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Brief Article

Positive Parenting Program (3P) Can Reduce Depression, Anxiety, and Stress of Mothers Who Have Children with ADHD

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Abstract

Introduction: Behavioral disorder is one of the most prevalent psychological disorders among children. It can affect the psychological and social functions of all members of the family. This study has been caring out with the aim of determining the effect of positive parenting program (3P) on depression, anxiety, and stress level of mothers who had children suffering from attention deficit hyperactivity disorder.

Methods: The design of current study was a single group semi-experimental with pre-test and post-test. Samples had been chosen with convenient sampling from mothers who had children with attention deficit hyperactivity disorder referring to Andishe No clinic (Tehran/ Iran). Attention deficit hyperactivity disorder in children confirmed by The Revised Conners' Parent Rating Scale (CPRS-R) and interview by a psychiatrist. Then, depression, anxiety, and stress level of 53 mothers had been investigated with DASS-21and 18 of them were chosen (6 mothers dropped out due to different reasons). Then, the group received Triple-p training for 8 weekly sessions each lasted 120 minutes and 12 mothers were retested after finishing the sessions.

Results: The results indicated significantly lower levels of depression ($p<0.001$), anxiety, and stress ($p<0.05$) in the post test.

Conclusion: The results of this research suggest that positive parenting program can effectively lead to prevention or decline secondary problems such as depression and anxiety disorders in mothers who have children with attention deficit hyperactivity disorder.

Declaration of Interest: None.

Key words: Parenting, Attention Deficit Disorder with Hyperactivity, Depression, Anxiety, Stress, Psychological.

Introduction

In recent decades the psychologists have emphasized greatly on the relation between children and their caregivers. They believe that interactions are the basis for child's cognitive/affective development (1). The family therapists take ADHD more as a family problem rather than a disorder only in a suffering child (2). Behavioral disorder is one of the most prevalent psychological disorders among children (3) which affects the psychological and social functions of all members of the family. Mothers of the children with behavioral disorder feel less successful and effective and more angry, anxious (4), and depressed (5) than mothers of healthy children and they exploit more authoritarian behavior in comparison to the mothers with healthy children (6). In general these mothers are pessimistic and may refer their children's disorder to their own defects in incompetent parenting which will result in self-reproach. Finally, parents of ADHD children have unrealistic views about themselves and their children (6).

The aim of this research is to determine the effect of Sanders' positive parenting program (3P) on depression, anxiety, and stress of mothers who

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had children suffering from ADHD. Parents as the main members of the family and the caregivers are responsible for preventing tension and reestablishing interaction in the family. Therefore, it is possible to benefit from training the parents to properly face child's problems and preventing subsequent tensions as one of the significant elements of multi-dimensional attitude towards treatment of ADHD children, and meanwhile increase psychological health in mothers of such children.

Methods

The current research is a single group semi-experimental study with pre-test and post-test. The population includes mothers who had children suffering from ADHD referring to clinics in Tehran/ Iran. Samples had been chosen with convenient sampling from mothers who had children with ADHD referring to Andishe No clinic. In order to certify ADHD in the children, parents have been asked to fill the Conner's Questionnaire and the psychiatrist's late diagnosis has been also taken into account.

Afterwards, the mood conditions of 53 mothers have been evaluated using the Depression, Anxiety and Stress Scale (DASS-21) and 18 mothers were elected among them. Inclusion criteria was willingness to participate in the study, and exclusion criteria were bipolar and schizophrenia disorders. One mother was omitted due to her bipolar disorder (according to the psychiatrist diagnosis). An introductory session was held for the mothers qualified for this research, and they were asked for a written consent form for the interference sessions of this study. In the next step mothers attend group sessions (8 sessions) of positive parenting training. Finishing the sessions, there were 5 dropped out and 12 members remained who were asked to refill the DASS-21 Questionnaire. Finally, the results were analyzed by the method of Paired Sample T-test and SPSS-21 software.

The Revised Conners' Parent Rating Scale (CPRS-R): includes 48 components evaluating 5 factors: conduct disorder, learning disorders, psychosomatic, impulsivity and hyperactivity. Indicators are graded in a 4-choice (0-3) scale. Each component's score turns into average 50 t score and standard deviation 10. Those t scores which are 2 standard deviations higher than average indicate problems in the participant (7).

DAAS-21(short form): it was designed by Lovibond and Lovibond in 1995. This scale has two forms. The main form includes 42 phrases and each of psychological structures of depression, anxiety and stress are evaluated by 14 different phrases. The short form was tested in a large human sample and in England was tested on a great number of people so its validity and reliability have been verified (8). The short form includes 21 questions. 7 questions evaluate depression, 7 of them evaluate stress and 7 others evaluate anxiety. Each question demonstrates a feeling in the participant. After reading the questions, participant should choose one of the choices including never, sometimes, often, almost always according to his/her feeling in that week. Multiplying scores of each criterion gives a raw score (9).

Positive parenting program (3p): is based on social learning of parent-child interaction and reveals the mutual and bilateral nature of parent-child relation. The contents of positive parenting training sessions were as bellow:

First session: introduction to ADHD and group positive parenting. Second session: child development upgrade1. Third session: child development upgrade 2. Fourth session: child development upgrade 3. Fifth session: inefficient behavior management 1. Sixth session: inefficient behavior management 2. Seventh session: inefficient behavior management 3. Eighth session: preplanning (10).

Informed consent obtained from the participants. Before they give their consent, the patients were provided with a general overview of the aims and characteristics of the study. They were also be informed that they were being participating voluntarily, and that they can choose to withdraw at any time with the guarantee that they will continue to receive the treatment considered most appropriate by their clinic. The results were used anonymously and all of the data were kept secret in this study.

This research was a correlation study. The Statistics were analyzed both descriptively and inferentially. Applying Paired T-test in the inferential part, hypothesis of the research were examined.

Results

The entire participants in the current research were female. The average age of the participants was 34.2 and most of them (64%) had university education and average financial conditions.

In order to analyze the effect of positive parenting program on stress, depression and anxiety, the average scores of mothers pre-test and post-test were compared by the method of paired T-test. Table 1 demonstrates the results.

The average score of stress before interference is 7.36 and after that became 5.38 which statistically depict a significant difference ($p<0.001$). The average score of anxiety before and after interference were respectively 5.04 and 3.75 which statistically depict a significant difference ($p<0.05$). Also the average score of depression before the interference was 5.16 and after that it became 3.04 which again statistically depict a significant difference ($p<0.001$). Therefore; stress, anxiety and depression rates reduced in mothers after the end of positive parenting training sessions according to the differences between pre-test and post-test.

Table 1: comparison between average scores of mothers' stress, anxiety and depression before and after interference

Variance	before interference	after interference	Paired T-test	df	p
Stress	7.63	5.83	-2.779	11	0.007**
Anxiety	5.04	3.75	2.250	11	0.032**
Depression	5.16	3.04	3.801	11	0.000*
Overall Score	17.83	12.63	3.381	11	0.001**

P<0.001* P<0.05**

Conclusion

This study has been caring out with the aim of determining the effect of Sander's Positive Parenting Program (3P) on depression, anxiety, and stress of mothers who had children suffering from ADHD. The findings of the present research illustrate a reduction in stress, anxiety and depression levels of mothers after attending in positive parenting program. Therefore, according to the obtained results it can be claimed that positive parenting program training to mothers causes reduction in their depression, anxiety and stress. These findings are consistent with the findings of other researchers (11).

Moreover, the findings demonstrate that the parents who had children suffering from ADHD require some helps to deal with their stresses (12). Parents of such children report higher rates of stress in comparison to the parents without AD/HD children (13). These parents show less tolerance in reaction to their children's misbehaviors and they usually hire contradicted, compulsive and abuse reaction methods against their children. This maladaptive method of parents will result in misbehavior in children (14), then, the children will react negatively and this will intensify stressful reaction of parents (12).

The current study is the first one conducted on Iranian mothers with applying 3P training, so it can have cultural novelties. One of the limitations of this research is lack of a control group. Obviously benefiting from a control group in future researches will support the extension capability of the findings to larger groups. The next limitation is working with a mono-sex sample group in this research which was due to women's ability and desire to attend the study; however, it can be a serious barrier for extension of the findings. It is strongly suggested to include men in such future studies. Employing other reliable tests and performing follow-up sessions will also increase the validity of the results.

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