

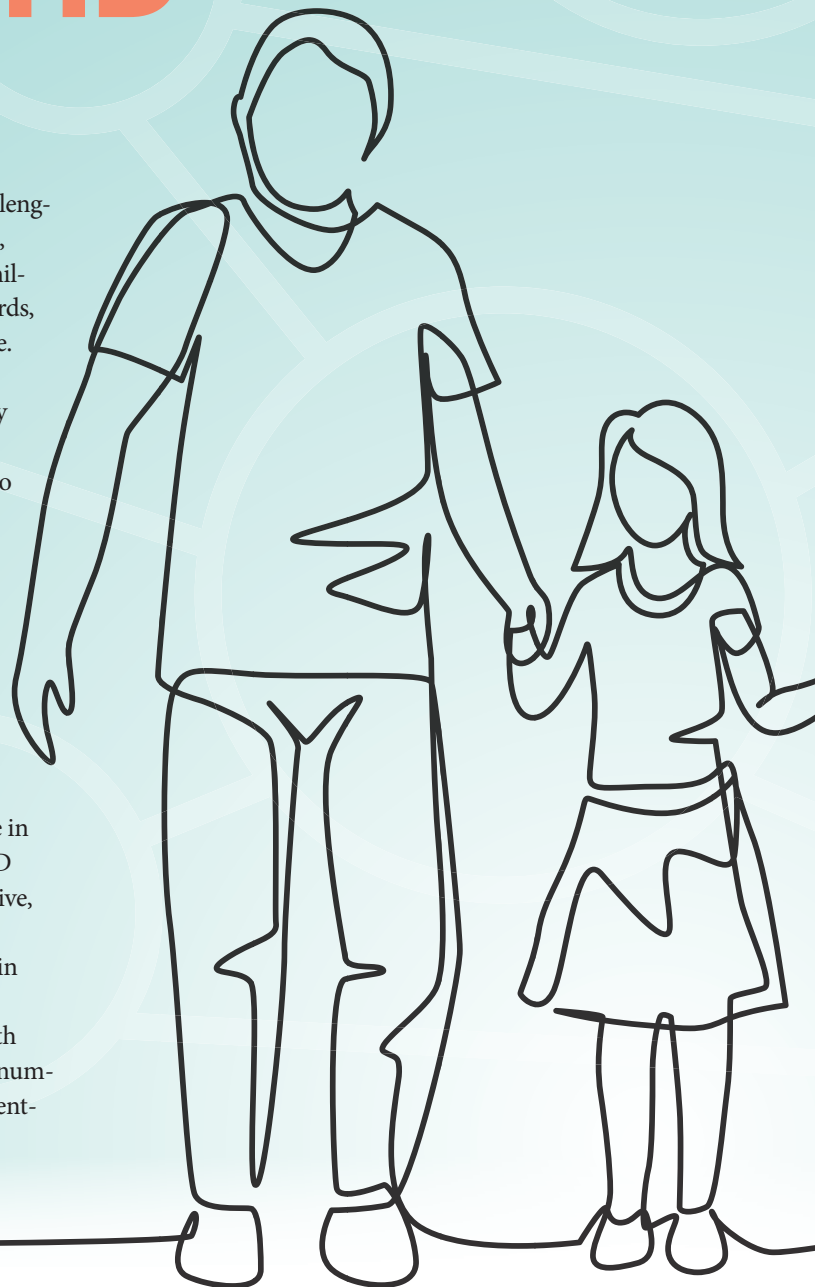
Parenting Skills AND Behavior Challenges IN Children WITH ADHD

by Theodore P. Beauchaine, PhD

ANY PARENT OF A CHILD WITH ADHD faces challenges in reacting calmly and consistently to impulsive, risky, and sometimes dangerous behaviors. Our children with ADHD become bored easily, continually seek rewards, and sometimes get angry when we set limits to keep them safe. Eventually, most of us feel frustrated and worn down, and we may even question our parenting skills. At these times we may be tempted to give up, wondering whether our efforts as parents make any difference. In the next few paragraphs, I hope to convince you just how important—indeed vital—our parenting is to our children's long-term health and adjustment.

Studies that follow children with ADHD as they grow into adolescence and adulthood show two clear findings. First, some children with ADHD go on to experience greater difficulties later in life, but others do not. Second, calm, consistent parenting is a key contributor to positive adjustment as children with ADHD grow. Children with ADHD who are parented critically and harshly are much more likely to engage in criminal behavior and substance use in adolescence and adulthood. In contrast, children with ADHD who receive calm, consistent parenting, although still impulsive, are far less likely to become delinquent.

These findings are not new. More recent work helps explain why. Harsh, critical, and highly emotional parenting causes strong physiological (physical) reactions in the bodies of both parents and children. These reactions can be measured in a number of ways, including rapid heart rate responses during parent-




child interactions. When parents are harsh, highly emotional, and critical, their children's bodies react as if a major threat has occurred. When this type of parenting happens over and over again, physical threat responses become the "new normal" way children's (and parents') bodies react.

In our treatment studies for families of children with ADHD, we have two aims. The first is to increase positive interactions between parents and their children. The goal here is simple: help family members "like" each other more. We have parents watch for and praise their children's positive behaviors, and make supportive statements. This "opens a window" for reducing negative parenting, including harshness, verbal criticism, and highly emotional reactions. Changes in these negative parenting behaviors calm children's bodily reactions, and drive improvements in children's behaviors up to a year following treatment.

A major developmental task as children mature into adolescence is to become increasingly better at *self-regulation*. Self-regulation is usually defined as the ability to adjust our behavior "in the now" in ways that serve our long-term goals. For example, completing homework assignments (a behavior "in the now") gives us a much better chance of graduating from high school (a long-term goal). Effective parenting is immensely important for teaching children self-regulation, regardless of whether children have ADHD. Behavioral self-regulation cannot be learned when we continually experience physiological threat responses because of family conflict. Rather, self-regulation is best learned through positive parenting, including consistency, calm limit-setting, and examples.

One of the most heartbreaking aspects of my work is that so many children with ADHD get treated very late in childhood (or adolescence), after major behavior problems have developed. Earlier on, we are often reluctant to "label" children as at-risk for behavior problems because it might cause stigma. Although I am sensitive to this concern, it is far-and-away most effective to treat families by changing parenting when children with ADHD are young. In fact, parenting interventions delivered when children with ADHD are very young have benefits that extend into adulthood. These benefits include lower rates of depression, less criminal justice system involvement, lower rates of sexually transmitted diseases, and more. It is worth noting that greater effectiveness of early interventions for ADHD is no different than greater effectiveness of early interventions for most any mental or physical health condition.

Finally, many parents, through no fault of their own, expect medicines for ADHD, such as Ritalin and Adderall, to "fix" the problem. Following prescriptions, they therefore pull back on parenting, including consistency and limit setting. Both research studies and treatment experience suggest this is a mistake. Several scientific papers from the largest treatment study ever conducted for ADHD (the National Institute of Mental Health Multimodal Treatment of ADHD Study) show that children do best when they take medications and their parents receive treatment to learn more effective parenting strategies, such as those outlined above. In many cases, parents whose children take medications can expect parenting to become a bit easier, both in terms of increasing positive parenting and decreasing negative parenting.

I hope this short article convinces anyone who needs convincing just how critically important our roles as parents are in helping our children with ADHD to achieve their full potential. After all, that's a hope all of us share. 

Theodore Beauchaine, PhD, is a professor of psychology at The Ohio State University in Columbus, Ohio. He has received both the Distinguished Scientific Award for Early Career Contributions to Psychology and the Mid-Career Award for Outstanding Contributions to Benefit Children, Youth, and Families from the American Psychological Association. He has served on numerous editorial boards, and as associate editor for Development and Psychopathology and Psychophysiology. He served on the NIMH National Advisory Council Workgroup on Tasks and Measures for the Research Domain Criteria, and is a member of the NIMH Science of Behavior Change Research Network. His research addresses neural underpinnings of and development of behavioral impulsivity, emotion dysregulation, and intentional self-injury in children, adolescents, and adults.

