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Work and Family Researchers Network

RESEARCH & TRAINING CENTER ON PATHWAYS TO POSITIVE FUTURES



Factors Predicting Difficulty Combining Work and Family Responsibilities for Mothers Raising Children with ADHD

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Work-Life Integration

- Is the degree to which people are able to find a fit between the responsibilities of their work and their personal lives (Lewis, Rapoport, & Gambles, 2003).
- Is particularly difficult for families raising children with mental health disorders, who report higher levels of caregiver strain, poorer health, and lower workforce participation (Brennan & Brannan, 2005; Powers, 2003; Witt et al., 2009).
- Child mental health disorders result in **exceptional care** requirements, e.g. arranging mental health treatment, participating in special education planning, and maintaining appropriate child care (Friesen, Brennan, & Penn, 2008).



Exceptional Care: ADHD

- Attention deficit hyperactivity disorder (ADHD) is a serious and stigmatizing neurobehavioral disorder affecting approximately 3%-7% of children and adolescents worldwide (Barkley, 2006).
- ADHD is "a persistent pattern of inattention and/or hyperactivity-impulsivity that is more frequent and severe than typically observed in individuals at a comparable level of development" (APA DSM IV, p. 48).
- ADHD undermines the executive functioning of young people, results in reduction of their adaptive capacity, and disrupts the functioning of the family (Kendall et al, 2005).



Exceptional Care: ADHD

- ADHD symptoms include poor impulse control, disinhibition, egocentricity, poor delay of gratification, learning/processing difficulties, non-goal directed hyperactivity, and poor rule-regulated behaviors, which contribute to a lower self-concept (Houck, Kendall, Miller, Morrel, & Wiebe, 2010).
- Caring for these children often leaves parents feeling emotionally and physically overwhelmed by the frightening and discouraging events surrounding their child (Kendall & Shelton, 2003).
- Parents need to spend time coordinating the education and care for their children, and managing crises that result from children's difficulties in their social environments.



ADHD and Family Functioning

- Parents of children with ADHD have higher rates of depression, divorce, parenting stress, family conflict, disrupted parent-child relationships, and subjective feelings of parenting incompetence than parents of children without ADHD (Harpin, 2005).
- Family “disruption” has been identified as the central concern for families, which included episodes of aggression, out-of-control hyperactivity, emotional and social immaturity, academic underachievement and learning problems, family conflicts), negative peer interactions, and isolation and rejection from extended family (Kendall, 1998).
- Maternal employment is linked to higher levels of child functioning (Brennan, Kendall, Houck, & Leo, 2010).



ADHD and Work-Life Integration

- Attaining a fit between work and family life will be based in part on the supports the parents have attained in their workplaces and communities (Gareis & Barnett, 2005; Voydanoff, 2005)
- Taking a person in environment perspective, Voydanoff (2005) argues that fit results from a match between the person and surrounding environment.
- When fit is poor, role strain results, often resulting in major adjustments in either work or family to decrease the incongruence and alleviate stress in the employed family member.
- Fit can be seen as having two types: demands-abilities and needs-resources.



Family Demands

- Exceptional care for children with ADHD involves serious time and emotional demands on parents.
 - 15.5% of parents of children with mental health difficulties spend 11 or more hours per week coordinating care (US DHHS, 2008), which may also affect their workforce participation.
 - Levels of caregiver strain are predicted by child **internalizing** (anxiety, depression, distorted thinking) and **externalizing** (aggression, hyperactivity, conduct problems) behavior (Brannan & Heflinger, 2001)
 - Can affect family functioning: high levels of symptoms lead to greater maternal distress, and increased family conflict (Kendall, Leo, Perrin, & Hatton, 2005).



Family Resources

- Parental knowledge about ADHD and successful family management strategies serve as resources for family members (Barkley, 2006).
- Engagement in employment provides essential economic resources for families facing the additional expenses from caring for a child with mental health difficulties (Lynch & Brennan, 2008).
- In general, mothers with higher levels of education and fewer children are more likely to engage in paid work (O'Connell, 2002; Smolensky & Gootman, 2003).



Work Demands

- Work demand experienced by employed parents is affected by the number of hours they work per week, and the types of schedules they are required to follow (Barnett, Gareis, & Brennan, 1999; Wight, Raley, & Bianchi, 2008).
- Time-based strain is especially prevalent for parents raising children with behavioral difficulties, such as ADHD, which make finding and maintaining off-hours or protracted child care particularly difficult (Rosenzweig, Brennan, Huffstutter, & Bradley, 2008).



Work Resources

- Flexibility in the work domain is particularly important for families providing exceptional care (Brennan et al., 2007; Emlen, 2010).
- Flexibility in location, timing, and duration of work hours provides relief from time-strain and job burnout, and allows employees to experience healthier lives (Grzywacz, Casey, & Jones, 2007; Grzywacz, Carlson, & Shulkin, 2008).
- Workplace flexibility has the potential to decrease exceptional caregivers' difficulty combining work and family, and to increase their workforce participation.



PACT Intervention

- PACT: Parents and Children Together, a nursing intervention, provided home visiting and service brokering for families in the study, support to relieve the caregiving burden of mothers in the study, and case management services tailored to individual families raising children with ADHD (Kendall & Tobacco, in press).
- Families were randomly assigned to intervention or control conditions and participated in data collection at baseline, 6 months, 12 months, and 18 months.



Research Questions

We analyzed year one PACT data for the mothers who were employed to explore the factors predicting difficulty combining work and family responsibilities, including care of a child with ADHD.

1. Does children's difficult behavior predict work disruption for their mothers?
2. For employed mothers, do hours worked, family size, work-family flexibility, child mental health functioning, and family functioning predict their difficulty combining work and family?



Method: Study Participants

- 174 families from the Pacific Northwest US, who had a principal caregiver and a school aged child with a diagnosis of ADHD willing to participate in the 18-month PACT study.
- Our sample consists of 137 who participated at the baseline data collection and completed data collection 12 months later.
- Most mothers in the study were European American (85%) and middle-aged ($M = 47$, $SD = 9.3$)
- 76% of the women had at least some college education and the median family income was between \$40-50K per year.
- 68% ($n = 93$) of the mothers in this study reported to be employed part or full-time; 44.7% held professional and technical, 17.1% clerical and 13.1 managerial positions.



Method: Research Procedure

- At the initial home visit, participants completed a short interview with the maternal caregiver regarding child services, and then were given a booklet of instruments in either English or Spanish.
- Instruments were completed by the mothers in the next week, and then returned by mail. Those who completed the instruments were given a \$50 gift card.
- Questionnaires included measures of child behavior problems, family functioning, employment status, and demographics.
- Additionally instruments measuring severity of ADHD symptoms, maternal distress, acculturation (for Latino families), and engagement in clinical services were included for other studies.



Method: Major Study Instruments

- **Child behavior problems**—*Child Behavior Checklist* (CBCL; Achenbach, 1991) a standardized 118-item schedule assessing problem behaviors and social competencies of children 4-18 years old, as reported by their caregivers; $\alpha = .868$ for the internalizing subscale; $\alpha = .926$ for the externalizing subscale, and $\alpha = .901$ for the aggressive behavior subscale .
- **Family functioning**—*Family Systems Scale* (FSS; Kendall & Leo, 2005) measuring the level of family functioning, as rated by the mothers in the study with 56 items, grouped into four subscales measuring cohesion, conflict, communication, and behavior control.
- **Employment measures**—Items adapted from the *Employee Survey* (Neal et al. 1993) collecting employment information, and rating work and family flexibility, and difficulty combining work and family.



Results: Family Characteristics

- Of the 137 “focus children” with ADHD 65.7% were male and 34.3% were female. The focus children ranged in age from 5 to 20 years and were, on average, 11.7 years of age ($M = 11.70$; $SD = 3.26$).
- The number of children living with the “focus child” in one household ranged from zero to 15 children, with the mean number of children = 1.3 ($SD = 1.7$).
- Almost half the children (43.8%; $n = 60$) were being raised by two parents (either biological or adoptive), and an additional 8.8% ($n = 12$) were living with the mother and another adult.
- Over a third of the mothers (35%; $n = 48$) reported raising their children as a single parent.



Results: Maternal Employment

- 68% ($n = 93$) of the mothers in this study reported to be employed part or full-time; 31% ($n = 42$) reported they were unemployed.
- On average, the employed mothers reported working 32 hours ($SD = 12.5$) in their last full work week.
- More than half of employed mothers worked standard full time schedules (57.6%), with the rest reporting flexible work hours (21.7%), compressed work weeks (1.1%), or part-time work (18.5%).
- Nearly two thirds of mothers (72.6%) indicated working from home, averaging 8.9 hours ($SD = 14.1$) per week.



Results: Work-Life Integration

- 86.3% of the mothers in this group reported that they had “a lot of flexibility” or “some flexibility” at work for family responsibilities.
- Almost as many mothers (78.9%) reported that they had “a lot of flexibility” or “some flexibility” at home for work responsibilities.
- More than half of the mothers (57.1%) reported that their family responsibilities had “definitely” or “somewhat” affected their progress in their careers.
- Finally, over half of the mothers reported that combining work and family was at least “somewhat difficult” or “difficult” (37.8%), or that it was “very difficult” (15%) for them.



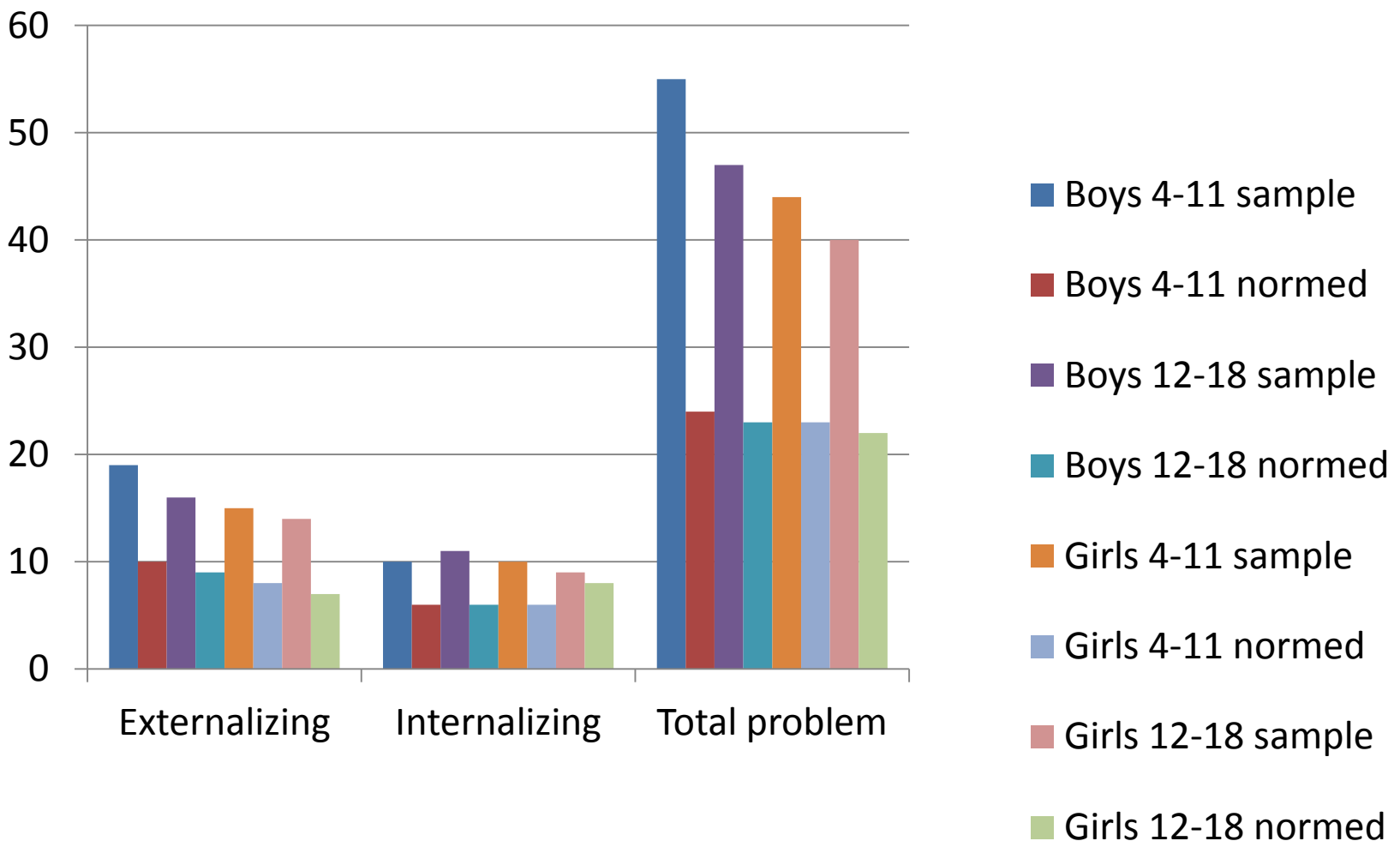
Results: Child Mental Health

- The majority of children (78%; $n = 106$) were taking medication for ADHD; 83% ($n = 55$) of children younger than 11 years and 73% ($n = 51$) of children older than 11 years took medication.
- The CBCL raw scores on internalizing, externalizing and total problem scores were compared with the raw normed scores across age and gender.
- The focus children had significantly higher problem scores ($p < .05$) on all the scales except for girls older than 11 years on the internalizing scale ($p = .56$)



Results: Child Mental Health

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Results: Work Disruptions

- Regression conducted with the 93 employed mothers in this study showed that the child's mental health predicted mothers' interruptions at work, and days absent from work.
- Externalizing behavior is moderately strongly correlated with interruptions at work ($R = .286, p = .006$). There is non-significant trend level associations between externalizing behavior and late to work ($p = .081$), absent from work ($p = .072$) and left early from work ($p = .054$)
- Total problem score was positively correlated with interruptions at work ($R = .231, p = .029$) and days absent from work ($R = .216, p = .041$). There is also a non-significant trend level association of total problem score with leaving early from work ($p = .051$).



Results: Work-Family Difficulty

- Hierarchical multiple regression ($n = 93$ employed mothers) explored the extent to which difficulty combining work and family is predicted by work-family flexibility, number of children, child's mental health and family functioning.
- Number of children, work-family flexibility and child's mental health were significantly related to difficulty of combining work and family ($p < .05$, $R^2 = .148$). Number of children was the strongest protective factor ($\beta = -2.77$) followed by work-family flexibility ($\beta = .215$). Child mental health was a significant risk factor ($\beta = .206$).
- Family functioning was not statistically significant when added to the model but it was an independent significant predictor and might be a mediating variable between child mental health and difficulty to combine work and family.



Study Limitations

- Participants of this study were all mothers who were willing to be enrolled in a home visitation intervention, presumably because of their experiences of disrupted family functioning.
- Additionally, the families all lived in one metropolitan area of the Pacific Northwest of the United States, and were demographically similar to the area residents, who are limited in their racial/ethnic diversity.
- Because the study was focused on testing the PACT intervention, and required extensive measurement of parent and child mental health and services, the work-family measures that were used in this study were limited to brief and basic measures.



Discussion

- Study results demonstrate the relationship between maternal work disruptions and the mental health difficulties of their children and youth with ADHD symptoms.
- The difficulty the parents in the PACT study experienced combining work and family was directly affected by the level of symptoms of their children, and inversely related to the work-family flexibility at their disposal.



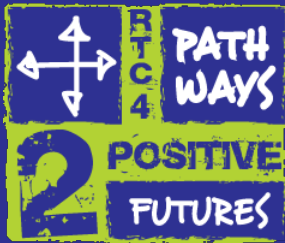
Policy Implications

- Parents struggling with workplace disruptions may need time off to stabilize the mental health condition of their children/youth; paid leave makes this possible.
- Explicit workplace policies that acknowledge the exceptional dependent care responsibilities of their employees can help create a more inclusive workplace. (Ryan & Kossek, 2008).
- Having the right to request workplace flexibility allows parents to seek the work arrangements that permit them to provide the exceptional care that their children need (Brennan, Rosenzweig, Malsch, Stewart, Kjellstrand, & Coleman, in press).



Practice Implications

- Although policies allowing flexible work arrangements can be helpful, fostering a workplace culture that endorses their utilization is essential.
- Supervisors, human resource professionals, and work life specialists need to build layers of workplace support around employed parents giving exceptional care (Wankoff et al., 2011)
- Creating a truly inclusive culture in the workplace helps parents to feel comfortable revealing their family situations and to obtain the flexibility they need (Rosenzweig et al., 2011).



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