provided richer and more varied data. Yin (2009) advocated three principles of data collection: the importance of using multiple sources of evidence; creating a case study database; and maintaining a chain of evidence. The sequence of use of the instruments is shown in Figure 4.

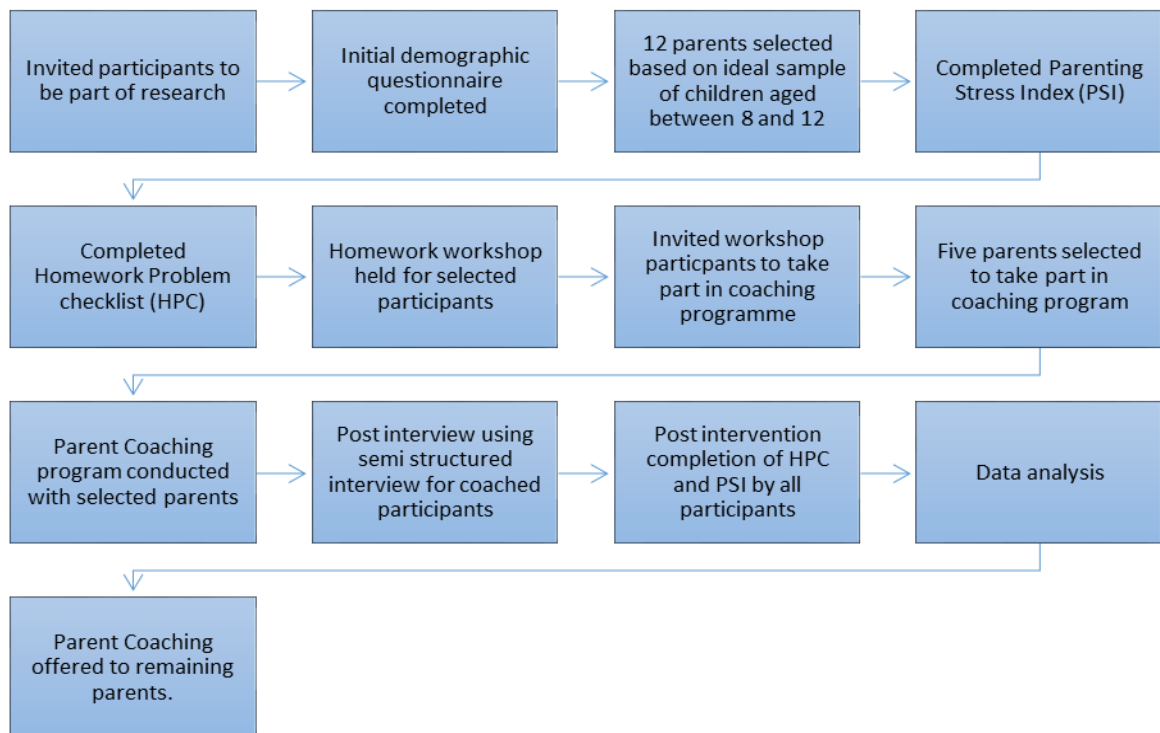


Figure 4 Flowchart of the Use of Instruments

### 3.5.1 Questionnaires

Participants completed the *Homework Problem checklist (HPC)* and the *Parent Stress Index – Short Form (PSI-SF)* before and after conclusion of the parent coaching intervention. A baseline was taken when the parents first presented at the workshop, and a workshop evaluation form was also completed following the second workshop.

*The Homework Problem Checklist (HPC)* was used to establish and measure changes in homework problems experienced by children. The HPC was a 20-item parent report for measuring problems presenting related to homework using a four-point Likert scale ranging from never (0); to at times (1); often (2); and very often (3). For example, the following question was designed to examine the child’s capacity to focus “Daydreams or plays with objects during homework sessions”. The checklist was divided into two main areas of homework problems: inattention/avoidance and poor productivity/non-adherence to homework rules. Completion of the checklist provided two scores: the first measured inattention/avoidance and the second measured poor



productivity/non-adherence to homework rules. Combining both these scores provided an overall HPC score ranging from 0 to 60, normed for academic years 2 to 4 and with a total raw score of approximately 18 as the recommended cut-off for clinical significance (Kahle & Kelley, 1994).

The HPC was completed by all participants as a baseline prior to parent coaching, and a second time following the workshop by participants in the parent coaching component of the study. The baseline was established at the time of presenting at the first workshop and was designed to measure the frequency and magnitude of problems encountered by children in regard to homework (Anesko et al., 1987). Since its development by Anesko et al. in 1987 the HPC has been frequently used and validated (Langberg et al., 2011; Power et al., 2006). See appendix A for sample items.

*The Parenting Stress Index – Short Form (The PSI-SF)* was designed to measure stress levels in parents (Abidin, 1995) and took the form of a 36-item self-report to ascertain the degree of stress in the parent-child relationship. It consisted of three subscale components of 12 items each: Parental Distress, Parent-Child Dysfunctional Interaction and Difficult Child. The *Parental distress* subscale measured the parents' self-perceptions of parenting competence along with other stresses relating to personal factors such as depression and marital conflict. The *Parent-Child Dysfunctional Interaction* subscale assessed parents' dissatisfaction and frustration with their parent-child relationship. The *Difficult Child* subscale measured parents' views of the child and fundamentally determined the level of child-related stress, such as noncompliance, defiance and temperament. Internal consistency reliability coefficients ranged from .80 to .91, and test-retest reliability at 6-month follow-up ranged from .68 to .85 (Abidin, 1995). Total raw score of about 90 was indicative of clinically significant parental stress. This index was provided to parents before intervention and informed the overall level of stress they were experiencing at baseline, prior to intervention. Participants who completed the parent coaching also completed a second PSI.

*Workshop Evaluation Form.* All participants completed an evaluation form after the second workshop (see Appendix D) based on the evaluation form developed by Power et al. (2001) for "Homework Success for Children with ADHD". A total of eleven questions were included – six were designed to evaluate the content of the workshop

and five to evaluate the presentation. A six-point Likert scale was used, ranging from *Extremely Helpful* to *Not Helpful*, to elicit responses by circling the appropriate answer to each question. In addition to the eleven evaluation questions, two open-ended questions asked participants what aspect of the workshop they found most helpful and for suggestions for improvements.

### 3.6 Analysis of Quantitative Data

The quantitative changes were tabulated to assist descriptive analysis (see Table 1 in the results chapter). These are discussed in the following sections. The sample was considered too small for statistical analysis to add value.

### 3.7 Observations and Interviews

The impact of coaching on parents was the primary focus of this investigation. To gather data about parents' experiences of coaching, a semi-structured interview was conducted one week after parent coaching concluded. Silverman (2005) observed that interviewing offers detailed examination, and in this instance parents' perceptions of coaching and its effects were of interest to the researcher. Semi-structured interviews were audio-taped and transcribed verbatim in order to measure what, if any, parenting skills had been gained and what, if any, changes had occurred in the home when interacting with their children. While pre-designated topics had been identified, a semi-structured interview format allows for more flexibility (Cohen, Manion, & Morrison, 2002) and served to round out and complete the data collection related to parents' experiences of coaching intervention in this study.

This research followed the interview steps recommended by Creswell (2013) in prioritising the research question to be answered by the interview data, in this case the main research question: *What effect has the parent coaching intervention had on the parents?* The questions were "open-ended, general and focused on understanding [the] central phenomenon in the study" (p. 163). Creswell recommended identifying interviewees who can best answer the research question, and to address this, all parents who had completed the parent coaching program were interviewed.

Creswell also considered the location and type of interview to be important issues, and in this regard the place for conducting interviews was the same as where the

parent coaching had taken place, at a mutually agreed time which in all cases was one week after parent coaching ceased. An interview protocol recommended by Creswell (2009) was a document detailing the questions to be answered and providing additional information such as time and date of the interview (see Appendix E for an example). Creswell (2009) cautioned researchers about the need for appropriate recording equipment and the importance of “good interview procedures” (p. 166). Accordingly, this study followed proper recording procedures and ensured interviews were conducted in a professional manner.

Observation was considered a key tool for qualitative research by Creswell (2013). An “observational protocol” (p. 167) was used at each parent coaching session whereby a *self-reflection* coaching form was completed by the coach immediately after each coaching session as recommended by Lofland and Lofland (1984) (see Appendix F for a sample). Since the researcher was also a participant the observations were taken from the perspective of complete engagement, which can also have the advantage of establishing greater rapport (Creswell, 2009).

### 3.8 Analysis of Qualitative Data

The purpose of analysis is to establish common themes and make sense of the data. In a case study analysis the data must be brought together in a meaningful way and requires the various sources of data to be organised so they can be accessed. Thematic analysis was used to analysis the interviews after they were transcribed (Boyatzis, 1998; Clarke & Braun, 2017). Thematic analysis was utilised as it was considered to be the most appropriate way of interpreting widely what was captured in the interviews of the study. Clarke and Braun (2017) state that a data-driven approach should be adopted when the study is an exploratory study as this one was. The experience of the parents as presented was the focus of the study. Steps laid out by Braun and Clarke (2006) describe the requirement to read and re-read the interview data in order for the reader to determine a strong understanding of the interviews. Following this, the interviews were coded and themes were identified.

The experiences of parents were based on themes identified by analysing the semi-structured interviews on the premise that parent coaching is likely to be of benefit

to the parents. While the qualitative data addressed the main research question, the quantitative data addressed embedded units (Yin, 2009), namely parental stress and homework-related problems.

### 3.9 Validity

Triangulation means combining several data sources (Flick, 2006) but can also refer to combining qualitative and quantitative methods. Pre- and post-intervention measures (quantitative surveys) were used to explore the research question (i.e. parents' experiences of parent coaching) with a qualitative semi structured interview after the intervention was completed. The intervention consisted of two workshops focusing on homework problems and a parent coaching program which took place over three months. Flick (2006) discussed the difficulties of combining quantitative and qualitative research, frequently observable as "one-after-the other (with different preferences), side-by-side (with various degrees of independence of both strategies) or dominant (also with different preferences)". In this study qualitative data collection, by means of a semi-structured interview to answer the main research question predominated, and quantitative data supported the study by providing answers to the minor research questions.

### 3.10 Reliability and Validity of Instruments

Validity has been defined as: "the design of research to provide credible conclusions" (Sapsford & Jupp, 1996, p. 1). This is also connected to reflexivity, deemed important by Hammersley and Atkinson (2007). In this study validity of the data was obtained by using both the interview data and the quantitative data. Together with supporting literature and reflective practise on the part of the researcher, these provided the necessary checks for the reliability and validity of the research.

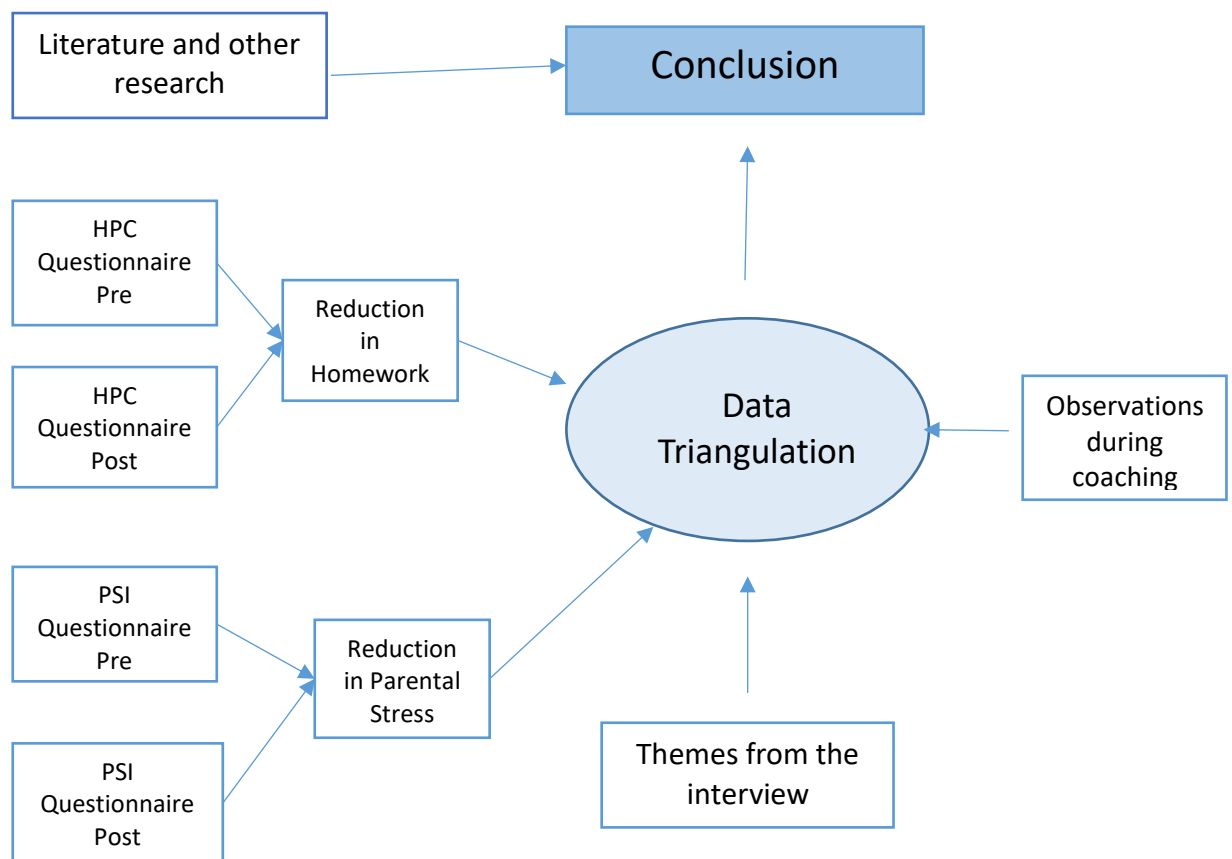


Figure 5. Data Triangulation Framework

However, reliability is not straightforward in the social sciences since the results may not be replicable. According to (Merriam, 2009, p. 221) it is important to consider if “the results are consistent with the data collected”. She argued that the study can be considered dependable if the results are consistent. As presented in the following chapter, the results in this study were consistent in all aspects related to the parents’ experiences of coaching and their analysis of the workshop.

### 3.11 Case Study Protocol

Yin (2009) recommended using a case study protocol, which sets out the procedures and rules to be followed. The International Coach Federation (ICF) also recommends following a code of ethics, and defined coaching as “partnering with clients in a thought-provoking and creative process that inspires them to maximize their personal and professional potential” (n.d.-a). While this definition is broad it is suggestive of the essential components required for a successful coaching relationship,

namely a client-centered working relationship, collaboration between client and coach, self-reflection and creativity. The importance of collaboration has consistently been identified in the literature (Schwellnus et al., 2015) and ensures a focus on the performance of parents when introducing change.

In this study the coach together with the parent, identified ways of creating better alignment between the child and the parents' reactions. Each subsequent session commenced with a review of the previous week, in particular a reflection on reactions, to enable insights for parents into the strengths and strategies that were working. Both parents and coach brought their individual knowledge to the coaching process, as experts on their child and as an expert on the symptoms of ADHD behaviour and evidence-based interventions respectively. Collaboratively they devised solutions for current problems through a process of the coach questioning parents to hone their awareness of what worked in the past, how to use both child and parent strengths, and providing feedback to parents based on discussion. Coaching sessions usually ended with a summary of the parents' focus and plan for the week/s ahead and where appropriate, a measurable goal.

### 3.12 Ethics

It is necessary for researchers to consider ethics in studies dealing with people (Creswell, 2003). As part of the proposal process the university demands that research students submit an ethics application, and in this case study, where a person's individual story about themselves and their family is being told, the researcher has an obligation to consider anonymity and confidentiality in all dealings with participants. The International Coach Federation (ICF) has specific codes of ethics and conduct for members (n.d.-b) which provide "appropriate guidelines, accountability and enforceable standards". The researcher was a member of ICF at the time of the study and followed these procedures throughout the parent coaching.

#### 3.12.1 Anonymity and Confidentiality

All parents who participated in this study are unidentifiable. Transcribed interviews were coded in such a way that only the researcher knew the identity of the interviewees. The researcher transcribed the interviews personally so there was no risk to anonymity. Furthermore, the university requires that all data, including transcripts, notes and electronic files, be kept confidential and be destroyed after five years following publication of this study.

#### 3.12.2 Informed Consent

There was a clear requirement from the university to obtain informed consent from all participants before the study commenced. This was received from all participants prior to or on the morning of the first workshop, after information regarding informed consent was provided to them in advance of the workshop. Informed consent details included the nature of the study, any potential risk to participants and an alternative contact number in the event of any personal distress during the intervention. There was also explicit consent for audio recording as this was the method of data collection during the semi-structured interview.

#### 3.12.3 Withdrawal Rights

As per university requirements, the Information Letter contained the following paragraph:

Participation in this project is voluntary. Refusal to give your consent to be a participant in this study will be respected, no explanation or justification will be required and this decision will not disadvantage you or involve any penalty. If you choose to participate in this research project you are free to withdraw from further participation at any time without giving a reason and with no negative consequences.

One participant chose to withdraw during the parent coaching and no observations from this coaching were utilised in this study.

### 3.13 Summary

A mixed methodology was employed for this study which used both qualitative and quantitative data collection methods. A case study approach was used to explore the effects of a coaching intervention on the parents of children with ADHD.



## Chapter 4

### Results

#### 4.1 Introduction

The data presented in this thesis were drawn from the participants in the study and included the semi-structured interviews conducted at the conclusion of the coaching, statistics derived from analysis using SPSS, and feedback forms following the initial workshop for parents. This chapter summarises the data with a particular emphasis on the three participants who featured in the descriptive case studies presented below.

The purpose of this study was to investigate the effects of parent coaching on the parents of children with ADHD who attended workshops and received one-to-one coaching. This overarching issue was central to the study and was embedded in the first research question. The second and third research questions examined the impact of intervention on homework problems and/or parental stress apparent at baseline. The fourth research question was designed to evaluate the benefits of the workshop for the parents involved.

This chapter presents the data collected through semi-structured interviews and field observations using a self-reflective coaching form that was completed after each parent coaching session. Interviews were conducted with the participants a week following conclusion of the parent coaching program. Interviews varied in duration but took an average of ninety minutes. Questions were asked about the parents' experiences of coaching, any changes in their relationships with their child or other members of the family, and whether or not new parenting skills or strategies had been adopted following the coaching. Questions were also asked about the experiences of parents attending the homework workshop. Data were collected using the *Homework Problem Checklist* (HPC) and the *Parent Stress Index – Short Form* (PSI-SF) when parents attended the first workshop and after completion of the parent coaching intervention.

The results have been presented in chronological order. First, the workshop is discussed and the results presented for the ten participants. Following the workshop, five parents started the parent coaching course. Of the five participants, one ceased

coaching after two sessions, and another's coaching predominantly focused on her partner rather than her child. The three case studies therefore represent the parents who received parent-related coaching following the workshop. Both the workshops and coaching sessions were facilitated by the researcher.

## 4.2 Workshops

The workshops took place in the Western Australian offices of *Learning and Attentional Disorders of WA (LADS)*, a not-for-profit organisation specialising in learning and attention disorders. There were ten parent participants, one of whom was a father. The format of the workshop enabled the coach to obtain frequent input from participants and interactions often developed into group discussions. At the conclusion of the first workshop the coach asked each participant to share one action with the group they could commit to doing in the coming week, and made a note of these actions.

All participants attended the second workshop held one week later. As all participants had shared experiences and stories the previous week, there was evidence of rapport amongst the group from the start of the workshop in the second week, demonstrated by group and individual discussions and knowledge sharing between parents. For two participants in particular there was a noticeable shift in their attitude towards their children, and both subsequently took part in the coaching program. A lot of discussion was noted between the participants after the workshop. Four of them had a long discussion about shared experiences which continued out into the car park. The coach briefly joined the conversation before excusing herself.

### 4.2.1 Analysis of Workshop Evaluation Form

At the end of week two participants were provided with an evaluation form of the workshop. All ten participants provided their names (despite this being optional) thereby demonstrating a willingness to be part of the research. Overall the evaluation was weighted strongly towards *Extremely Helpful* and *Very Helpful*, with *Extremely Helpful* scoring 54 (49%) and *Very Helpful* scoring 43 (39%). The *Helpful* scale scored 9 (8%) and there was a nil score for both *A Little Helpful* and *Not helpful*. Out of the total of ten evaluation forms, there were four (4%) incomplete responses to various questions.

As previously mentioned, two open-ended questions requested information about the most beneficial aspects of the workshop and suggestions for future improvements. The theme *learning strategies* scored highest in these open-ended questions, which is unsurprising as the objective of the workshop was to teach parents new strategies and provide them with new tools. Four parents identified specific tools and strategies as particularly helpful: how to set homework schedules and routines, how to make time visible or to raise awareness of time passing, and breaking tasks down into manageable pieces. One parent, a teacher who had indicated she was attending for professional and personal reasons, cited two strategies as being very useful. These were managing time and establishing a consistent routine for homework. This parent also singled out the strategy of breaking down tasks into more manageable sized chunks.

The second strongest theme to emerge from the open-ended questions was parent bonding and the shared experience of attending the workshop. Power et al. (2002) discussed the benefit of the shared experience of group training as compared with individual training. In this study, sharing the mutually experienced issues of living with children with ADHD appeared to create a bond which became evident about halfway through the first workshop and continued into the second. As one parent articulated, “finding common problems and how other people deal with their problems” provided relief from the isolation of living with these problems.

A third and lesser theme to emerge from the open-ended questions was the benefit for parents of gaining knowledge about ADHD, with four references including “reminder of how an ADHD child operates” and an “understanding of where my child is at”. This was further supported by the evaluation question which asked “how helpful is understanding ADHD and how has it had an effect on homework performance?” which scored 9 (90%) on the combined scale of *Extremely Helpful* and *Very Helpful*.

Regarding the questions evaluating the presentation of the workshop, the presenter’s knowledge of the topic was rated very highly with a combined score of 10 (100%) for *Extremely Helpful* (7) and *Very Helpful* (3). The presenter’s attention to the needs of participants also scored 10 (100%) across these two categories. Other questions evaluating the presentation all scored in the combined scales of *Extremely Helpful* and *Very Helpful*, with the exception of a score of 2 (20%) in the *Helpful* category

for notes and handouts provided, and a score of 1 (10%) in the *Helpful* category with regard to time management during the workshop (see Appendix A for details of other questions). The accompanying comment that some slides were difficult to read on the projected image and some handouts were not photocopied to a high standard may explain the less positive *Helpful* response.

In the space provided for suggesting improvements to the workshops one parent reflected: “I had hoped for a *miracle* system” indicating that this parent seemed overwhelmed by the level of commitment required to undertake the strategies proposed. This parent subsequently joined the parent coaching program. The positive feedback received in relation to both the content and presenter, indicated that the parents regarded the workshops as being of great value. Furthermore, the feedback demonstrated a positive relationship between the parents and the coach following the workshop, which formed a beneficial foundation for the subsequent coaching activity. A positive relationship between client and coach (Foster et al., 2013) is essential for constructive outcomes from parent coaching.

#### 4.2.2 Analysis of Qualitative Data Following the Workshop

All participants completed a PSI-SF (Parent Stress Index - Short Form), Index and HPC (Homework Problem Checklist). The results at baseline, i.e. prior to the workshop, are shown below.

Total PSI scores (Abidin, 1995) are presented in T-score format. Total stress scores within the 15<sup>th</sup> - 80<sup>th</sup> percentiles are considered to be within the normal range. Scores at or above the 85<sup>th</sup> percentile are considered high. A raw score of 90 or greater than the 89<sup>th</sup> percentile is indicative of clinically significant levels of total stress (Abidin, 1995).

The HPC scores are presented in raw-score format. Raw scores on the HPC ranged from 0 to 60 with a mean of 10.5 and a standard deviation of 8.0 (Anesko et al., 1987). The scores at baseline indicate significant homework problems amongst the population for all children. The mean score was 42 (the range was between 32 and 55 with a maximum possible score of 60).

Table 1 *Individual Results of PSI and HPC for Total Participants (N=10)*

| <b>Parent</b>  | <b>Total PSI Score</b> | <b>Total HPC Score</b> |
|----------------|------------------------|------------------------|
| <b>P2</b>      | 109.56*                | 42                     |
| <b>P4</b>      | 79.56                  | 45                     |
| <b>P5</b>      | 110.00*                | 46                     |
| <b>P8</b>      | 120.00*                | 32                     |
| <b>Mark</b>    | 100*                   | 43                     |
| <b>P11</b>     | 89.00                  | 41                     |
| <b>Sharon</b>  | 93.00*                 | 55                     |
| <b>P14</b>     | 105.00*                | 34                     |
| <b>P15</b>     | 96.00*                 | 32                     |
| <b>Martina</b> | 124.00*                | 50                     |

\*Raw Score above Normal Range indicated by Abidin (1995)

### 4.3 Case Studies

This section describes the three case studies of the participants who completed both the workshop and parent coaching. It includes background on their families, followed by the researcher’s observations throughout the workshop, and notes recorded on the coach’s (the researcher) self-reflection form. An analysis of the semi-structured interviews is presented, as well as the qualitative data from the PSI and HPC for each case study in support of the interview results. Additionally, an overview is provided of the participants’ evaluation of the workshop.

Please note that the words of the interviewees were recorded verbatim and contain language that may offend.

#### 4.3.1 Case Study 1 – Sharon

I think it was definitely a greater understanding of just how hard it is for him and that he isn’t really just being really difficult just to be difficult. That he’s not dumb. He’s not lazy. He’s not stupid. And he’s not just a pain in the ass. He is really battling with a lot of things (Sharon).

##### 4.3.1.1 Family Background

Sharon was the mother of two children (both sons) aged 10 and 2 at the time she participated in the study. She was in the 41 to 50 age range and lived with a de facto

partner who was the father of her youngest son. Her oldest son was from a previous marriage, lived with Sharon and her de facto partner, and visited his father fortnightly on weekends. Sharon indicated having achieved a postgraduate education. Her oldest child had been diagnosed with ADHD the previous year and was taking medication (long-acting Retinol) in the last quarter of that year. It was her son's first use of medication throughout a full academic year. Sharon came to the workshop because she "needed answers". During the coaching she alluded to things not working well in her family and felt that if she didn't change something it would be too late and her relationship with her son would be permanently damaged:

And we were at a tipping point with him and if we didn't change something then, well this was the person he was going to become. He was going to think that he was crap and couldn't do things and that he was incompetent, and lazy, and dumb, and stupid.

#### 4.3.1.2 Workshops

Sharon attended both workshops during which she engaged and spoke eagerly with other parents about their experiences. During the first workshop it was apparent that she was very unhappy with her son's behaviour, and she expressed a belief that her child behaved badly just to annoy her. This was further evidenced in the first parent coaching session where she said: "He just does things to shit me off". She displayed surprise and annoyance when other parents in the workshop discussed the positive qualities of their children with ADHD. Frustration at not being able to see any positive qualities in her son was further evidenced during the first parent coaching session when this was raised. The coach requested that she list some of his good qualities and she could only reply: "He's funny".

Sharon's feedback about the workshop was very positive. In her evaluation of the topics covered she rated four out of the six *Extremely Helpful* and the remaining two *Very Helpful*. In evaluating the presentation of the workshop, including the presenter's knowledge, time management, attention and handouts, she rated two out of the four *Extremely Helpful* and two *Very Helpful*. The opportunity to share experiences with other parents was deemed *Extremely Helpful*. An extended conversation with three

other mothers after the second workshop drifted out into the carpark and demonstrated the value of this interaction. The researcher joined the conversation for a short while and observed Sharon sharing the challenges of managing her partner's disbelief with regard to the diagnosis of ADHD. On the option form at the conclusion of the second workshop she indicated a willingness to start coaching immediate

#### 4.3.1.3 Coaching Observations

Sharon chose the LADS offices as a suitable venue and commenced the coaching program two weeks after completing the second workshop. The first three coaching sessions took place during the first four weeks, the next session occurred in week eight, and the fifth and final session took place in week 11. Concurrent to the coaching program Sharon attended a six-week yoga course which incorporated mindfulness.

Sharon's relationship with her partner was a particular area of her anxiety in regard to managing her son's ADHD. Her partner had an educational background in psychology, so Sharon had allowed him to make decisions and take the lead with regard to their parenting style, which Sharon described as autocratic (Baumrind, 1978). She portrayed it a "dictatorship" and described her partner's expectation that his instructions be carried out without question. Sharon's partner was disbelieving of the diagnosis of ADHD, and as a result, did not appreciate the difficulties a child might have following instructions. This caused a lot of tension in the relationship.

During the first coaching session Sharon reflected on the impact of this autocratic parenting style on her son and made it known that she "knew it was not working". The issue of punishment was analysed and reflected upon to consider its effectiveness when severe, and values which were important to her, such as trust and truth, were raised. Sharon shared her belief that a lot of her son's unwelcome behaviour was deliberate. At the conclusion of the first coaching session she had committed to starting a conversation with her partner to gain a better understanding of their reasons for using punishment on the children.

The second coaching session focused on the relationship between her son and her partner. Sharon believed her partner's style of parenting was not working but she had no alternative. The morning routine was a stressful time for the family so an

alternative strategy was developed by Sharon and the coach, using successful strategies for children with ADHD, including instant rewards such as time on an iPad, breaking down tasks into steps and providing visual cues in the form of a chart. At subsequent meetings it became apparent that the new morning routine was proving to be very effective, not only by providing Sharon with more control but also because the change had been immediate. Her oldest son was organising himself, allowing time for her and her youngest son to get ready with minimal stress. This was making a significant difference to the quality of their day.

Sharon found it challenging to differentiate between what she considered “bad behaviour” and ADHD-related behaviour, and this theme recurred frequently throughout her coaching sessions. The importance she attached to discipline led to concerns about allowing “bad behaviour” to go unpunished. After one coaching session Sharon agreed to educate herself on the typical symptoms of ADHD by borrowing books from the library, and the coach accompanied her to the LADS library to assist in selecting appropriate material. In another weekly exercise between coaching sessions Sharon recorded all her son’s unacceptable behaviour in a journal. These were explored at subsequent coaching sessions to determine whether they were ADHD related or a result of premeditated behaviour. Those examples deemed unacceptable were further examined to raise Sharon’s awareness and question why she considered the behaviour unacceptable. These discussions with the coach gradually changed Sharon’s understanding of her beliefs about behaviour and she was able to recognise the emotions triggered by her son’s behaviour. Strategies for reframing the “bad” or unacceptable behaviour were also explored.

After the fourth coaching session Sharon requested a break from coaching as she felt she had a lot to process. She wanted time to “practise what we had talked about” and return in a few weeks’ time to continue. The next coaching session took place a month later. Initially Sharon was concerned that she had “forgotten everything”, but in describing life with her son during the preceding weeks it soon became clear to her that significant progress had been made in eliminating tensions. Sharon’s reflections revealed a new awareness about framing requests to her son in a positive way, not trying to change too much at the same time, not judging herself harshly, appropriate



consequences for unwanted behaviour, and the value of questions in getting her son to stop and reflect on his behaviour. Sharon reported a positive shift in her relationship with her son and reflected with humour: “he doesn’t shit me off anymore!” She indicated that her son had seemingly changed his attitude and wasn’t misbehaving as much, concluding that this may be a result of her own change in attitude towards him.

Sharon’s sixth and final coaching session took place three weeks later, after her second request for a break to consolidate new strategies. During this final session Sharon’s upbeat attitude towards her son and her parenting was striking. She was not reacting the same way as she no longer believed her son’s behaviour “was directed at her personally”. She was more informed about typical ADHD-related behaviour and therefore more confident about making allowances without compromising her principles on discipline. Sharon has become very aware of the use of the word “No” and was finding alternative ways of expressing this. She reflected that her new authoritarian parenting style was benefiting both her children.

#### 4.3.1.4 Post Coaching Interview

It [coaching] has helped me see different ways of doing things. It’s helped me appreciate that it is normal behaviour and that there are tricks and ways of dealing with, that rather than just coming at it with the same frustration as what he [her son] does. You’re not going to get anywhere. You’re just going to bang heads. So to be able to talk through processes, different ways of dealing with things and then see, monitor that over time, is absolutely invaluable (Sharon).

The semi-structured interview took place a week after the parent coaching program. Sharon’s reflections during the interview attested to her positive attitude towards her son, her parenting and herself. She had found the coaching process a positive experience and described it as “amazing” because it afforded her the ability to view situations in a different way. Sharon had become aware of underlying beliefs about parenting she was previously unaware of, including her attitude to punishment, intolerance of bad behaviour and her style of communication. Coaching not only

allowed her to gain new knowledge related to ADHD, but also to understand the impact of her values, such as respect, on her parenting and how she defined it.

Sharon felt the most significant change for her was gaining “a greater understanding of the needs of an ADHD child”. The experience had given her a real-life perspective on the battles her son encountered on a daily basis in getting simple tasks done. For the first time Sharon acknowledged that her child was not behaving badly just to annoy her but “was trying as hard as he could”, and with this knowledge came compassion and an ability to empathise with her son. She spoke of “liking him” and being able to value his positive qualities which she was unable to do prior to commencing coaching.

The most useful ADHD-related strategy Sharon learned in relation to her son was “motivation created by instant reward”, as evidenced by the success of her new morning routine whereby her son independently followed a chart of activities to get himself ready for school on time. By completing all activities within the set timeframe he was rewarded with “iPad time”. Sharon claimed: “the mornings now are a breeze. I think [son’s name]’s success rate now, in the mornings, would almost be 100%. Like every day. I can’t remember the last time he didn’t get the computer. 100% he’s ready without me having to do anything.”

During the interview Sharon mused over the calm mornings and how they were now the “norm” after the previous six or seven years of chaos and stress. There was a realisation that the same strategy was transferable to other goals and she was enthusiastic about developing an afternoon routine in the coming weeks using the new strategies she’s learned.

There was also evidence of improvements in her personal relationships, characterised by less tension amongst all members of the family, particularly with her partner. She persisted in bringing attention to her son’s improved behaviour and asked her partner to reflect on the changes. She had also witnessed an improved relationship between her partner and her son, with fewer negative interactions between them, and reflected: “he [partner] certainly can see the changes in attitude [of son]”. Sharon was uncertain whether the changes were prompted by her own changed behaviour and

reactions but was pleased with the improved family dynamics. There was also improved physical contact – her son had started hugging her, even apologising after being sent to his room as a consequence of his bad behaviour when he apologised – and she welcomed these changes in him.

Sharon felt her son was more content. It had been a while since he'd expressed negative thoughts: "he doesn't talk about wanting to kill himself anymore. He's happier". She sensed that her son "sees me [his mother] as a lot more supportive and understanding" and observed in him increased self-esteem and self-belief. Sharon acknowledged that she now dealt with situations differently. She described her son's reluctance to attend swimming lessons because he was afraid of submerging his head under water, and allowed him to participate in discussing and finding a solution to the problem. They agreed he would go for one day and see how it went. She related: "And so he did. He gave it a go and came home delighted, saying: "Mum, I figured it out finally how to blow out through my nose when I'm swimming under water". She acknowledged that she would previously have dictated a course of action and possibly used bribery to coerce him.

Sharon described how her parenting style had changed during the coaching process when she reflected on the parenting skills she'd acquired and the strategies she'd adopted. Her new approach was to be calm, reflective and mindful. She strove to take a deep breath, use a calm voice and ensured that she made eye contact. She also practised self-reflection when she felt she hadn't handled a situation well and refrained from judging herself negatively. For example:

I retrospectively try and think it through and say: 'well, what could I have done?' or even as I'm saying it [*the incorrect response*], I catch myself too late and go 'oh no, this would have been better'. But that's the thing. The more awareness I bring to it, the easier and better it's going to be over time.

A notable change in Sharon's cognition was her attitude towards punishment. This was a specific focus of her coaching and introduced her to the issue of related consequences, described by Baumrind (1978) as a consequence of behaviour which is

either natural or determined by prior discussion. Coaching around this topic took the form of questioning the belief behind the action and providing opportunities to reflect on the aim of the punishment. Sharon recognised that her prior attitude evolved from a need to punish rather than to “change behaviour”. She added:

The punishment was to make us [*parents*] feel better. We were just dishing it out [*punishment*] because it's what we did without thinking about what the consequences were, dishing out that. And the fact there was no related consequences between what the punishment was and what he had done. It was futile. It was counterproductive.

She strived daily to act on her new consciousness of consequences related to action but admitted it was difficult. The new awareness of her attitude to punishment led to “picking her battles” more carefully and choosing what behaviour to challenge. Sharon related the story of her son coming home late from school one day because he and a friend were watching a lemon being run over by cars. They had counted 43 cars before continuing on their way home. In the past, Sharon would have punished her son for coming home late, but had come to understand that his behaviour was not purposeful and did not merit punishment. He was also genuinely remorseful and apologetic, so she let it go with a reminder about why she needed him home by a certain time to ensure his safety. She concluded that he had lost track of time as he didn't have a watch: “it [*punishment*] just seems pointless, so I'm focusing on the things that really matter, as a battle, rather than that.”

Sharon was initially attracted to the homework workshop because she was looking for answers and had no idea what or how to change. She had grasped the opportunity for coaching as she felt powerless to find a solution for the difficult circumstances they found themselves in and was ready to do whatever it took to change:

We were really stuck as a family. We were just so drowning in abysmal dysfunction. And we were fighting and we just were meeting frustration with frustration. And nothing was being achieved. We were just getting

worse. And you just can't live like that. You can't keep going on and on like that.

She was surprised how effective and "easy" the changes were once she had learned some strategies and acquired a "road map to show me how I could get to where I wanted to be". Sharon completed coaching with hope and confidence in her parenting: "50% more confident". As her son also had dyslexia she knew school was going to be challenging, particularly the imminent transition to high school. However, Sharon talked about engaging a tutor and seeking other support for his writing with a newfound sense of determination and assurance in the future.

#### 4.3.1.5 Quantitative Data - Sharon

Sharon's stress was measured with the PSI when she attended the first workshop and again after the last parent session. Total stress scores within the 15<sup>th</sup> -80<sup>th</sup> percentiles were considered to be within the normal range. Scores at or above the 85<sup>th</sup> percentile were considered high. A raw score of 90 or greater than the 89<sup>th</sup> percentile was indicative of clinically significant levels of total stress (Abidin, 1995).

Sharon scored below the mean of participants in this study and within the normal range for Total Stress, Difficult Child and Parent-Child Dysfunctional Interaction both pre- and post-intervention. Parental Distress scores were slightly above average but still within normal range. Sharon's Total Stress decreased from the 59<sup>th</sup> to the 53<sup>rd</sup> percentile post intervention.

The HPC was used to measure the severity of homework problems and any change following the combined intervention of the workshop and the parent coaching. The pre-intervention HPC, taken prior to the first workshop, showed Sharon's son demonstrated both inattention/avoidance and poor productivity/non-adherence issues with homework. His inattention/avoidance score (Factor 1) was 26 and his poor productivity/non-adherence to homework rules (Factor 2) was 24. The total score of 55 (including non-factor score) was two standard deviations above the mean for primary school children, and indicated a high level of severity related to problems with completion of homework. The average for children in this age range is 10.5.

Table 2 *Individual PSI Results for Sharon*

|              | Pre-Intervention |         |            | Post Intervention |         |            |
|--------------|------------------|---------|------------|-------------------|---------|------------|
|              | Raw Score        | T Score | Percentile | Raw Score         | T Score | Percentile |
| <b>PD</b>    | 45               | 75.83   | 57         | 40                | 68.89   | 54         |
| <b>P-CDI</b> | 33               | 79.79   | 58         | 48                | 69.38   | 55         |
| <b>DC</b>    | 30               | 80.96   | 59         | 25                | 71.35   | 55         |
| <b>TS</b>    | 108*             | 74.03   | 59         | 93*               | 64.29   | 53         |

\*Percentile or raw score above normal range indicated by Abidin (1995)

Sharon’s post-intervention HPC reflected a total score of 30. The inattention/avoidance score was 15 and the poor productivity/non-adherence to homework rules was 15, indicating a significant improvement in homework problems and near normalisation, being just above one standard deviation above the mean for primary school children.

#### 4.3.1.6 Summary

Sharon had a positive coaching experience. She previously felt “stuck” in her family situation and couldn’t see any solutions or alternatives. Her openness to solutions meant she was receptive to new strategies and therefore inclined to reflect on her current beliefs and attitudes to her son, her partner and ADHD. Her newly acquired knowledge of ADHD behaviour had increased her self-efficacy and confidence in making decisions about whether to take action or ignore certain behaviours. This raised questions about the effectiveness of her current style of parenting, and the new strategies she had learned helped her to discover more positive and productive ways of communicating with her son. Sharon embraced mindfulness as a means of becoming calmer when dealing with her son, and the parent-child relationship improved, as indicated by the increased physical affection. Relationships between other members of the family also seemed to improve. Sharon believed her child was happier post intervention.

Although Sharon’s total parental stress remained at clinically significant levels, they did decrease somewhat. The homework problems also reduced, indicating an improvement in parental perception of homework problems.

#### 4.4.1 Case Study 2 – Mark

I would find that we're [father and son] closer now that we, I don't know... we spend more time interacting with each other rather than butting heads trying to do stuff. We have found we are more relaxed and able to do other stuff. Not just demanding all the time, just to drive things forward. We've actually done all that, so now we can do fun things (Mark).

##### 4.4.1.1 Family Background

Mark was a father of three children (two boys and a girl) aged ten, eight (daughter) and four when he attended the first workshop. At the time, his oldest son was in the process of being diagnosed with ADHD, and they received a confirmed diagnosis in the week between the second and third coaching session. Mark and his wife were members of LADS (Learning and Attentional Disorders Society of WA). Mark was aged between 31 and 40 and had achieved a Year 12 High School education.

##### 4.4.1.2 Workshops

Mark attended both workshops. He was the sole father in the group of 10 parent participants and was very quiet when he started the workshops, only participating when asked to comment directly. Mark had been feeling uncertain about attending the workshop on ADHD as the diagnosis was not yet confirmed for his son, but by the second workshop he was interacting frequently with other parents and noted on his feedback form: "the interaction between other parents and finding common problems and how other people deal with their problems" was the most helpful part of the workshop. In elaborating, Mark commented that his son did his homework on a laptop, which although different to others, presented "the same issues of procrastination and getting distracted". He found "common ground" with other parents and valued listening to "the strategies they were going to implement". Learning from other parents that his son's behaviour was "normal" was an enlightening experience, as up until attending the workshop he did not have an appreciation of typical ADHD behaviour. His newly acquired knowledge and insights allowed him to better understand his son's behaviour,

and he now knew why and when his son wasn't listening. He was able to make allowances for having to repeat instructions and do so with less frustration.

At the start of the second workshop the researcher asked all participants for feedback on the actions they had implemented between sessions. Mark had introduced a "cardboard cut-out" attached to a clock face showing the tasks and timeframes for the mornings. When all tasks were completed his child was rewarded with time on the iPad. This strategy had been presented in the first workshop and Mark was pleased with its effectiveness and the noticeable success of a more timely morning routine.

Mark's feedback on the workshop evaluation form was extremely positive. In the first part which evaluated the usefulness of the topics covered, he rated four out of the six factors *Extremely Helpful* and the other two *Very Helpful* (see Appendix D). With the exception of the presenter's time management which was rated *Very Helpful*, the second part of the evaluation form covering presentation of the workshop was rated *Extremely Helpful*. Mark indicated he was available to start coaching immediately on the Expression of Interest form at the end of the second workshop.

#### 4.4.1.3 Coaching Observations

Mark attended his first parent coaching three weeks after the workshop. It was held at the home of the researcher, chosen by the participant from a number of options. The five-session parent coaching program was spread over fifteen weeks; the first three within three weeks, the fourth session five weeks later, and the fifth and final session another five weeks later.

Mark initially expressed some trepidation about what was involved, however, he was very open and willing to embrace new strategies. Since the workshop he had successfully expanded the strategy of the "cardboard cut-outs": one for the morning routine, one for the after-school homework routine, and one for the dinner/bedtime routine. Implementing these and other new strategies seemed to come easily to Mark and he demonstrated discipline and an ability to embrace change.

Mark came to realise that some of the issues impacting negatively on his relationship with his son were derived from disappointment about his son's choices. Through exploration with the coach he gained a greater understanding of ADHD



behaviour which allowed him to be more compassionate as he was able to differentiate between deliberate choices by his son and behaviour attributable to ADHD. Mark also realised that he spent a disproportionate amount of time seeking “learning experiences” for his son, and described this as being on constant alert for opportunities to explain “what his son could have done better”. He became aware of the many negative comments in his verbal communication with his son and declared he was “embarrassed” after an awareness exercise which took the form of a week’s note-taking on usage of negative comments. A further week of reflection on the topic revealed that even his positive comments were “sandwiched” between negative ones. By bringing awareness to his reactions Mark was able to significantly change how he communicated with his son, and he was able to step back to consciously decide whether there was anything positive to be gained from the “learning experience” or otherwise let it go.

Mark’s fifth coaching session took place ten weeks after his first session. A five-week break was enforced by school holidays and personal holidays after the third session, and a further three-week break occurred for various reasons between the fourth and fifth sessions. Mark indicated during his interview that these breaks were useful and necessary to consolidate his knowledge and “practise” the new skills before reflecting further about coaching:

The benefits of the breaks were they gave you longer time to implement some of the things, the strategies you were working on and fine tuning them so that instead of coming in the next week with “I had a success here and a failure here”. Because it was a longer time period, I was able to have one failure and several successes and then dwell on them. And them by the time I came here, I was much more confident about the strategies we had talked about.

During the fifth coaching session it became evident that Mark did not need any more coaching at that time. He felt that life at home was going well and several successful strategies had resolved most problems. His new awareness had taught him to step back from issues and allow some situations to eventuate without comment or action - a markedly changed role which his wife was still getting used to. He recognised

that he had taken responsibility for all the interventions regarding his son's behaviour until that point, and while the changes were taking some adjustment, there was good communication between Mark and his wife. Mark promised to send his wife for coaching, if as they suspected, their youngest child also had ADHD.

#### 4.4.1.4 Post-Coaching Interview

Could everyone have this [parent coaching] when they talk about putting a child on medication and then, having a coaching session or two beforehand as you transition into it. That would really open up your eyes... We've been against a brick wall the whole time. Now I know what he's hearing or not hearing. Now I can adjust what I need to do to get the wall down when he's not on the medication (Mark).

Mark was very positive about the coaching process and said he "enjoyed it a lot". He claimed the coaching had given him "an understanding of what motivates me" and clarified his expectations of his son. He acknowledged that parent coaching made him realise he needed to adjust his expectations, and his newly acquired knowledge about ADHD behaviour allowed him to do that appropriately: "[By] readjusting them [*his thoughts*] to suit more realistic outcomes about what was happening with him [*his son*], and what was happening with me."

Coaching focused Mark's attention on all his relationships, not just that with his son. He shared the coaching process with his wife by discussing the strategies and aspects that had been addressed at each coaching session. Consequently, Mark felt his relationship with his wife had strengthened as they embraced a new way of parenting together. Mark also felt his relationship with his son had changed and that they now spent more quality time together. He stated: "we're closer now". Previously most of their interactions had been to "drive what was going on" and focused only on task achievement, but "now, due to the basic routines in the morning, after school and evening being taken care of, there is time to "do fun things".

Mark was of the opinion that his son's interactions with the family had also improved. He interacted more with his sister, which hadn't always been positive, and

he could see that his son was more willing to participate in family activities, whereas previously he would have chosen a lone task or sought individual parent attention.

Whereas before he was much more inclined to go off and do Lego or do things to try and take a parent away from the family dynamics just to be with one person and try and demand all their time. Now, he's more... we will play a game of family UNO or something like that and he'll get involved.

After starting medication during the coaching period the school reported significant improvements in his son. His son was also happier at school and finding school easier, which led Mark to believe this was the combined result of achieving what was required at home and being rewarded.

Yes, he's dealing better with school. So he's feeling more comfortable and happy about that. He comes home and he's now getting stuff done, getting the rewards, getting more comfortable with what is going on so he feels, I guess, more part of the family, more not "everyone is riding me all the time", trying to get him to do stuff.

The strategy of instant reward was new to Mark and made a great impact on him. It provided both parents with a new way of dealing with problems, getting tasks done and generally negotiating home life. It was clear from his accounts that daily communication between Mark, his wife and son now clearly articulated their expectations and the reward for completing tasks. However, it was his newfound ability to walk away and leave his children to take the consequences of their choices that had the biggest impact on Mark. He shared an anecdote about the family wanting to go to the beach for ice cream and Mark clearly laid out to his son what was required before they went. He described the reward and the consequences if he didn't do what he needed to on time, which was to stay home with Dad and not have fun.

This is what we want to do, this is the time we've got. This is the things we have to do or we're not going to go. We're not going to go. They'll *[other members of the family]* still go and have their ice-cream and stuff if they do their job. So it's up to you. You choose which you want to do. We're not going to do anything good. We'll sit home and read for the time they're away. That's about the best we're going to do.

Mark explained this new way of interacting had resulted in a calm household. By allowing his children, particularly his son, to make choices, lessened the tension between them. Mark reported that communication in general had improved between him and his son and attributed this to his new knowledge and understanding of ADHD behaviour as well as his own reactions - "the triggers" as Mark referred to them. He now understood what aspects of his son's behaviour provoked an emotional reaction in himself, and by taking time to recognise the triggers he could use his skills to communicate effectively with his son and avoid escalation.

Another big change for Mark was recognising when he was trying to take control and do everything himself. Previously his parenting was focused on ensuring that no harm or injury befell his family, particularly his son, and he described constantly intervening in situations to ensure "no harm occurred". Mark's awareness of his behaviour and cognitive patterns brought the realisation that as a parent, his role was to allow things to evolve and not always intervene immediately. "My job is to be a parent. Now I realise that part of that is to let them learn and be there to support when they need it."

Mark realised his tendency to anticipate the "worst case scenario" had interfered with his parenting and been exacerbated by his son's behaviour. He'd come to recognise that allowing his child to act and later discussing the consequences of any negative outcomes was more effective than lecturing him or stopping him from doing something.

Mark's homework strategies with his son were effective. Improvements in behaviour with regard to homework are reflected in his HPC score, which went from four standard deviations above the mean to less than one standard deviation above the

mean. In the post-intervention interview Mark reported that the cardboard cut-outs were no longer necessary as tasks were getting done without prompting, and attributed the success of this strategy to making time visible to his son. This, combined with the instant reward of iPad time, created the motivation to stay on task. Mark advised that this strategy of using cardboard clock cut-outs also being used successfully by his wife who was at home alone during the morning routine when he was at work.

#### 4.4.1.5 Quantitative Data - Mark

Pre and post measurement of Mark's stress was evaluated by the PSI when he attended the first workshop and again following the last parent session. Total stress scores within the 15<sup>th</sup> - 80<sup>th</sup> percentiles were considered to be within normal range. Scores at or above the 85<sup>th</sup> percentile were considered high. A raw score of 90 or greater than the 89<sup>th</sup> percentile indicated clinically significant levels of total stress (Abidin, 1995).

Mark's Total Stress was above the mean of other participants pre-intervention and below the mean post-intervention. His Total Stress score reduced markedly, however it was still within the clinically significant range following intervention. Mark scored above the mean for Parental Distress both pre and post intervention, but was below the rest of the group mean for other subscales. His Dysfunctional Child score reduced most noticeably from well above normal range to within the 57<sup>th</sup> percentile.

Table 3 *Individual PSI Results for Mark*

|              | Pre- Intervention |         |            | Post Intervention |         |            |
|--------------|-------------------|---------|------------|-------------------|---------|------------|
|              | Raw Score         | T Score | Percentile | Raw Score         | T Score | Percentile |
| <b>PD</b>    | 54                | 88.33   | 62         | 39                | 67.5    | 54         |
| <b>P-CDI</b> | 35                | 83.96   | 59         | 33                | 79.79   | 58         |
| <b>DC</b>    | 41                | 102.12  | ≥99*       | 28                | 77.11   | 57         |
| <b>TS</b>    | 130*              | 88.31   | 62         | 100*              | 68.83   | 54         |

\*Percentile or raw score above normal range indicated by Abidin (1995)

Mark's Homework Problem Checklist (HPC) showed his son predominantly had homework difficulties in the inattention/avoidance area (Factor 1) with a score of 27. His score for poor productivity/non-adherence to HW rules (Factor 2) was 14. The total score was 43, including the non-factor indicators or problem areas not related to inattention or poor productivity, and put him four standard deviations above the mean for primary school children. This indicated severe homework problems as the mean for children in this age range is 10.5.

Post intervention (after the workshops and coaching) Mark's total HPC score lowered to 5 and demonstrated a significant reduction in homework problems. Mark's score on the HPC had improved to less than one standard deviation above the mean.

#### 4.4.1.6 Summary

Mark's experience of parent coaching was extremely positive because he was looking for solutions and ways to help his son. At the start he knew very little about ADHD behaviour as his son had been recently diagnosed and he therefore had not tried any behaviour strategies. Mark embraced the proposed strategies and his positive outlook on life combined with his disciplined approach resulted in rapid success. From a personal perspective, stopping to reflect on how he was reacting to his son's behaviour provided an opportunity to change his parenting style and method of communication with his son. He also reported that all relationships within the family had improved. His relationship with his son was now not solely focused on achieving tasks but also spending time enjoying activities. His wife's relationship with his son had also improved, and his son was more actively participating in family activities. Moreover, his son displayed more contented behaviour which Mark attributed to a combination of

medication at school and a more relaxed home-life. Mark used mindfulness in his parenting to reflect on his emotional reactions to his son's behaviour. His self-efficacy improved, as evidenced by allowing events to evolve without his immediate intervention as he was inclined to do prior to the intervention. Although Mark's parental stress reduced as a result of intervention it was still within clinically significant range. Homework problems had reduced significantly as a result of the intervention and had normalised as compared with other children in his son's age range.

#### 4.5.1 Case Study 3 – Martina

I think I was carrying so much stress and anxiety that I wasn't having any fun, in any way, shape or form anywhere. I was just so cranky and irritable and stress and angst and in that mindset of seeing the negative all the time, seeing all the bad things they were doing, seeing all the things I wanted them to do that they weren't (Martina).

##### 4.5.1.1 Family Background

Martina was the mother of two boys aged 9 and 11 respectively when she attended the workshop. She was married and in the 41 to 50 age range, with a TAFE equivalent education. Martina had been a member of *Learning and Attention Disorders of WA (LADS)* for some years when she received the notification about the workshop. Her oldest son had been diagnosed with ADHD two years previously after experiencing academic difficulties at school for a number of years and then moving to a new school at the beginning of the academic year. He was responding positively to the move and achieving academic success for the first time. However, Martina still found dealing with him stressful, and she came to the workshop to learn skills for helping him with homework which was creating stress for both her and her son.

Martina had consulted various specialists about her son over a five-year period by the time she attended the workshop. She found the process of seeking appropriate support very challenging and felt there was still a lot of stigma around mental health, learning difficulties and ADHD. In the interview she disclosed: "it's such an isolating experience having children with learning difficulties... there's such a stigma around it, and it's almost like a level of shame around it for parents and they don't talk about it."

Martina explained that the whole family had experienced stress and she felt it was impacting on all their relationships. During the interview she shared a memory of crying in the office of her son's psychologist because:

I'm scared that this period in our lives and this stress that's around us every day and me having to deal with everything every day is going to affect our relationship long term... that down the track it will have implications.

#### 4.5.1.2 Workshops

Martina attended both workshops and was very positive about them in the evaluation form. In the first part of the form, which evaluated the usefulness of the topics covered in the workshop, Martina rated all topics *Extremely Helpful* or *Very Helpful* (see Appendix D). The second section, which evaluated the presentation and skills of the facilitator were also rated *Extremely Helpful* or *Very Helpful*. To the open-ended questions about the most beneficial aspect of the workshops, Martina replied she found the opportunity to share her experiences with other parents the most useful: "being able to bounce around different ideas and learn from one another". She also commented on the usefulness of a timer and breaking homework down into just 10 minutes at a time, which she started using after the first workshop and was having some success with by the end of the second workshop. She demonstrated a lot of anxiety during the workshop and talked about her son's academic failure, as she perceived it. Martina engaged with other parents throughout the workshop and had a very positive attitude about her son despite the stress of dealing with his ADHD- related behaviour. She indicated she would like to start the coaching program immediately.

#### 4.5.1.3 Coaching Observations

Martina started coaching three weeks after the end of the second workshop and chose the LADS office as a suitable venue. For this participant the duration of the parent coaching program was six weeks in total. The first two sessions took place within two weeks of each other, the third session took place three weeks later, and the fourth and last session took place one week later or six weeks following the first session.



Martina was very open and quickly established rapport. Despite using the new timer strategies and breaking down tasks into ten-minute timeslots she was still having difficulties with homework. It became clear that Martina was very concerned about her son's future and constantly projected her fears of failure into his future in high school. Since Martina considered a qualification very important, this prediction of failure was causing her a lot of anxiety. Initially, coaching was focused on becoming mindful about the immediate situation. In one week-long exercise Martina recorded all the situations which she had predicted would turn out worse than they actually did, thereby raising her awareness of how much she tended to *catastrophise* events.

Coaching also raised awareness of the gap between Martina's expectations and her son's current abilities by encouraging her to reflect on the knowledge that her son was working to his best ability, and to step back to allow him to take ownership of his homework. Previously, Martina and her son were equally daunted by homework. She had built an excellent relationship with the school, and with their assistance and her reflection they established a beneficial homework routine for her son during the time she was being coached.

The biggest change for Martina during coaching was the realisation that she could detach from her children's responsibilities. She explained how this ability to step back from taking ownership of her son's homework had translated into other aspects of their lives. During the coaching period she reintroduced a behaviour chart for weekly chores which she had previously used without success, but this time the chart was linked to earning pocket money. Martina wanted to teach her children the value of earning money as she did not want them to feel "entitled". Martina reflected that this time success came down to her ability to separate herself from her children's choices and the consequences of their choices. The consequences of not doing chores (not earning pocket money) were clearly laid out in advance, and Martina was able to allow the boys to make their own choices without getting emotionally involved. She was very pleased with the success of this strategy.

Martina's coaching concluded after four sessions. When she attended the fourth session she was positive and happy about her relationship with her son and decided to wrap up coaching because she felt she had regained control. She summed this up as:

“so for me, it’s letting go as well. I’m letting go a little bit whereas I was always controlling everything, whereas now I’m not doing that.”

#### 4.5.1.4 Post-Coaching Interview

It’s mainly been about getting in touch, taking a breath when we hadn’t done it in so long. Being able to sit and come and talk about it, situations and bounce ideas off you and you give suggestions and make me stop and think. Well, why do you feel that way? Why do you think that? Or why do you react that way? It has been really helpful for me (Martina).

During the semi-structured interview Martina’s reflections demonstrated how relaxed she was compared to when she attended the first workshop. She attributed this change to her altered thought process, which, combined with acceptance of her son’s ADHD behaviour, had altered her cognition. Removing the stress had also lessened Martina’s anxiety about her son’s future. At the start of parent coaching her concerns and stress over homework had not reduced despite having attending the workshop, and it was only through further exploration that Martina was able to change her perspective.

I have stopped being so stressed about it and placing such importance on it [*homework*] and accepted that he is able to do less and working on timeframes for him... that took the stress out it for him as well. Apart from [*me*] being overwhelmed by how much he had to do as well.

Overall, Martina found the coaching “really beneficial”. Being asked open questions prompted her to reflect on her thinking and gain an understanding of her parental cognitions. She believed she would not have had an opportunity to do this without coaching, as stress in her relationship with her son had become normal. She described their relationship prior to the intervention as: “so stressed before... I was at the end of my rope and just couldn’t handle him anymore” and was ready for change after her son’s positive move to a new school that year. The improvement in his attitude

to school and increased happiness gave Martina the opportunity to reflect and “take a breath” during the coaching period.

Martina believed that coaching had clarified the causes of parental stress for her. She became aware of her expectations of her son and unfavourable comparisons she made with her son’s peers. Martina shared: “I would never have thought about myself like... opening my mind to thinking about why and how I was thinking.” This new consciousness brought with it the realisation that her son was influenced by her own stress. It was important for her to stay calm, and in turn, this enabled her to separate her emotions from her reactions and “not take his emotions personally”. She recalled having been “cranky and irritable” before the intervention, constantly noticing negative behaviour rather than focusing on desired behaviours. Post intervention the expectations were still there, but the schedule was looser as the boys were given more leeway.

Martina shared an incident which demonstrated how her handling of a particular situation changed her son’s reactions following awareness of her own motivations. He came home upset from school one day because his class was going to be disrupted the following day, caused by a visit from the children in the year below getting a feel for their new classroom in preparation for the following year. Her son was very upset about the potential disruption and was angry and cranky and “stood there yelling at me with tears in his eyes”. Martina went over and hugged him; and then they talked through his concerns which turned out to be mainly about strangers having access to his belongings. In the interview Martina recalled that in the past her reaction would have been to respond angrily to her son’s anger. She said she “would have lost it and told him to go to his room, to get away from me”. Now she was making an effort to understand the antecedent for his behaviour.

Martina was convinced that her son’s newfound happiness was a result of having changed schools. She worked closely with his new school to find strategies that worked for her son. A comprehensive Individual Education Plan, covering all areas of the curriculum, had been completed for him at the beginning of the year, and her son was now willing to attend school. The change in Martina’s attitude had allowed her son to take responsibility for himself. She talked about situations where her son had been cold

because he hadn't brought a jumper and thirsty because he hadn't brought a water bottle, and she had stepped back, allowing both her sons to make their own choices and experience the consequences. Martina reflected that by not imposing her own views, her son was making choices, learning from his mistakes and maturing.

Giving him the responsibility I think. He's stepping up to the plate. The more responsibility and choices we're giving him about what he wants to do, the more he's stepping up to that and the more he takes on.

Martina described her relationship with her son as more harmonious, "much calmer, much warmer, much more loving, much more light-hearted". Communication between them seemed less forced, and her son now volunteered to share experiences about the day with her after school. She said: "he's full of cuddles and love for me". Martina considered she always had a close loving relationship with her son, but it had been damaged as a result of all the stress. She described the time before the intervention as being at "loggerheads" with her son who didn't want to be with her: "he needed me to be the calm one and I didn't have it in me". Now they had more fun. Martina purchased a pink *Nerf* gun and surprised her children by "shooting" them unexpectedly one day. Several days of "gun battles" ensued, and Martina joked about it being her new form of discipline. She reflected that she had been so stressed and caught up with worrying that she would have been unable to indulge in this kind of fun before the coaching. She also observed an improvement in her two sons' relationship.

His relationship with his brother is blossoming and he has treated him appallingly for his whole life. He's been his punching bag and now, they hug each other and love each other and they're mates and play together.

Prior to the intervention Martina had not sought any support for herself, only for her son. She hadn't talked to anyone about her concerns and worries, and regarded the recent time taken to reflect on her behaviour, feelings and reactions as invaluable in relieving the stress she had been feeling for many years.

Being able to sit and come and talk about it, situations and bounce ideas off you and you give suggestions and make me stop and think... so to be able to stop and think 'why am I reacting that way?'

For the first time Martina now had hope for the future, as she had come to realise the futility of worrying about outcomes and the importance of being mindful. She was ready to embrace her son and his behaviour, support him through school, and "move onto bigger, brighter things".

#### 4.5.1.5 Quantitative Data - Martina

Martina completed the pre-intervention Parent Stress Index (PSI) prior to attending the workshop and the post-intervention PSI after the parent coaching. Total stress scores within the 15<sup>th</sup> - 80<sup>th</sup> percentiles were considered within normal range. Scores at or above the 85<sup>th</sup> percentile were considered high. A raw score of 90 or greater than the 89<sup>th</sup> percentile was indicative of clinically significant levels of total stress (Abidin, 1995).

Prior to intervention, Martina's Total Stress, Difficult Child, and Parent-Child Dysfunctional Interaction scores were above the normal range. Her Total Stress and subscale scores were all higher than the mean for other participants in this study. Following intervention, Martina's Difficult Child and Parent-Child Dysfunctional Interaction scores had reduced to within normal range. Her Total Stress score had reduced but remained at a clinically significant level, and was observably higher than the post-intervention group mean ( $M=102.61$ ).

Table 4 *Individual PSI Results for Martina*

|              | Pre- Intervention |         |            | Post Intervention |         |            |
|--------------|-------------------|---------|------------|-------------------|---------|------------|
|              | Raw Score         | T Score | Percentile | Raw Score         | T Score | Percentile |
| <b>PD</b>    | 51                | 84.16   | 60         | 51                | 84.17   | 60         |
| <b>P-CDI</b> | 49                | 113.13  | ≥99*       | 41                | 96.46   | 67         |
| <b>DC</b>    | 43                | 106     | ≥99*       | 32                | 84.81   | 61         |
| <b>TS</b>    | 143*              | 96.45   | 67         | 124*              | 84.42   | 60         |

\*Percentile or raw score above normal range indicated by Abidin (1995)

Martina’s Homework Problem Checklist (HPC) indicated her son’s areas of difficulty were in inattention/avoidance factors with a score of 30. For factors signifying poor productivity/non-adherence to homework rules his score was 16. This pre-intervention total score of 50 was four standard deviations above the mean and indicated severe problems with homework completion. The mean for children in this age range is 10.5.

Post intervention the total score reduced to 20. The score for inattention/avoidance factors was 13, and for poor productivity/non-adherence to homework rules, 7. This shows a significant reduction in homework problems to just one standard deviation above the mean and near normalisation for this age group.

#### 4.5.1.6 Summary

Martina had experienced loneliness and isolation in the years leading up to the intervention and had lost confidence in her parenting ability. Coaching enabled her to share her concerns and frustrations in a non-judgmental environment with other participants and a coach who understood the challenges of living with ADHD. Martina had a natural authoritative style of parenting which has been linked to happy and competent children (Maccoby, 1992), and following parent coaching she was able to return to using her natural parenting style. While Martina’s total parental stress had reduced, it remained clinically significant. The homework problems identified prior to the first workshop had decreased to near normalisation for children in this age range.

## 4.6 Cross Case analysis

### 4.6.1 Families' Backgrounds

All the parents in the three case studies were in stable relationships with partners and had other younger children who had not been diagnosed with ADHD. The children described in the case studies were all boys aged between 10 and 11. All three had a diagnosis of ADHD and were on medication to support them during school hours.

### 4.6.2 Workshops

All three parents, two mothers and a father, had not specifically attended the workshop to address homework problems, but to seek solutions for their perceived difficulties in dealing with their children's ADHD behaviour. Feedback from all three parents on the evaluation form was extremely positive and revealed a common theme – the normalisation of their children's behaviour by listening to other parents' experiences. They also all expressed the benefits of having shared in other parents' successes and failures, particularly in relation to new strategies for managing ADHD symptoms.

At the conclusion of the second workshop all three parents indicated they were available to start parent coaching immediately, indicating a positive predisposition that continued throughout the coaching program and helped build rapport and trust, vital components for a successful coaching relationship (Foster et al., 2013).

### 4.6.3 Coaching Observations

Observations were documented by the coach following each coaching session. All three parents started the parent coaching program within four weeks of the second workshop. At the start of parent coaching they had mixed perceptions of the strategies provided during the homework workshop. Mark was extremely positive about using the "*making time visible*" strategy combined with visual aids as a reminder to his son of the sequence of tasks required to do his homework. On the other hand, the two mothers did not feel they had successfully implemented the strategies following the workshop. However, following the parent coaching they had gained a better understanding of the obstacles preventing the success of these strategies, and by the time coaching concluded, both mothers had successfully implemented new behaviour strategies.

Enhanced knowledge of ADHD symptomology raised their awareness of the challenges faced by their children on a daily basis. Sharon indicated she had changed her thinking about her son's behaviour from believing it was deliberately aimed at annoying her to realising that much of his behaviour was subconscious. Mark described how disappointment in his son's past behaviour had resulted in blaming his son for poor behaviour choices. Martina expressed the view that her son was already working as hard as he could, and comparing his academic achievements to his peers was unhelpful.

All parents demonstrated more mindful behaviour during the parent coaching intervention which they articulated as a result of realising that their own reactions often exacerbated their child's unwanted behaviour. Sharon attended a mindfulness course during parent coaching which boosted her practise of mindfulness, and she described a heightened awareness of her interactions, communication and expectations of her son following parent coaching. Mark explained how increased mindfulness brought awareness of the impact of his own reactions on his son's behaviour and the realisation that constantly intervening was not allowing his son to solve problems for himself. Martina talked about recognising her tendency to view her son's emotions as a personal attack on her, and the combined stress had heightened emotions for both of them. She explored how this was obstructing her ability to stay calm.

All three parents described greater awareness of their parenting and communication styles with their children following the intervention. They also expressed greater confidence in dealing with their children's behaviour and ADHD symptomology as a consequence of furthering their knowledge about ADHD behaviour, new strategies to manage the behaviour, and deeper understanding of their own reactions in order to manage their personal behaviour.

Lastly, all three parents pointed out the value of breaks during the parent coaching program, which varied between three and five weeks between some of the later sessions. In all cases the breaks were requested by the parents and all three stressed the importance of having time to process the new learning and "experiment with new strategies" between coaching sessions. They valued the opportunity to analyse and reflect on the new behaviour and subsequent learning.



#### 4.6.4 Post-Coaching Interview

The participating parents completed a semi-structured interview a week after coaching concluded and reported without exception that they had reaped benefits from parent coaching, including improved parent-child relationships, significant reductions in parental stress, and increased parental self-efficacy. Participants also observed improvements in other relationships within the family and agreed that coaching had positively influenced the wider family. At the last coaching session Mark was extremely positive about his home life and explained that the benefits had impacted his family as a whole. Sharon also identified a positive effect on other relationships within her family, specifically between her son and his step-father. Martina recounted more instances of fun, an improved relationship with her son and better interaction between her two sons, evidenced by “more loving”, more hugging and a new closeness in their relationship. Sharon expressed having changed from not liking her son very much to appreciating his qualities once more. Martina described a new joy in her relationship with her son and renewed closeness. Unlike his previous relationship with his son which was solely focused on getting tasks done, Mark described now being able to enjoy leisure activities with his son.

A reduction in parental stress was a common theme articulated by participants. This was illustrated by Sharon’s realisation that the stress of the school routine over the past six to seven years was finally gone and had been replaced by “the norm” of a stress-free morning routine. Martina described her stress before the intervention as a daily occurrence and being “cranky and irritable and full of angst”. Mark too acknowledged the reduction of stress in his life as evidenced by his PSI measure.

Increased parental self-efficacy was illustrated by a positive outlook on the future, particularly in reference to the parents’ relationships with their children and belief in their ability to handle future problems. Mark was confident that his new knowledge about ADHD symptomology and evidence-based strategies would enable him to support his son in the future. Sharon described herself as “50% more confident” about dealing with future problems with her son, a significant improvement from when she started and articulated little confidence in being able to solve problems related to

her son. Martina had made a conscious decision to stop worrying about the future and focus on the present. She believed they could “move on to bigger and brighter things”.

#### 4.6.5 Quantitative Cross-Case Data

##### 4.6.5.1 The Parent Stress Index

There was a significant reduction in Total Stress scores as measured by the PSI as well as in the Parent-Child Dysfunctional Interaction and Difficult Child scales. The Parental Distress scale showed no difference, however this was underpowered as there were only five participants, therefore unlikely to find a real effect.

Table 5 *PSI Scores Pre and Post Intervention (N = 5)*

| Scale | Pre-Intervention |       | Post-Intervention |       | Z     | p    |
|-------|------------------|-------|-------------------|-------|-------|------|
|       | M                | SD    | M                 | SD    |       |      |
| PD    | 44.8             | 7.95  | 36.4              | 8.14  | -1.60 | .109 |
| P-CDI | 38.80            | 6.26  | 34.5              | 4.55  | -2.06 | .04* |
| DC    | 37.60            | 6.11  | 31.71             | 5.27  | -2.02 | .04* |
| TS    | 121.00           | 14.86 | 102.61            | 13.86 | -2.02 | .04* |

\*p < .05

DC = Difficult Child subscale; P-SCI = Parent-Child Dysfunctional Interaction subscale; PD = Parental Distress Scale; TS = Total Stress scale

Wilcoxon signed-rank tests were used to determine if participant stress scores (as measured by the PSI) decreased following workshop and parent coaching interventions. Non-parametric tests were used due to the ordinal nature of the PSI data. Statistical testing, using SPSS software, indicated that Total Stress scores were significantly lower post-test,  $T = .00$ ,  $z = -2.02$  (corrected for ties),  $N - \text{Ties} = 5$ ,  $p = .04$ , two tailed. To further investigate this change, differences in the three PSI subscales were also calculated and revealed a statistically significant decrease in Parent-Child Dysfunctional Interaction scores,  $T = .00$ ,  $z = -2.06$  (corrected for ties),  $N - \text{Ties} = 5$ ,  $p = .04$ , and in difficult child scores,  $T = .00$ ,  $z = -2.02$  (corrected for ties),  $N - \text{Ties} = 5$ ,  $p = .04$ . No statistically significant difference was detected in Parental Distress Scores,  $T = .00$ ,  $z = -1.60$  (corrected for ties),  $N - \text{Ties} = 3$ ,  $p = .109$ .

#### 4.6.5.2 The Homework Problem Checklist

Mean scores for the Homework Problem Checklist of the four participants that completed the post-intervention assessment improved notably. The mean total score pre-intervention was 45.5, with a range of 34 to 55 and a maximum possible score of 60. The mean post-intervention total score was 21.25 with a range of 5 to 30. The mean reduction in total HPC scores was 24.25 with a range of difference scores between 4 and 38.

Table 6 Homework Problem Checklist Pre and Post Intervention and Difference Scores

|                             | Pre-Intervention<br>(N = 4) |     |     | Post-Intervention<br>(N = 4) |     |     | Difference<br>(N = 4) |     |     |
|-----------------------------|-----------------------------|-----|-----|------------------------------|-----|-----|-----------------------|-----|-----|
|                             | M                           | Min | Max | M                            | Min | Max | M                     | Min | Max |
| <b>Inatt/Avoidance</b>      | 26                          | 21  | 30  | 13                           | 3   | 21  | -13                   | 0   | -24 |
| <b>Poor Prod/<br/>Nonad</b> | 15.75                       | 9   | 24  | 8.25                         | 2   | 15  | -7.5                  | 0   | -12 |
| <b>Total HPC Score</b>      | 45.5                        | 34  | 55  | 21.25                        | 5   | 30  | -24.25                | -4  | -38 |

*Note: These scores are presented in raw-score format*

Following intervention the HPC score was reduced to a mean of 21.25 which is near normalisation, being within one standard deviation of the mean for an average child. The score for one child dropped below the mean for an average child. These results indicate that all parents reported a significant reduction in homework problems across both areas of known difficulties – inattention/avoidance and poor productivity/non-adherence to homework rules.

#### 4.7 Chapter Summary

The parents engaged in the workshop as a means of finding answers as they were all worried about the stress and tension they were experiencing in their parenting relationships with their children. They wanted a more harmonious parenting experience and were concerned about the long-term effects on their relationships with their children. Many common findings emerged from the three participants in this study in relation to a raised awareness of their parenting styles, their communication styles, their own

n reactions and expectations in relation to their children and the parental stress in their relationships. All participants enjoyed the parent coaching and believed the benefits came about as a result of participating in coaching.

## Chapter 5

### Discussion and Conclusions

#### 5.1 Introduction

The purpose of this study was to investigate the effects of a parent coaching intervention on parents of children with ADHD. Parent coaching is an emerging treatment for families living with ADHD and there is a paucity of research in this area. The results of this study demonstrated that parent coaching can benefit parents, and combined with knowledge of ADHD symptomology, deliver positive outcomes for parents of children with ADHD. Rather than dealing exclusively with the symptomology of ADHD in children, interventions which address support for parents have been established as an important reinforcement for treatment. The impact of parents on guiding their children to learn skills that compensate for ADHD deficits have been highlighted in a recent article which reviewed psychosocial treatments (Schoenfelder & Sasser, 2016). Conversely, if the parent-child relationship is not high functioning, a child's psychological development may be negatively impacted. Interventions that improve and enhance outcomes for parent-child relationships are therefore vital.

As illustrated in prior research, there is a requirement and place for psychosocial treatments, that is, treatments which do not include medication. This is because some children do not respond well to medication or the side effects are debilitating (Johnston & Park, 2015). Johnston and Park indicated that a combination of pharmaceutical and psychosocial treatments is most effective for managing both the home and school environments. This study found the benefits of parent coaching support parents in the home environment, and is of particular benefit to parents who experience stress as a result of inadequate or ineffective parenting. A recent study by Schoenfelder and Sasser (2016) identified families who experience "stress, conflict and ineffective or negative parenting" as one group that would most benefit from psychosocial treatments (p. 369).

However, parents who are experiencing stress or ineffective parenting may find it difficult to ask for support. Therefore, a homework workshop was offered in this study to attract parents to the coaching program, since homework causes universal stress in the home environment, particularly for families living with ADHD (Rogers et al., 2009),

and there is less stigma attached to seeking support with homework problems. As expected, the parents who attended the homework workshop were not only seeking solutions to homework problems, but broader answers to issues related to parenting children with ADHD. In order to establish the presence of parental stress, data were gathered using the Parent Stress Index (PSI). Data were also captured by means of a Homework Problem Checklist (HPC) to measure the severity of homework problems. The inclusion of quantitative and qualitative data from interviews conducted after parent coaching was motivated by a desire to gain a deeper understanding of the effects of parent coaching on the parents.

In the following sections each of the four research questions are discussed in light of the data and the literature.

### Research Question 1

**What effect has the coaching intervention had on parents of children with ADHD who received parent coaching?**

The first question addressed the main aim of the study. The data identified seven main themes that emerged as a result of parent coaching, namely: increased mindfulness in parenting; changes in parental cognition; increased awareness of parental style; improved parent-child relationships and impact on the whole family; improved parental self-efficacy; reduction in parental stress and a reduction in homework problems. These findings are significant as they demonstrate the positive outcomes that can be achieved for parents of children with ADHD. Based on the outcomes of previous studies by Foster et al. (2013), Graham et al. (2010), Grant (2012), Green, Oades, and Grant (2006) and others, it was anticipated that positive outcomes would result from coaching. In fact, previous studies suggest that all behavioural or cognitive-based interventions for parents of ADHD children will generate positive outcomes (Tarver et al., 2015).

#### 5.1.1 Mindfulness in Parenting

All parents in this study became aware of their own reactions and responses during parent coaching. They were seeking alternative ways to react to their children, and the mindfulness component of parent coaching supported them to change

automatic responses and inappropriate mindless reactions to more compassionate and empathetic responses.

During coaching Martina came to realise that she had reacted without thought to her son's behaviour prior to the intervention. In the past her son's angry reactions had automatically triggered her own simultaneous anger, but through coaching Martina was able to distance herself from negative emotions and take control by choosing an alternative reaction. Martina described her new awareness as "being present with him in that moment".

Automatic responses, particularly when parenting disruptive children, has been well documented in the literature and early findings indicate that mindfulness can provide alternative ways of communicating and interacting in such families (Dumas, 2005). A more recent study found that automatic responses from parents predict children's social behaviour and coping skills (Jobe-Shields, Moreland, Hanson, & Dumas, 2015). The findings of this study support the ability of mindfulness to bring awareness to automatic responses and provide parents with new, positive ways of communicating that impact positively on their child's behaviour.

Sharon attended a mindfulness yoga course in conjunction with parent coaching which enhanced her understanding and receptiveness to mindfulness in her parenting. She became aware of her tendency to overreact to her son's behaviour and her rigid belief that he was being deliberately disruptive. Parent coaching enabled Sharon to pay attention in a non-judgmental manner, as she had developed a new understanding of his symptoms and realised that "he's isn't just being really difficult just to be difficult". She was able to pause and choose alternative (positive) reactions. The benefits of mindful parenting for parents of children with ADHD were identified in 2011 by Peijnenburg et al. as significantly reducing parental stress and over-reactivity. After becoming aware of overreacting to his son's behaviour, Mark also experienced the benefits of mindful parenting. Prior to the intervention, he tended to assume the worst-case scenario and constantly intervened in his son's social interactions. He grew aware of his impatience with his son's behaviour and his tendency to pay more attention to the child's disruptive and unruly behaviour than desired behaviours. In the interview he reported that his mindfulness invoked "more observing, standing back, seeing if it's

going to escalate”, and was able to allow the consequences to unfold which led to improved behaviour from his son. This study supports prior research which documents parents’ over-reactivity as predictive of externalising behaviour for children with ADHD (Peijnenburg et al., 2012) and mindfulness for parents as an outcome of reflection and analysis in coaching (Foster et al., 2013).

### 5.1.2 Changed Parental Cognitions

The parents in this study described altered parental cognition with regard to their child’s behaviour following parent coaching, as well as changes in their understanding of their child’s behaviour as parent coaching progressed. This changed understanding was brought about by a combination of knowledge gained in relation to ADHD symptomology and normalisation of their child’s behaviour. Mark described how attending the workshop on the first day provided him with a different peer comparison for his son, so although the context of homework problems was different, the behaviour was familiar to Mark. Typical behaviours as described by other parents, such as procrastination and avoidance, were recognisable to Mark and came to be viewed as normal behaviour.

Prior to parent coaching two out of the three parents attributed their child’s behaviour to deliberate misconduct and were more likely to use negative or overly strict parenting practices (Kaiser et al., 2010). In particular, Sharon was aware of her strict parenting practices but felt she had no alternative. She described her approach to discipline as “if he does something wrong, that’s what you do”. As a consequence of her new knowledge of typical ADHD behaviour, Sharon was able to link her son’s behaviour to ADHD and remain calmer. Mark also described a change in his understanding of his son’s behaviour. He had been feeling frustrated because he thought his son was deliberately ignoring him, but understanding that his son may not remember an instruction from one moment to the next allowed him to choose his reactions more thoughtfully. This is aligned with existing literature which has identified a relationship between parents’ acknowledgement of their child’s behaviour and positive intervention outcomes, for example, (Kaiser et al., 2010) who concluded that parents’ recognition of their child’s behaviour was related to successful intervention. Following the coaching



intervention in this study, parents were able to recognise when their children's unwanted behaviour was caused by ADHD.

One particular cognitive disorder observed in this study was processing information in a systematically negative manner (Kaiser et al., 2010). The parents in this coaching study identified their child's behaviour as deliberately obstructive or defiant prior to the intervention, or in short, as a cognitive disorder in themselves. Sharon previously believed that her son's behaviour was deliberate and that he was "doing it just to piss me off". She recognised that her thinking was "rigid" and described her previous mindset as "you stop being able to see the person for who he is and all you can see is this person who makes your life a misery". Martina recalled focusing on negative behaviours and being "in that mindset of seeing the negative all the time, seeing all the bad things they were doing, seeing all the things I wanted them to do that they weren't". Mark described a mindset of believing "the worst case scenario" was inevitable. Questioning, analysis and reflection in parent coaching provided these parents with an opportunity to change their cognitions. All participants described positively changed cognitions in relation to their child's behaviour in the case studies. The literature states that the more parent cognitions change in relation to their children's behaviour, the more positive the outcomes will be (Kaiser et al., 2010). It also identifies certain cognitive disorders as predictors of intervention outcomes (Hoza et al., 2000). Hoza and colleagues argued that these cognitive disorders may cause a parent to attribute more relevance to a child's negative behaviour. In this study, changes in parent cognitions signified a new empathy for their children, and as articulated by Sharon, the realisation that their children were "doing the best they could".

### 5.1.3 Awareness of Parenting Style

During parent coaching the participants in this study became aware of their parenting styles with their children. They discovered that by changing the way they communicated, avoiding control and allowing their children to take responsibility for their own actions, their relationships with their children improved and ADHD symptoms seemed less of a daily challenge. For example, Sharon was very conscious that her parenting style was different to her partner's. When she started coaching she described her partner's parenting style as authoritative – there was an expectation that the child

would follow instructions and immediately do what he was told, as in authoritarian parenting (Baumrind, 1966). A child with ADHD does not always have the capacity to do this and instructions may be instantly forgotten, particularly when there is more than one part to the instruction (Barkley, 2013). Her partner's parenting style placed additional demands on her son, and during coaching Sharon became aware that an authoritarian style was more in tune with the needs of her child (Baumrind, 1966). Gradually she adopted more of an authoritative style in her parenting, using warmth and paying attention to her child's requirements (Baumrind, 1966), which improved her relationship with her son. This supports the evidence in the literature of a connection between parenting, child social skills and aggression (Kaiser et al., 2011).

The parents in this study found that changing from a controlling style to a supportive style of parenting facilitated managing ADHD symptoms. Martina described this change when she spoke about allowing her sons to make their own choices about bringing a jumper or water bottle to after-school activities, whereas prior to parent coaching she would have insisted that they do as they were told. Sharon too discovered the effectiveness of being supportive rather than controlling when she introduced less severe consequences for disobedience – reducing her son's screen time by half an hour had more impact on his behaviour than a week-long ban, because by day two he had forgotten why the week-long ban had been imposed. The literature indicates that a controlling style of parenting, including stricter instructions, more severe consequences and harsher impositions, can lead to negative strategies (Khamis, 2006; McLaughlin & Harrison, 2006; Woodward et al., 1998) and increase the severity of ADHD symptoms. In this study, the new parenting styles adopted by the parents following intervention included improved communication, better listening, allowing the child to take responsibility for his actions and play a part in decision making and problem solving. The literature shows that some parental traits, such as warmth and empathy, are more important than others in facilitating self-regulation in children displaying ADHD symptoms (Modesto-Lowe et al., 2014). This study reinforces the suitability of particular parenting styles for managing childhood ADHD behaviours. Parent coaching raised awareness of parenting styles and their impact on the child's behaviour. Together with the coach, new strategies were discussed and trialled and subsequent analysis and

reflection provided opportunities to discuss what worked and what didn't to allow the parents themselves to determine their preferred parenting style.

#### 5.1.4 Improved Parent-Child Relationship and the Impact of Child Behaviour on the Family

All the parents in this study described an improvement in relationships within the family, including their own parent-child relationship, other observed parent/partner-child relationships, and sibling-child relationships. They described their children as being more contented within themselves; talk of suicide had ceased. A common experience was having more “fun” with their children and spending more “quality time” together. Mark described how his previous interactions with his son had focused on achieving tasks but had subsequently shifted following the successful introduction of making time visible, with the result that tasks got done as required. This allowed them to “spend more time interacting with each other rather than butting heads trying to do stuff”. Sharon also described a significant change in her relationship with her child, prompted by the realisation that she “didn't like him” before the intervention. In the post-coaching interview she articulated a new appreciation of his qualities. Martina described with humour a new form of “discipline” in the form of a pink *Nerf* gun. She admitted that prior to coaching she wasn't able to have fun with her sons because she was too angry and stressed. The literature shows that Behavioural Parent Training (BPT) lead to improvements in parent-child relationships and a positive overall impact on the family (Loren et al., 2015; Tarver et al., 2015). Coaching has been shown to increase individual well-being, and there is evidence to confirm the premise that training combined with coaching is more effective (Grant, 2001). The combination of behavioural parent training and coaching in this study supports improvements in parent-child relationships and the wellbeing of both child and parents.

Increased physical displays of affection were noticed by two of the parents. Sharon talked about spontaneous hugs given by her son which she had not experienced previously. She described how he even hugged her while apologising after being sent to his room for time out, signalling a secure parent-child relationship. Martina described her relationship with her son as warmer, closer and characterised by more physical affection, also indicative of an improved parent-child relationship. As there is little prior

evidence of improved physical relationships, this suggests a development that has not previously been noted.

Evidence also surfaced of a positive impact on the wider family, noted by Sharon and Mark in particular. In the initial stages of coaching Sharon was acutely aware of the poor relationship between her son and her partner. She described her partner's disbelief at the ADHD diagnosis and his unwillingness to make any allowances for her son's behaviour. As she acquired more knowledge about ADHD-related behaviour and how it presented in her son she became more skilled at managing his behaviour, which in turn lessened overall tensions. She also noticed a change in her partner's reaction, and while uncertain whether this was a result of the change in her or her son, his feedback was nevertheless positive.

Mark also reflected on a change in his relationship with his wife. During coaching he talked about discussing with his wife after each session the strategies they could jointly employ in the coming week. His wife had reported that the morning routine was going smoothly (Mark worked an early morning shift and was generally not around in the mornings) – their son was more amenable to completing tasks without a reward and “they were interacting better than they used to”. The literature highlights the positive impact an intervention can have on the entire family (Graham et al., 2010) and this finding was reinforced in this study where relationships between the partners improved as a result of the intervention.

Another consistent impact on the wider family identified by all participants was improved relationships between the children with ADHD and their siblings. All three children in this study were the oldest in their families, and before the intervention, frequently came into conflict with their younger siblings. Martina's experience was most notable as she described her sons moving from a very conflicted relationship to one of support. Previously, conflict had occurred 80% of the time, but since the intervention it had reduced down to around 20% of the time, and she attributed this positive change in her son's sibling relationship to him being calmer and happier.

Mark described a new level of interaction between his son and the wider family. His son was more inclined to interact with the family post intervention, whereas before

he would have chosen a solitary activity or been demanding of singular parental attention. Mark described the increased interaction between his son and his siblings as “getting in each other’s faces much more regularly now!” While he didn’t always appreciate the circumstances he realised it was a positive change for his son and an inevitable part of spending more time together.

Sharon also observed an improved relationship between her two sons, however due to the significant age difference (7 years) between them, their interaction was less frequent. She realised that her focus had previously been on the 10% of time when there was conflict, but more recently had become aware of the absence of conflict 80% of time. Sharon described an incident where her son had dealt with his younger sibling in a mature, constructive manner by explaining why he wasn’t allowed to have a treasured toy rather than snatching it from him. The research literature describes how children with ADHD have more conflict with their siblings (Mikami & Pfiffner, 2008; Steiner, 2014) due to the fact that children with ADHD are often destructive and demanding of attention and can impose a strain on sibling relationships (Barkley, 1987). In this study, all parents described calmer, happier children, which can logically be assumed to impact their relationships with their siblings and supports the body of knowledge that parent coaching can impact positively on sibling relationships by reducing conflict.

#### 5.1.5 Improved Self-efficacy

A further important outcome of parent coaching identified in this study is increased self-efficacy, vital for effective ADHD interventions (Johnston et al., 2010). By focusing on self-efficacy parents feel empowered to use behavioural strategies more effectively and more consistently.

Increased self-efficacy for the parents in this study enabled them to make congruent parenting decisions by allowing events to unfold without intervention, and permitting their children to take part in decision making and experience the consequences. Sharon declared she was more confident about her parenting and ability to deal with situations in the future. She was amused by the realisation that she’d reacted differently after her son came home late from school one day because he was distracted (he had been counting how many times a lemon was run over by a car). Instead of punishing him as she previously would have done, she now had the

confidence to realise the incident didn't warrant punishment; and instead took the opportunity to reiterate a safety lesson and explain why she needed to know where he was after school.

Mark described his changed parenting as no longer being about "getting things done" but about spending "quality time" with his son. His success with the "cut-outs for the clock clock" and detailing tasks to be done, had provided time in the evenings for fun activities with the children and led to two additional applications of the "cut-outs for the clock" for homework and bedtime. This success freed up time where previously he had spent time watching over his son to ensure tasks got completed. Improved self-efficacy has been linked to effectiveness of ADHD interventions (Jiang et al., 2014) and a coaching study by Foster et al. (2013) identified improved self-efficacy as a factor in successful outcomes.

Martina also reported improved self-efficacy following the coaching intervention. She had "new hope for the future" and was able to positively embrace her son and his behaviour. With her improved self-efficacy, Martina was able to allow both her sons to take more responsibility and accept the consequences of their actions, and she was more congruent in her parenting choices. This had resulted in the successful reintroduction of the behaviour chart where pocket money was linked to chores. This finding concurs with previous research and reinforces the importance of parental self-efficacy for effective outcomes of interventions.

Both Sharon and Martina talked about the social isolation of having a child with ADHD. They had received little support from their communities and found it difficult to talk about their situation with other parents of children without ADHD. They commented on the value and helpfulness of talking to someone that understood living with ADHD and did not judge. Eliminating their social isolation through intervention had increased these parents' self-esteem, supporting the findings of previous studies which found social isolation a significant factor for parents' self-esteem (Mash & Johnston, 1983) and positive outcomes of interventions.

## 5.1.6 Reduced Homework Problems

### Research Question 2

**Are homework problems identified with the participant's child or children prior to the workshop and how have these problems changed as a result of the coaching and workshop intervention?**

All the parents in this study experienced significantly reduced homework problems following the intervention. This was apparent from the data provided by the Homework Problem Checklist (HPC) and the semi-structured interviews. The mean score for the HPC following the intervention was notably improved and had reduced to near normalisation for an average child, indicating that all parents reported a significant reduction in homework problems as measured by the HPC. This outcome was further reinforced by the parents during the semi-structured interviews.

During the interview Sharon described the homework experience as “definitely better”. She acknowledged the biggest impact on homework was: “understanding that he is different and requires different things”. By understanding his need for different adaptations to complete his homework she was better equipped to support him. Martina also acknowledged a “change of thought process around” homework had alleviated stress and made the task less overwhelming. The strategies which enabled Martina to support her son were practical issues of time awareness and breaking tasks down into ten-minute tasks.

Mark demonstrated the most notable change with his introduction of the “cardboard clock cut-outs”. By making time visible for his son tasks got done because it “helped to get the focus on what we needed to do to get him [*the son*] more aware of time, so there wasn't a lot of dilly-dally”. The literature shows that behavioural parent training alone has poor long-term, sustained intervention outcomes (Kaiser et al., 2010). Coaching intervention preceded by a workshop in this study provides further evidence of positive outcomes from behavioural strategies combined with coaching as purported by Fettig et al. (2015). This research not only concentrated on improving homework problems but also on parental cognitions of homework. For both Sharon and Martina, a better understanding of their own motivations and beliefs around education and

homework enabled them to support their sons more effectively. This concurs with a recent study showing evidence of parents' consistency in embracing new strategies acquired during training when it follows coaching (Fettig et al., 2015).

### 5.1.7 Reduced Parental Stress

#### Research Question 3

**Is there evidence of parental stress when parents first attend the workshop and has the stress changed as a result of the coaching and workshop intervention?**

The parents in this study demonstrated a high level of stress pre-intervention. It was hypothesised that parental stress would be reduced as a result of the coaching intervention, and the Parent Stress Index confirmed this supposition by showing a significant reduction in total parent stress post intervention. This is an important finding as it demonstrates the intervention significantly reduced parent stress on the Parent-Child Dysfunctional Interaction scale and on the Difficult Child scale. During the semi-structured interviews themes emerged which may explain these changes, such as themes related to "feeling inadequate in dealing with daily challenges" which invoke stress, as defined by (Deater-Deckard, 2004, p. 5). The parents in this study described an inability to control situations when under time pressure, to achieve necessary tasks in a timely manner and to find methods of motivating their children to embrace responsibilities.

All three parent participants described daily challenges involving parental stress. It is well recognised that parents of children with ADHD experience more parental stress than other parents (Fischer, 1990; Johnston & Mash, 2001; Theule et al., 2013), and that there is a link between parental stress and increased problematic behaviour in children (Barkley, 1987). Reducing stress is therefore crucial, and this study provides evidence of reduced parental stress and positive outcomes for parents following intervention.

One example of daily stress in this study was Sharon's morning routine of getting her children to school. During coaching, evidence-based strategies around instant rewards and making time visible were discussed and a new morning routine devised with the coach as ADHD expert and the mother as expert of her child. The new routine included both instant reward and making time visible. Sharon made the routine visible



in a poster format which was ticked by her son upon completion of the required tasks, and the reward was iPad time. In the post-coaching interview Sharon commented on how normal this new stress-free routine had become compared to the previous six or seven years. Although evidence-based strategies relating to instant rewards and making time visible were presented at the homework workshop, it was only during coaching that individual family solutions were devised, in keeping with the literature which suggests interventions tailored to individual families are more effective (Johnston & Park, 2015). This also reinforces previous evidence that training alone is not as effective as training combined with coaching (Fettig et al., 2015).

Mark started coaching with little or no knowledge of typical ADHD behaviour due to his child's recent diagnosis. As his understanding of ADHD symptomology increased, Mark's cognitions of his child's behaviour changed and he realised that his son was not being deliberately naughty. Mark's parental stress came from trying to use every possible experience to "teach" his son alternative ways of doing things and this constant vigilance caused him significant stress. Previous research defined parental stress as caused by parents' perceived insufficiency of their resources to meet the lived experience (Deater-Deckard, 2004). The coaching program provided parents with an opportunity to examine their resources and reflect on any gaps, and together with the coach new strategies were explored, trialled and analysed to identify those that worked for each family.

During coaching Martina described her previous lack of success in introducing a rewards chart. She managed to successfully reintroduce the behaviour rewards chart during coaching when her stress levels had been reduced – she was more aware of her reactions when confronted with incomplete tasks and managed to stay calm. Furthermore, she was able to stand back and allow the boys to make choices which could potentially lead to negative consequences, supporting the evidence that parents who experience high levels of stress are less likely to consistently implement interventions successfully (Theule et al., 2013).

### 5.1.8 What Effect did the Workshop have?

#### Research Question 4

#### **How did the parents evaluate the workshop intervention?**

The fourth research question was related to the significance or value of the workshop. Certain themes were identified from this evaluation, namely: shared experiences of the parents, normalisation of ADHD behaviour, gaining knowledge of ADHD symptoms, and new homework-related strategies. The workshop also formed a strong foundation for the parent-coach relationship in the parent coaching sessions which followed.

The effects of the workshop can mainly be attributed to increased knowledge of ADHD behaviour and normalisation of this behaviour, the benefits of sharing experiences with other parents, and new homework-related strategies. As evidenced by the evaluation forms all elements of the workshop were received favourably and indicate a positive predisposition to the contents, strengthened by the delivery. The workshop was intended to provide parents with solutions related to homework problems. An important part of this workshop was to provide information on how ADHD impacts on children and their ability to complete homework. As parents' knowledge increased their cognitions changed, contributing to the positive outcomes as evidenced in the previous literature (Kaiser et al., 2010).

The benefit of sharing experiences with other parents was apparent from the open-ended questions on the evaluation form. It was expressed as an opportunity to "be able to bounce around different ideas and learn from one another" and "finding common problems and how other people deal with their problems". One parent claimed that "knowing there are others in the same boat" was helpful for her. Another parent suggested that "more time for discussion with other parents would be very helpful" when proposing improvements for future workshop. The benefit of sharing experiences has been acknowledged in previous literature (Power et al., 2002), and it is likely that the feelings of isolation described by Martina were addressed by this sense of community. In addition to reducing ADHD symptoms, the literature recognises a wide range of benefits from parenting interventions, including improved parent-child

relationships, benefits for parents and improved social and academic functioning for children (Tarver et al., 2015). These themes were reinforced by the findings of this study where the workshop formed the foundation of the client-coach relationship, found to positively influence outcomes (Foster et al., 2013).

Workshop places were taken up quickly, signalling a demand for such a resource. This was further indicated by all parents expressing their willingness to attend. Sharon described her family as being “stuck” in dysfunctional relationships and said: “I knew that something had to change, but I didn’t know how or why or when. As a parent, you don’t have, you don’t drive past a billboard which says, ‘If your ADHD kid shits you, give Susan a call’”. Sharon came to the workshop seeking answers even though she didn’t believe it was relevant to her own particular situation. Martina shared how she had never sought support prior to the workshop, which she regarded as being for her benefit as well as her son’s.

The evaluation form analysis indicated that the workshop was favourably received. There was a supportive environment during the workshop and the parents’ first interaction with the coach which formed a strong foundation for the parent-coach relationship, identified as an important factor for successful coaching outcomes (Foster et al., 2013).

## 5.2 Implications of this Study

### 5.2.1 Delivery of Parent Coaching

There is a paucity of research on parent coaching and the findings of this study will inform the future delivery of parent coaching, in particular the value of taking a break from parent coaching after the first two or three sessions for the purposes of analysis and reflection.

Martina, Sharon and Mark all described the benefits of breaks during the semi-structured interviews for reflecting on new insights and considering what had worked well and what hadn’t. Martina talked about the benefit of being “able to sit and come and talk about it, situations, and bounce ideas off you and you give suggestions and make me stop and think”. Sharon described the benefits of analysis and reflection as: “to be able to talk through processes, different ways of dealing with things and then

see, monitor that over time is absolutely invaluable". Consistent with previous studies (Foster et al., 2013; Rush & Shelden, 2011), the parents in this study identified reflection and analysis as important elements of the coaching process.

### 5.3 Future Research

Based on the findings of this study a number of recommendations for future research are provided below. Firstly, a follow-up study to examine the longitudinal impact of parent coaching twelve months after initial coaching will provide additional insights. Secondly, a parent coaching program without a workshop component, focused on parent coaching alone will make for useful comparison. Thirdly, a group coaching format which encompasses the benefit of parents supporting each other's learning. Fourthly, a study encompassing a larger group of mixed genders would support the generalisations of this research; and finally, an important area for future consideration is developing parent coaching to support parents who are themselves diagnosed with ADHD.

This study showed promising results and a follow-up with the current sample for longitudinal evaluation would be of great benefit to establish whether the outcomes remain positive. Future research to measure parental stress using the PSI after a six-month interval and incorporating a measure for parental self-efficacy will provide valuable data on any impacts in this area. It will also be beneficial to measure homework problems using the HPC to establish whether they remain at normal levels.

Since parent coaching followed the homework workshop the impact of the workshop is unknown. Further research could examine the outcomes and effects of parent coaching alone. The findings from this study can be used to demonstrate the potentially positive outcomes for future participants who may otherwise be reluctant to take part in a parent coaching intervention.

Group coaching can be used to provide coaching to parents simultaneously. As the results of this study show, parents benefited from discussing their shared experience during the workshop where they learnt from each other. This benefit was lost once individualised coaching took place, further research could examine what additional benefits group parent coaching might bring.

Studies that includes a larger group of parents from different backgrounds and a mixed gender balance will also support the generalisability of this research, since the small group in this study limits the ability to generalise the findings to a larger population of children and parents living with ADHD.

Finally, the parent coaching program could be adjusted to find solutions for parents who have themselves been diagnosed with ADHD. It is outside the parameters of this study, but parents of children with ADHD have been found to benefit from BPT (Babinski, 2013), and with the exception of coaching college students (Parker et al., 2013; Prevatt & Yelland, 2015) there is little research to date on coaching such a sample. Future research may need to modify parent coaching to support the additional challenges encountered by parents with ADHD.

In summary, this study forms a starting point for continued research in the area of parenting children with ADHD, including examining the longitudinal effects of the outcomes and expanding the investigation to include parents diagnosed with ADHD.

#### 5.4 Limitations and Generalisability

There were a number of limitations with this study. First, it took place in Perth, Western Australia over a period of three months, so generalisation of the results to other populations or places is limited. Second, selection of the population through LADS resulted in a sample that was already engaged in finding solutions and acquiring information about ADHD, so this highly motivated group may have been predisposed to positive outcomes. Third, the group was small with a female gender bias (only one father attended the workshop). Fourth, the control group was not responsive to completing post-intervention evaluation questionnaires, presumably because there were no apparent benefits for these parents to complete the questionnaires. Only one parent took the opportunity to receive parent coaching after the original time period. Lastly, data were collected from parents who had developed a relationship with the researcher through coaching and were potentially more invested in positive outcomes.

These limitations render generalisability of any conclusions inadvisable. However, the scope of the case-study data and in-depth analyses provide insights into the potential benefits of coaching for parents living with children diagnosed with ADHD.

## 5.5 Conclusions

Conclusions and recommendations related to the benefits of parent coaching originated from the findings of this case-study research. While further research is recommended to explore any additional benefits, this study is important in many ways. First, it offers evidence of effective support for parents in the current climate where there is a dearth of support available. Second, it offers an alternative to traditional parent training with a focus on the parents' emotions as opposed to the child's behaviour. Coaching also focused on the stress experienced by parents and created a pathway for them to coach their own children in finding ways to compensate for the challenges of ADHD.

In the words of Kinlaw (1999), "coaching is always an opportunity to empower others by helping them to solve their own problems, take responsibility for their own learning, and find new opportunities to exert competent influence" (p. 62). Coaching is a tool which can support positive outcomes for parents of children with ADHD who are experiencing stress or ineffective parenting.

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## Appendices

Appendix A – List of handouts provided in workshop

**How to stop the tears over homework Part A**

**Workshop presented by Susan Hughes, Parent Coach**

**Date – 13 August 2014**

Contents of handouts included:

Copy of Slides

Handout 1

Some ways ADHD is related to homework problems

Handout 2

Homework Assignment Sheet (Sample)

Handout 3

Establishing the homework ritual

Handout 4

Homework Ritual worksheet

Handout 5

Homework A-B-C worksheet

How to stop the tears over homework Part B

Workshop presented by Susan Hughes, Parent Coach

Dated 20 August 2014

Contents of handouts included:

Copy of Slides

Handout 6

Token and point system Guidelines

Handout 7

Homework Rewards Worksheet

Handout 8

Using Positive Reinforcement

Appendix B – Example of Homework Problem Checklist (HPC)

**Homework Problem Checklist\***

|  |       |               |       |            |
|--|-------|---------------|-------|------------|
| Child's Name:  |       | Child's Sex:  |       |            |
| Parent or Guardian's name:   |       | Child's Year: |       |            |
|  |       | Child's Age:  |       |            |
| For each statement, check one box:   | Never | At times      | Often | Very often |
| Fails to bring home assignment and necessary materials (textbooks, dittos, etc.) |       |               |       |            |
| Doesn't know exactly what homework has been assigned                             |       |               |       |            |
| Denies having homework assignment  |       |               |       |            |
| Refuses to do homework assignment  |       |               |       |            |
| Whines or complains about homework   |       |               |       |            |
| Must be reminded to sit down and start homework                                  |       |               |       |            |
| Procrastination, puts off doing homework   |       |               |       |            |
| Doesn't do homework satisfactorily unless someone is in the room                 |       |               |       |            |
| Doesn't do homework satisfactorily unless someone does it with him/her           |       |               |       |            |
| Daydreams or play with objects during homework session                           |       |               |       |            |
| Easily distracted by noises or activities of others                              |       |               |       |            |
| Easily frustrated by homework assignment   |       |               |       |            |
| Fails to complete homework   |       |               |       |            |
| Takes unusually long time to do homework   |       |               |       |            |
| Responds poorly when told by parent to correct homework                          |       |               |       |            |
| Produces messy or sloppy homework  |       |               |       |            |
| Hurries through homework and makes careless mistakes                             |       |               |       |            |



|   |  |  |  |  |
|---|--|--|--|--|
| Shows dissatisfaction with work, even when he/she does a good job |  |  |  |  |
| Forgets to bring assignment back to class                         |  |  |  |  |
| Deliberately fails to bring assignment back to class              |  |  |  |  |

*\*Anesko, Schoiock, Ramirez and Levine (1987)*

## Appendix C – Example of Parent Stress Index (PSI)

### Parenting Stress Index (Abidin, 1995)

The questions below ask you to mark an answer which best describes your feelings. While you may not find an answer which exactly states your feelings, please mark the answer which comes closest to describing how you feel. YOUR FIRST REACTION TO EACH QUESTION SHOULD BE YOUR ANSWER.

Please mark the degree to which you agree or disagree with the following statements by filling in the number which best matches how you feel. If you are not sure, please fill in #3.

| Strongly Agree | Agree | Not Sure | Disagree | Strongly disagree |
|----------------|-------|----------|----------|-------------------|
| 1              | 2     | 3        | 4        | 5                 |

Example: 1 2 3 4 5 I enjoy going to the movies.  
(If you sometimes enjoy going to the movies, you would fill in #2.)

|     |   | 1 | 2 | 3 | 4 | 5 |
|-----|---|---|---|---|---|---|
| 1.  | I often have the feeling that I cannot handle things very well.   |   |   |   |   |   |
| 2.  | I find myself giving up more of my life to meet my child's needs than I ever expected.                          |   |   |   |   |   |
| 3.  | I feel trapped by my responsibilities as a parent.  |   |   |   |   |   |
| 4.  | Since having my child I have been unable to try new and different things.                                       |   |   |   |   |   |
| 5.  | Since having my child I feel that I am almost never able to do things that I like to do.                        |   |   |   |   |   |
| 6.  | I am unhappy with the last purchase of clothing I made for myself.  |   |   |   |   |   |
| 7.  | There are quite a few things that bother me about my life.  |   |   |   |   |   |
| 8.  | Having a child has caused more problems than I expected in my relationship with my spouse (male/female friend). |   |   |   |   |   |
| 9.  | I feel alone and without friends.   |   |   |   |   |   |
| 10. | When I go to a party I usually expect not to enjoy myself.  |   |   |   |   |   |
| 11. | I am not as interested in people as I used to be.   |   |   |   |   |   |
| 12. | I don't enjoy things as I used to.  |   |   |   |   |   |
| 13. | My child rarely does things for me that make me feel good.  |   |   |   |   |   |

1 of 3

|     |   | 1 | 2 | 3 | 4 | 5 |
|-----|---|---|---|---|---|---|
| 14. | Most times I feel that my child likes me and wants to be close to me.   |   |   |   |   |   |
| 15. | My child smiles at me much less than I expected.  |   |   |   |   |   |
| 16. | When I do things for my child, I get the feeling that my efforts are not appreciated very much.   |   |   |   |   |   |
| 17. | When playing, my child doesn't often giggle or laugh.   |   |   |   |   |   |
| 18. | My child doesn't seem to learn as much as most children.  |   |   |   |   |   |
| 19. | My child doesn't seem to smile as much as most children.  |   |   |   |   |   |
| 20. | My child is not able to do as much as I expected.   |   |   |   |   |   |
| 21. | It takes a long time and it is really hard for my child to get used to new things.  |   |   |   |   |   |
| 22. | I feel that I am:<br>1. a very good parent.<br>2. a better than average parent.<br>3. an average parent.<br>4. a person who has some trouble being a parent.<br>5. not very good at being a parent. |   |   |   |   |   |
| 23. | I expected to have closer and warmer feelings for my child than I do and this bothers me.   |   |   |   |   |   |
| 24. | Sometimes my child does things that bother me just to be mean.  |   |   |   |   |   |
| 25. | My child seems to cry more often than most children.  |   |   |   |   |   |
| 26. | My child generally wakes up in a bad mood.  |   |   |   |   |   |
| 27. | I feel that my child is very moody and easily upset.  |   |   |   |   |   |
| 28. | My child does a few things that bother me a great deal.   |   |   |   |   |   |
| 29. | My child reacts very strongly when something happens that my child doesn't like.  |   |   |   |   |   |
| 30. | My child gets upset easily over the smallest thing  |   |   |   |   |   |
| 31. | My child's sleeping and eating schedule was much harder to establish than I expected.   |   |   |   |   |   |

|     |   | 1 | 2 | 3 | 4 | 5 |
|-----|---|---|---|---|---|---|
| 32. | I have found that getting my child to do something is:<br>1. much harder than I expected.<br>2. somewhat harder than I expected.<br>3. about as hard as I expected.<br>4. somewhat harder than I expected.<br>5. much easier than I expected. |   |   |   |   |   |
| 33. | Think carefully and count the number of things which your child does that bothers you. For example: refuses to listen, cries, interrupts, fights, whines, etc. Please fill in the number that includes the number of things you counted:      |   |   |   |   |   |
|     | 1. 1-3<br>2. 4-5<br>3. 6-7<br>4. 8-9<br>5. 10 +   |   |   |   |   |   |
| 34. | There are some things my child does that really bother me a lot.  |   |   |   |   |   |
| 35. | My child turned out to be more of a problem than I expected.  |   |   |   |   |   |
| 36. | My child makes more demands on me than most children.   |   |   |   |   |   |

Parent's Name \_\_\_\_\_

Abidin, R. R. (1995). Parenting Stress Index *Psychological assessment resources* (3rd ed.). Odessa, FL, USA.

## Appendix D – Workshop Evaluation Form

### “Stop the tears over Homework”

#### Evaluation and feedback: Week 1 & 2

Name (Optional)

To help us provide benefits that meet your needs, please complete this survey and return it to the presenter NOW.

| Statement  | Extremely helpful | Very helpful | Helpful | A little helpful | Not helpful |
|--|-------------------|--------------|---------|------------------|-------------|
| <i>Section A: Please rate how helpful each topic of the workshop has been for you.</i>               |                   |              |         |                  |             |
| Understanding ADHD and how it has an effect on homework performance.                                 |                   |              |         |                  |             |
| Establishing a consistent homework ritual (i.e. when, where, what)                                   |                   |              |         |                  |             |
| Giving effective instructions and commands   |                   |              |         |                  |             |
| Providing positive reinforcement   |                   |              |         |                  |             |
| Managing time  |                   |              |         |                  |             |
| Using consequences successfully  |                   |              |         |                  |             |
| <i>Section B: Please rate each aspect of the workshop regarding how helpful it has been for you.</i> |                   |              |         |                  |             |
| The way the presenter managed time during the workshop   |                   |              |         |                  |             |
| The presenter’s knowledge of the topic   |                   |              |         |                  |             |
| The presenter’s attention  |                   |              |         |                  |             |
| The notes and handouts provided  |                   |              |         |                  |             |
| The opportunity to share experiences with and learn from other parents                               |                   |              |         |                  |             |

**Section C: Other Feedback**

What aspects of the workshop have been the most helpful to you?

What suggestions do you have for us that may be helpful for future workshop?

Thank you very much for taking the time to provide us with this feedback. Good luck in your future homework success. *Susan*

## Appendix E – Semi-Structured Interview Questions

### Semi Structured Interview

**Coaching parents of children with ADHD: A focus on homework problems that occur in the home.**

#### Introduction for participant

We met in Mid-August when you attended the Workshop “How to stop the tears over homework”. This was a two part workshop, and you attended both parts. You then agreed to partake in a parent coaching program which started on *(insert start date)* and the coaching finished on *(insert date finished)*. This interview is to evaluate any impact the workshop and the coaching has had on you, your parenting and your relationships in your family.

We will talk about the workshop first and then talk about the coaching. This interview should take about an hour and I will prompt you with questions to encourage you to share your experiences. My input will be minimal. I would like to remind you that with your previous agreement, I will be recording the interview.

**To start, may I clarify some personal details?**

**Age Range:**  20 to 30       31 to 40       41 to 50

**No of children in family** \_\_\_\_\_

**Marital Status** \_\_\_\_\_

**Highest form of education** \_\_\_\_\_

***(For information – not to be read out to participant) Sub question: How have the homework problems identified changed as a result of the intervention, both the workshop and the coaching?***

In relation to the homework workshop:

1. Has the experience of completing homework changed at home? Can you expand?
2. Can you describe any new skills or strategies that you have acquired that enable you to support your child in his homework tasks?
3. Are there remaining areas of concern in relation to homework? Can you describe them?
4. Remind me what medication he is on?
5. In your evaluation form, you mentioned..... Can you elaborate on this?

**(For information – not to be read out to participant) Main Research Question: What effect has the coaching intervention had on the parents?**

6. Overall, how has the experience of coaching been for you?
7. Are you aware of any changes in your relationship with your child during the coaching program? Can you expand?
8. Are you aware of any changes in your relationship with other members of your family during the coaching program? Can you expand?
9. Can you describe any new parenting skills or strategies that you have adopted from either the workshop or the coaching? Can you expand?
10. Is there anything else that the coaching has raised awareness of?

*Follow up questions will include reflective interview questions that encourage the Participant to share more details about his or her experience such as the following:*

1. " You mentioned \_\_\_\_\_, tell me what that was like for you."
2. " You mentioned \_\_\_\_\_, describe that in more detail for me."



Appendix F – Self-Reflection form for coach

**Coach self-reflection**

|  |   |
|--|---|
| <b>Client Number Ref</b>   | <b>Session No/Date</b><br><b>Session length</b> |
| <b>Client Goal(s)</b>  |   |
| <b>Session Review (what went well/poorly, your reactions, presence/focus, etc)</b> |   |
| <b>Tools/Strategies used by you in this session</b>                                |   |
| <b>Session outcome for client</b>  |   |
| <b>Your conclusions/learning from this session</b>                                 |   |