

# Low feelings of parental self-efficacy associated with parental ADHD symptomology

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## Introduction

Attention deficit hyperactivity disorder (ADHD) is a neurodevelopmental disorder characterized by symptoms of inattention, impulsivity, and hyperactivity (Glass & Flory, 2012). Symptoms of ADHD can negatively affect functioning in a number of domains, including parenting. For instance, symptoms of ADHD have been found to be related to maladaptive parenting techniques such as being less consistent and overactive when it comes to dealing with behaviours that children may exert (Chronis-Tuscano, et al., 2008).

Parental self-efficacy is defined as one's perceived confidence in their ability to be successful as a parent (Hess, Teti & Gardner, 2004). Research has shown that positive parental self-efficacy is related to increased involvement and receptiveness to one's child and their needs (Ardelt & Eccles, 2001; Gondoli & Silverberg, 1997; Shumow & Lomax, 2002). Low parental self-efficacy, on the contrary, has been shown to be related to the use of more severe and unfavourable methods of discipline (de Haan, Prinzie, & Dekovic, 2009; Hill & Bush, 2001; Sanders & Woolley, 2005).

Though there is a growing body of literature examining the challenges related to parenting with ADHD symptoms, few studies have examined the relationship between parental ADHD and parental self-efficacy. The goal of the present study is to examine the relationship between parental ADHD symptomatology and parents feelings of self-efficacy in their parenting responsibilities.

## Methods

### Participants

The final sample consisted of 74 parents of preschool-aged children. The majority (92%) of participants were biological mothers (n = 68). The remaining 8% of participants included adoptive mothers and grandmothers (n = 6). (Parent demographics Table 1)

Children were 50.7% boys (n = 36) and 49.3% girls, ranging in age from 32 months to 53 months (M = 41.60 months ;SD = 5.00 months).

### Procedure

As part of a larger study, the present sample consisted of 74 parents (92% biological mothers) of preschool-aged children ranging from 32 months to 53 months (M = 41.60 months ;SD = 5.00 months). Parents completed self-report questionnaires assessing ADHD symptomatology and parental self-efficacy.

Parent demographics	N	%
<b>Marital status</b>		
Single	2	2.5
Common law	3	3.8
Married	62	86.1
Separated	5	6.9
<b>Highest level of education completed</b>		
\$15 000-\$60 000	11	15.5
\$60 000-\$75 000	16	22.5
+\$100,000	40	56.3

(Table 1 parent demographics)

## Measures

**The Adult ADHD Self-Report Scale (ASRS):** consists of eighteen questions related to symptoms of ADHD (World Health Organization 2003). Parents report on the degree to which they experience each symptom on a scale ranging from 0 (never) to 4 (very often). Total scores were used for the present analyses. The ASRS has been found to have good predictive validity of ADHD diagnoses with a sensitivity of 68.7%, specificity 99.5%, and positive predictive value (PPV) of 89.3% (Hines, King, & Curry, 2012).

**The Parenting Sense of Competence Scale (PSCS):** is a 17 question self-report measure of parental self-efficacy and parenting satisfaction (Gilmore & Cuskelly, 2009). Using a Likert scale ranging from strongly agree [1] to strongly disagree [6] parents report on their perceived ability to perform in their parenting role, as well as their feelings of angst, motivation and difficulties associated with parenting. PSCS has been found to show adequate levels of internal consistency (range 0.75–0.88) (Gilmore & Cuskelly, 2009).

## Analysis

A bivariate correlation analyses was conducted to determine if parental ADHD symptomatology and parental feelings of self-efficacy are associated.

## Results

	M(SD)	Range
Total Parent ADHD symptoms	30.86 (12.30)	0-69
Parental feelings of self-efficacy score	74.34 (11.80)	50-94

(Table 2 Descriptive statistics of the PSCS and ASRS)

## Correlation Analyses

A bivariate correlation analyse was performed to examine the relationships between parental ADHD symptomatology (ASRS total) and parents' feelings of self-efficacy (PSOCS total). Analyses revealed a statistically significant negative relationship between the two variables ( $r = -.27$ ,  $p < 0.05$ ). This analysis suggests that as parental ADHD symptomatology increases parental feelings of self-efficacy decreases.

## Discussion

The present study examined the role of parental ADHD symptomatology and parents' feelings of self-efficacy in their parenting responsibilities. Findings revealed a statistically significant negative relationship between parental symptoms of ADHD and parents feelings of self-efficacy. This finding is consistent with previous research in this area.

For instance, a study conducted by Mokrova, O'Brien, Calkins, & Keane (2010) found that as parents' symptoms of ADHD increased, their ability to effectively parent decreased. This study did not examine how the parents felt they were fulfilling their parenting role but rather there was an objective evaluation done by the researchers. There appears to be few studies which examine parents feelings of self-efficacy in their parenting role. Future research should perhaps look to examine this variable to determine if a professional's objective opinion matches the individual's subjective opinion of their parenting skills.

It is also important to note that the current sample characteristics may not be fully representative of the general population. Our sample consisted primarily (56.3%) of families of a higher socioeconomic status (annual household income of > \$100 000). In going forward, it will be important for this study to attempt to recruit a more representative sample of families.

## Future directions

Overall, it seems that a relationship between parental self-efficacy and symptoms of ADHD exists. Given the importance of parental self-efficacy for many child outcomes such as educational achievements, healthy lifestyle choices, and reduction of high-risk behaviour (Ice, Neal, & Cottrell, 2014). Additionally, the fact that parents with ADHD symptomatology are already at a greater risk for parenting difficulties. It will be important to begin to explore intervention programs that target self-efficacy in these parents.

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## References

- Ardelt, M., & Eccles, J.S. (2001). *Journal of family issues*, 22 (8), 944-972. .  
Chronis-Tuscano, A., Raggi, V., Clarke, T., Rooney, M., Diaz, Y., & Pian, J. (2008). *Journal of Abnormal Child Psychology*, 36(8), 1237-1250.  
De Haan, A. D., Prinzie, P., & Dekovic, M. (2009). *Developmental Psychology*, 45, 1695-1707.  
Gilmore, L., & Cuskelly, M. (2009). *Child: Care, Health and Development*, 35(1), 48-55.  
Glass, K., & Flory, K. (2012). *Psychology of Addictive Behaviors*, 26 (1), 124-132.  
Gondoli, D.M., & Silverberg, S.B. (1997). *Developmental Psychology*, 33(5), 861-868.  
Hess, C.R., Teti, D.M., & Hussey-Gardner, B. (2004). *Applied Developmental Psychology*, 25, 423-437.  
Hill, N. E., & Bush, K. R. (2001). *Journal of Marriage and Family*, 63., 954-966.  
Hines, J.L., King, T.S., Curry, W.J. (2012). *Journal of the American board of family medicine*, 25 (6), 847-853.  
Ice, C.L., Neal, W.A., & Cottrell, L. (2014). *education and urban society*, 46 (6), 699-715.  
Mokrova, I., O'Brien, M., Calkins, S., & Keane, S. (2010). *Parenting*, 10(2), 119-135.  
Shumow, L., & Lomax, R. (2002). *Parenting: Science and practice*, 2 (2), 127-150.  
Sanders, M. R., & Woolley, M. L. (2005). *Child: Care, Health and Development*, 31, 65-73.  
World Health Organization. (2003). Retrieved from:  
[https://www.hcp.med.harvard.edu/ncs/ftpd/ADHD/18Q\\_ASRS\\_English.pdf](https://www.hcp.med.harvard.edu/ncs/ftpd/ADHD/18Q_ASRS_English.pdf)