The Impact of Mindful Parenting Skills for Parents of Children with ADHD

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Abstract

Executive function impairment of a family member affected with Attention Deficit Hyperactivity Disorder significantly impacts the individual and their family members. Parents of children with ADHD experience increased stress, interfamilial conflict, negative parenting, depression, and isolation. Mindful parenting training programs applied mindfulness skills to the parent-child relationship. Parents implemented attentive listening skills, nonjudgmental acceptance of self and child, emotional awareness, self-regulation and compassion. Research indicated parents implementing mindful parenting strategies experienced decreased stress, improved parent-child relationship through diminished automatic reactions and increased nonjudgmental acceptance, increased self-compassion, and reported some reduction in child and parental psychopathology. Mindful parenting allowed parents a coping strategy to transform the experience of parenting a child with ADHD.

Keywords: ADHD, parenting, mindfulness, mindful parenting
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The Impact of Mindful Parenting Skills for Parents of Children with ADHD

Introduction

Attention Deficit Hyperactivity Disorder (ADHD) affects numerous children, adults, and families. Typically, boys are diagnosed about twice as much as girls (Center for Disease Control and Prevention [CDC], 2016). The impact of ADHD encompasses several arenas of life as documented by the CDC (2016). For example, children with ADHD may experience more difficulty with friendships, peer relationships, and academic achievement. In addition, children with ADHD are more likely to be injured and evaluated in emergency rooms for their injuries related to impulsivity. Because of the increased risk of injury and the chronic nature of managing ADHD, families encounter a financial cost, as they incur additional costs for treatment, injuries, and loss of work (CDC, 2016).

ADHD impacts family relationships and dynamics (Johnston & Chronis-Tuscano, 2015). Specifically, families managing ADHD encounter increased conflict, family dysfunction, parental stress, more negative interactions, and isolation (Johnston & Chronis-Tuscano, 2015). Equipping parents with expanded understanding of themselves and their child from a new perspective and giving parents an ability to decrease negative automatic reactions may decrease stress and improve the family atmosphere (Bögels, Hellemans, van Duerusen, Römer, & van der Muelen, 2014; Haydicky, Shecter, Wiener, & Ducharme, 2015). This project explored ADHD, the family impact of ADHD, mindfulness, mindful parenting, and mindful parenting outcomes for parents of children with ADHD.
The Prevalence and Etiology of Attention Deficit Hyperactivity Disorder

Prevalence

Diagnostic criteria for ADHD were outlined in the most recent *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; *DSM–5*; American Psychiatric Association [APA]; 2013). Significantly, in the current *DSM-5* (APA, 2013) ADHD is a part of the Neurodevelopmental Disorders, rather than grouped with Disruptive Behavior Disorders in the *DSM-IV-TR* (APA, 2013). Explicitly, in order to diagnose an individual with ADHD, the client is observed, watching for patterns of inattention, hyperactivity, or both. In addition, the *DSM-5* diagnostic criteria require the client to demonstrate at least six symptoms of inattention or hyperactivity or both (APA, 2013). Importantly, the observed behavioral pattern must include evidence of impairment in daily functioning or development (APA, 2013). Lastly, the client’s symptoms must be present before age 12 and symptoms must occur in at least two settings (APA, 2013).

Regarding prevalence, the CDC estimates 11% of children between the ages of 4 and 17 are diagnosed with ADHD in the United States (CDC, 2016). Specifically, the CDC survey reported in the State of Minnesota, 7.1-9.0% of children ages 4 to 17 were diagnosed with ADHD in 2011 (CDC, 2016). These CDC statistics were obtained through surveys of parents of children diagnosed with ADHD by a physician (CDC, 2016). The CDC also confirmed that boys are twice as likely to be diagnosed with ADHD as girls (CDC, 2016).

Etiology

Both genetics and neurological factors play a role in etiology of ADHD (Nigg, 2006). Genetic attributes are factors in at least 65% of ADHD diagnoses (Nigg, 2006). Genetic alterations to the dopamine and norepinephrine transport networks impact the function of the cortex and subcortical regulatory system, which may cause symptoms of ADHD (Nigg, 2006).
Furthermore, research continues to realize environmental triggers which may activate genetic liability to cause ADHD symptoms. Such environmental factors include low birth weight and fetal exposure to maternal tobacco (Nigg, 2006).

Beyond pure genetics, additional factors contributing to the presence of ADHD include birth complications, acquired brain damage, toxins, and infections that disrupt brain development (Nigg, 2006). Furthermore, ADHD does not develop solely from the social environment. Factors such as childrearing, family conflict, marital stress, video games, or food may aggravate ADHD symptoms rather than cause ADHD (Nigg, 2006).

**Barkley Model of Executive Function**

Barkley has been researching ADHD and its complications for decades. In fact, he is the recipient of many awards; most recently in 2012 he received the Distinguished Career Award from the Division of Clinical Child and Adolescent Psychology of the American Psychological Association (Barkley, 2016). Most ADHD professionals regard Barkley’s research and explanation of the theory of ADHD and Executive Function. Executive Function (EF) refers to a set of skills that help an individual attend to activities of daily living. Barkley’s explanation of EF will be explored in more detail in the next section.

**Executive Function**

EF includes self-directed actions used in self-regulation, allowing people to manage the tasks of life (Barkley, 1997). Likewise, reliance on EF enable people to organize their behaviors so that they incorporate past learning, analyze the current situation, consider action they want to take and self-regulate to reach a goal (Moran & Gardner, 2007).

Executive function skills are developmental and begin forming in infancy. In some individuals, the full developmental process may not be complete until age 30 (Barkley, 2015).

1. Thoughts regarding external events changes to internal thoughts to guide behavior
2. Instant gratification is replaced by deferred gratification
3. Present focused transfers to future focused
4. Control and direction by others moves to self-control of behavior (Barkley, 2015).


Barkley identified ADHD as an “executive function deficit disorder” (Barkley, 2015, p. 406). When the inhibition system is impaired, behavioral symptoms of ADHD appear, as listed in the DSM-5 (APA, 2013). In addition, rating scales evaluating additional EF skills demonstrate impairment in people diagnosed with ADHD (Weyandt & Gudmundsdottir, 2015).

**ADHD as a Disability**

ADHD is considered a performance disability, not a knowledge disability due to the delay in the inhibitory system development and executive function development (Barkley, 2014). Shaw et al. (2007) conducted a study evaluating brain scans of youth with ADHD.
Fundamentally, Shaw et al. (2007) discovered that the brains of youth diagnosed with ADHD matured in a normal pattern but the development was delayed. In addition, the delay in development occurred in the frontal cortex, which is the portion of the brain responsible for thinking, attention and planning. Significantly, Shaw et al. (2007) also discovered the motor cortex matured faster in some youth with ADHD, which may coincide with restlessness symptoms of ADHD-hyperactivity presentation.

Typically, the delay in the brain and EF development is estimated at approximately 30% (Barkley, 2014). If this fact is true, consider then that an 18 year old with an ADHD diagnosis might have the EF ability of a 12 year old. Similarly, a 12 year old diagnosed with ADHD might have the EF ability of an 8 year old. Thus, this developmental delay in EF capacity impacts the individual across a variety of life domains including communication in relationships, responsibilities of daily living, academic or work responsibilities, and socialization (Weyandt & Gudmundsdottir, 2015).

**ADHD Comorbidity in Children**

Seventy percent of children with ADHD are also diagnosed with at least one coexisting disorder (Elia, Ambrosini & Berrettini, 2008). Pliszka (2015) stated the most common coexisting diagnosis with ADHD is Oppositional Defiant Disorder (ODD), affecting nearly half of the children. The additional diagnosis of ODD means a child demonstrates the following behavioral and emotional criteria: angry and irritable mood, argumentative and defiant behavior, or vindictiveness (APA, 2013).

Anxiety is a second largest coexisting diagnosis with ADHD affected children (Pliszka, 2015). Jarrett (2016) examined 461 undergraduate students diagnosed with ADHD to learn how executive function deficits related to inattention, hyperactivity, and anxiety. Jarrett’s research
found executive function deficits in self-organization, problem solving and self-regulation of emotion were pronounced in students with ADHD and anxiety. More specifically, participants exhibited deficits in the ability to organize their thoughts, take action, and express their ideas in writing. These participants also displayed deficits in the ability to think quickly when encountering unexpected events and find solutions to obstacles while pursing goals. All of these actions require working memory, which when impaired by ADHD may enhance the presence of anxiety (Jarrett, 2015).

It is also not uncommon for Conduct Disorder (CD) to be diagnosed with ADHD. Increased impulsivity combined with adverse social environments may contribute to the presence of CD when associated with ADHD (Pliszka, 2015). Managing the impact of coexisting diagnoses with ADHD can complicate a child’s day-to-day function, treatment outcomes, life course outcomes, and family functioning (Pliszka, 2015).

**ADHD Comorbidity in Adults**

Clinic referred adults diagnosed with ADHD present with more coexisting diagnoses than control groups (Barkley, Murphy & Fischer, 2010). In fact, adults diagnosed with ADHD also manage a coexisting mental health disorder 80% of the time (Barkley et al., 2010). Furthermore, 66% of adult ADHD diagnoses present with two coexisting diagnoses (Barkley et al., 2010). Thus, treatment of adults with ADHD often is multimodal, addressing several disorders concurrently.

When comorbid diagnoses are present in adults, the symptoms are different than children (Barkley et al., 2010). For example, adults with ADHD experience more internalizing disorders such as anxiety, depression, and obsessive-compulsive disorder (Barkley et al., 2010). Unlike
children, adults with ADHD experience a greater risk of alcohol, cannabis use, and drug abuse (Barkley et al., 2010).

**Life Time Outcomes**

In order to identify the quality of life impact of ADHD, Barkley, Murphy and Fischer (2010) conducted longitudinal studies. The research revealed approximately one-third of children diagnosed with ADHD no longer had the disorder in adulthood. In addition, one-third of the study population met diagnostic criteria for ADHD and managed symptoms with minimal impairment. Finally, one-third of the study population remained impaired by the symptoms of their diagnosis. Specifically, about 5% of adults have an ADHD diagnosis.

Through Barkley et al.’s (2010) research, it appeared multiple life domains were affected for adults with ADHD, which in turn impacted the adults’ functioning. The research identified education as one domain profoundly impacted by ADHD. For example, adults with ADHD reported increased grade retention, lower grade point averages, reduced graduation rates from high school and college, and the need for additional services through special education.

Occupational difficulty was another life domain impacted by an ADHD diagnosis. In Barkley et al.’s (2010) study, adults with ADHD reported increased job loss due to discipline concerns, amplified challenges getting along with co-workers, as well as increased difficulty arriving on time to work. As a result, adults with an ADHD diagnosis are more likely to experience an inconsistent work history, which may limit their potential to succeed in the workplace.

Furthermore, Barkley et al. (2010) also identified challenges in the social domain for adults with ADHD. This study reported an increase in negative communication, decreased ability to resolve conflict, and reduced satisfaction in intimate relationships. Subsequently, adults
with an ADHD diagnosis are more likely to experience less positive relationships and greater negative conflict resolution.

**ADHD and the Adlerian Life Tasks**

Alfred Adler was a physician who began his practice in internal medicine and evolved to the practice of psychiatry (Mosak & Maniaci, 1999). His theory of Individual Psychology began as he observed the impact of home and work situations on his patients’ symptoms (Mosak & Maniaci, 1999). Adler’s theory states that individuals possess an “apperceptive schema”, that is individuals attach meaning and conclusions to life experiences, which influence their interpretations of themselves and their world (Ansbacher & Ansbacher, 1956, p. 2; Mosak & Maniaci, 1999). Furthermore, Adler believed the individual’s behavior is goal driven to move from a felt minus to a felt plus, based on the individual’s perception (Mosak & Maniaci, 1999). Importantly, Adler’s theory states that people are socially embedded and that social interest, or feeling connected and valued by a community, is critical for healthy adjustment (Ansbacher & Ansbacher, 1956).

Adler believed that all the tasks an individual would face in life fell into three primary categories: love and family, community or society, and work (Mosak & Maniaci, 1999). Dubbed The *Adlerian life tasks*; the tasks of life appear to comprise a separate yet similar view to Barkley et al.’s (2010) life domains that were identified as impacted by ADHD. To Adler, facing the life challenges of life tasks were an opportunity for people to strive or challenge themselves. Furthermore, achieving the challenges of the life tasks allowed people to live in balance, with encouragement, and in community with others. Finally, Mosak and Dreikurs deduced from Adler’s writing two additional life tasks (Mosak & Maniaci, 1999). The *self task*
and spiritual task were included by Mosak and Maniacci as part of the Adlerian life tasks (Mosak & Maniacci, 1999).

Barkley’s life domains impacted by ADHD overlap with the Adlerian life tasks. For instance, the impairments Barkley et al. (2010) found in life domain of education and work would align with the Adlerian life task of work. Also, home responsibilities and dating and intimate relationships researched by Barkley et al. (2010) coincide with the Adlerian life task of love and family. Even more, Barkley et al. (2010) discovered impairments in self-care and health habits for adults with ADHD, which are factors contributing to the Adlerian self life task.

When diagnosing ADHD, the symptoms a client displays must be observed in multiple locations and must disrupt typical functioning (APA, 2013). Research by Barkley et al. (2010) confirms that adults with an ADHD diagnosis experience functional impairment in multiple life domains. In fact, these life domains identified by Barkley et al. (2010) align with the life tasks that Adler believed were the key to managing life. It was clear from the research presented that individuals struggling with ADHD symptoms will encounter difficulty in meeting the challenges of life, which then lead to feelings of discouragement.

**The Implications of ADHD on Family Function**

Family dynamics and family functioning has been researched for decades (Corey, 2013). In the early days of family therapy, clinicians, researchers and theorists were interested in the role the family played in development and diagnosis of schizophrenia (Corey, 2103). More recently, other diagnoses have been examined in the research literature in regard to the role of the environment or family dynamics and family function (Corey, 2013).

Family function is interdependent on family members (Corey, 2013). Individual symptoms and maladjustment may be influenced by family processes and unspoken rules, be
indicative of family dysfunction in transitional times, or symptoms of dysfunctional symptoms passed through generations (Corey, 2013). Symptoms of individuals may best be addressed through understanding family routines, family member communication patterns, roles of family members, and the designation of power of family members (Corey, 2013).

Family dynamics are impacted when a child or a parent has ADHD (Johnston & Chronis-Tuscano, 2015). Many factors impacted by self-regulation such as decision making, self-control of behavior and emotions, communication, follow through, and time management are impaired in part due to the developmental delay in brain maturity and genetic factors of ADHD (Johnston & Chronis-Tuscano, 2015).

In addition to developmental and genetic complications, additional mental health comorbidities associated with ADHD add complexity to functioning in the family unit. Many factors found in families may “interact with genetic risks for the disorder and may contribute to the forms of comorbid disorders associated with ADHD” (Barkley, 2015, p. 378). To more closely examine these phenomena, family dysfunction, increased interfamilial conflict, parental ADHD diagnosis, the impact of negative parenting style, and sibling affect in families managing ADHD will be discussed.

Increased Family Dysfunction

A variety of research studies document increased interfamilial family dysfunction in families managing ADHD (Cussen, Sciberras, Ukoumunne & Efron, 2012; Lange et al., 2005; Sollie, Mørsh,. & Larsson, 2016). For example, families with family members diagnosed with ADHD and Emotional Disorders (ED) such as major depression, dysthymia or anxiety disorder, exhibited increased problems as they reported higher stress, lack of support, lower family functioning, and lower parental satisfaction (Lange et al., 2005). In support of Lange, Cussen et
al. (2012) identified two factors that led to families with ADHD reporting a lower quality of life: increased emotional impact and time impact on parents and negative family activities. Finally, a most recent collaboration of Lange, Sollie et al. (2016) discovered families with children with ADHD reported significant increase in parent and family dysfunction, such as mental distress, inconsistent discipline, and decreased parental satisfaction.

Social support, as highlighted by Lange et al. (2005) demonstrates the isolation families with ADHD experience. Additional research by dosReis, Barksdale, Sherman, Maloney and Charach (2010) documented 77% of families report a stigmatizing experience related to their child’s diagnosis, treatment or behavior. Furthermore, families experience stigmatization and isolation when their child’s ADHD symptoms may impact family activities with friends, families, social, or religious activities (Johnston & Chronis-Tuscano, 2015). For example, parents of an ADHD child may instruct and guide a child regarding appropriate behavior at a neighborhood family gathering. Even still, it may be difficult for a child with ADHD to self-regulate to take turns, wait in line for food, share toys, or understand social cues. Thus, the parents and child may notice stigmatization from other adults and kids who misunderstand the source of the child’s behavior.

Within the family unit, Foley (2011) examined 32 children with ADHD and 23 children in a control group. This study reported families with an ADHD diagnosis demonstrated more family dysfunction than families in the control group. Specifically, the two main areas of poor functioning in the family were relationship conflict and organization (Foley, 2011). In summary, families with ADHD showed dysfunction “in the areas of communication, relationships and problem solving within the family unit” (Foley, 2011, p. 41).
Increased Family Conflict

Edwards, Barkley, Laneri, Fletcher and Metevia (2001) researched the nature of parent-adolescent conflict in teenagers with ADHD and ODD. Their findings indicated both parents and teens with ADHD and ODD report significantly more conflict than parents and adolescents in symptoms not impacted by ADHD and ODD (Edwards et al., 2001). During the conflict Edwards et al. (2001) discovered discussions involved more anger, more negative communication, and more aggressive communication tactics in the families with ADHD than the control group.

Complementing Edwards et al. (2001) research, Markel and Wiener (2014) studied parent-adolescent conflicts in families with and without ADHD. Markel and Wiener (2014) discovered the nature of the increased parent conflict with adolescents with ADHD was centered on children’s poor self-management skills such as time management, academic achievement, lying and following the rules. On the other hand, Markel and Wiener (2014) reported adolescents with ADHD attributed increased parental conflict over curfew and money management issues.

Collaborating with research conducted by Edwards et al. (2001) and Markel and Weiner (2014), Wong and Goh (2014) studied dynamics in ADHD families. Specifically related to interfamilial conflict, Wong and Goh (2014) found poor compliance by children with ADHD correlated with the increased levels of conflict in the family. Further, Bögels and Restifo (2014) described parent-child exchanges involving a dysregulated child often quickly erupt into a high emotional exchange.
Given the genetic contribution of ADHD, it is estimated that more than 50% of adults diagnosed with ADHD have a child diagnosed with ADHD (Johnson & Chronis-Tuscano, 2015). Furthermore, in over half of children with an ADHD diagnosis, they have parents who display high levels of ADHD symptoms, even if the parent is not formally diagnosed (Johnston & Chronis-Tuscano, 2015). When parents diagnosed with ADHD do not manage their own ADHD symptoms, these families experience a heightened level of distress (Johnston & Chronis-Tuscano, 2015).

Theule, Wiener, Tannock and Jenkins (2013) studied families with ADHD diagnoses. Theule et al. (2013) found that unmanaged parent ADHD symptoms caused increased stress because parents possessed a reduced capacity to cope with the behavioral difficulties associated with their children’s ADHD symptoms. Thuele et al. (2013) also discovered parental ADHD symptoms were the strongest predictor of parental distress (Theule et al., 2013).

In the same way, Johnston and Chronis-Tuscano (2015) indicated parental ADHD symptoms were associated with more child-parent conflict and more challenges with parental control. In fact, “poor monitoring of child behavior, chaotic homes with poor routines and structure, and harsh responses to children’s expressions and emotions” contributed to diminished parental control (Johnston & Chronis-Tuscano, 2015, p. 197). Therefore, when parents with ADHD struggle with their own self-regulation, it is increasingly difficult to be consistent, calm, and organized when approaching family problem solving (Johnston & Chronis-Tuscano, 2015).

**Impact of Negative Parenting**

Increased stress, conflicts and emotional reaction often lead to less positive and more negative parenting outcomes such as parents being less warm and responsive to their children with ADHD (Johnston & Chronis-Tuscano, 2015). In particular, Lange et al. (2005) discovered
within ADHD impacted families, parents were often more authoritarian in their style of parenting. For instance, parents expected conformity to expectations without discussion or explanation.

To illustrate another factor of authoritarian parenting, Cussen et al. (2012) studied family functioning in families with an ADHD diagnosis. Cussen et al.’s (2012) research discovered parents with children diagnosed with ADHD offered less positive and more aggressive interactions than parents of children without ADHD. In another study, Wong and Goh (2014) interviewed parents and children with ADHD. Wong and Goh (2014) found parents of children with ADHD demonstrated nagging, scolding and threatening behaviors to obtain child compliance (Wong & Goh, 2014).

Johnston and Chronis-Tuscano (2015) reviewed literature regarding the impact of negative parenting in ADHD families. They noted that parenting disruptions, including low responsiveness, low positivity, overreaction, and inconsistency, influence an increase or maintenance of child’s disruptive behavior. Furthermore, disruptive parenting in children experiencing ADHD symptoms is particularly related to comorbid disruptive behaviors such as ODD.

To counter the negative parenting, parents who implement firm, consistent, encouraging and reasonable expectations protect ADHD children from developing more disruptive behaviors (Johnston & Chronis-Tuscano, 2015). Further research demonstrates that while parenting style does not cause ADHD, consistent negative parent-child interactions may impact development of negative outcomes such as substance abuse or delinquency (Johnston & Chronis-Tuscano, 2015). Healey, Flory, Miller and Halperin’s (2011) research aligns with Johnston and Chronis-Tuscano’s (2015) summary of the impact of positive parenting in ADHD families. Healy et al.
(2011) found maternal positive parenting was associated with reduction in hyperactive or inattentive symptoms in hyperactive or inattentive preschool children. In conclusion, professionals supporting families with ADHD would be wise to assess for and support parents in developing positive parenting strategies while parenting their children with disruptive behaviors to diminish risk of negative outcomes.

**Adlerian Parenting Styles**

Adler addressed parenting styles’ and discussed the role of the *family atmosphere* impact in raising children (Mosak and Maniacci, 1999). Adler described the family atmosphere as the emotional tone of the home, which all members of the family create and react to dynamically (Carlson, Watts & Maniacci, 2012; Mosak & Maniacci, 1999). Moreover, Adler believed that parenting style impacted the child’s development of responsibility and social concern for others (Mosak & Manciaci, 1999). Importantly, Adler believed the child’s interpretation of the parenting style was most critical (Mosak & Manicacci, 1999).

Coplan, Hastings, Lagace-Sequin and Moulton (2002) defined parenting styles as part of a macro-framework that parents access to typically react to their children. The macro-framework includes the level of responsiveness and level of control parents implement to respond to their children across a wide range of contexts (Coplan et al., 2002). In addition, the parenting styles are generally consistent amongst situational and emotional variances (Coplan et al., 2002).

Authoritarian parenting is defined by high level of control and low level of responsiveness to children (Coplan et al., 2002). In authoritarian parenting, the child’s behavior is evaluated by a concrete and inflexible set of standards (Coplan et al., 2002). Moreover, in authoritarian parenting, emotional reactions to child misbehavior often include blame, anger, shame and embarrassment (Coplan et al., 2002).
In an authoritarian parenting style, communication patterns between the child and parent are often one directional from parent to child. As a result, children feel unheard, misunderstood, rejected, and powerless. Children experiencing less nurture and more control from parents are more likely to develop lower self-esteem, less confidence, and may withdraw from family activities (Coplan et al., 2002).

Coplan et al. (2002) explored deeper understanding of the schema from which authoritarian parents operate. Coplan et al. (2002) discovered parents adopting an authoritarian parenting style are more pessimistic regarding their children, particularly their children’s misbehavior. In addition, authoritarian parents experience more negative emotions towards their children. Moreover, authoritarian parents attribute children’s misbehavior as driven by children’s internal nature. For example, a child’s misbehavior is caused by the child’s inherent intentions and disposition, which are consistent and difficult to change.

Parental goals are outcomes expected from parent-child interactions (Coplan et al., 2002). Coplan et al. (2002) explained, for parents exercising an authoritarian parenting style, their goals for their child were parent based. That is, parent goals supported the parents’ needs for control, respect, and child obedience. Moreover, authoritarian parenting lacked empathic goals sustained by warmth, responsiveness, and supporting a child’s needs.

Coplan et al. (2013) also explained the authoritative style of parenting consisting of high responsiveness and high control. Coplan et al. conveyed that in authoritative parenting, parents set expectations and limits for child behavior. These expectations were clear and communicated through a democratic, mutually interactive environment. Generally, authoritative parents view a child’s misbehavior as an opportunity for learning and seek natural consequences as an intervention, rather than an opportunity to exercise control. Furthermore, authoritative parents
stop to consider their child’s emotional and social needs when evaluating misbehavior and set goals that are in the best interest of both the child and parent. Hence, children raised in a positive authoritative parenting style typically are more independent, self-assertive, and cooperative (Coplan et al.).

**Sibling Impact**

Johnston and Chronis-Tuscano (2015) stated limited research has been conducted on the impact of ADHD on siblings in family units. The research of siblings of children with other disabilities will be explored. Hartling et al. (2014) established siblings of children diagnosed with disabilities have an increased risk of developing emotional or behavioral problems. Hartling et al. (2014) identified these emotional and behavioral issues which included interactional withdrawal, aggression, depression, guilt, worry, and isolation.

Mikami and Pfiffner (2008) researched relationships between children diagnosed with ADHD and their siblings. Mikami and Pfiffner highlighted the benefits of positive sibling relationships, including lower levels of psychopathology and better social skills as a foundation for their research. In their research findings, Mikami and Pfiffner discovered sibling relationships in families with ADHD experienced more conflict than sibling relationships without ADHD diagnoses. In addition, the researchers identified the role of comorbid-externalizing problems, such as ODD, which predicted increased conflict in the sibling relationship and reduced feelings of warmth in the sibling relationship (Mikami & Pfiffner). In contrast, the research also revealed comorbid-internalizing problems, such as depression and anxiety, which predicted diminished warmth and closeness amongst siblings (Mikami & Pfiffner).
Parental Experience

The inclusion of an ADHD diagnosis in the family system makes the demands of parenting more complex and unique than in families that are not impacted by ADHD. All family systems provide challenges to parents, but the addition of ADHD symptoms increases both the opportunity for challenge, as well as the intensity of parenting challenges. It is common for families with an ADHD diagnosis to experience increased stress, negative cognitions, chronic sorrow, depression and isolation and also reduced self-care (Borkon, 2008; Johnston & Chronis-Tuscano, 2015; Theule, et al., 2013).

Parent Stress

Parental stress is defined by Thuel et al. (2013) as the “aversive psychological reaction to the demands of being a parent” (p. 640). Parental stress occurs when the perceived demands of parenting are greater than the perceived parental resources (Deater-Deckard, 1998). The demands of parenting are influenced by the parent’s psychological well-being, the quality of the parent-child relationship, and the child’s psychological adjustment (Deater-Deckard). Parental resources include parental knowledge, skills, finances, emotional capacity, and family, friends and professional support (Deater-Deckard). In fact, even in families without additional mental health diagnoses or disabilities, parents may experience depleted inner resources (Bögels & Restifo, 2014). In families with additional diagnoses or disabilities, isolation from external support is another parental resource that becomes reduced (Bögels & Restifo).

Theule et al. (2013) conducted a meta-analytical study of parental stress in families with ADHD children. The researchers analyzed 44 studies, studying primarily mothers of 4,991 families. Thuele et al. concluded parents of children with ADHD experience significantly more stress than family systems without an ADHD diagnosis. Theule et al. found the child’s
hyperactivity and inattention symptoms in children with ADHD was associated with increased parent stress. This study reinforces the importance of clinicians’ evaluating and supporting parent stress in families with ADHD to allow parents to access internal and external resources to support their family.

In contrast of the tools directly measuring stress related to parenting in Theule et al.’s (2013) meta-analytical analysis, Cussen et al.’s (2012) community based study measured family function in families with ADHD using the Depression Anxiety Stress Scale to measure parental stress. Cussen et al. discovered parents with children diagnosed with ADHD reported elevated stress in the clinical range. Furthermore, these same parents demonstrated elevated levels of depression and anxiety. When children are diagnosed with ADHD, it is prudent for practitioners to assess for and support parent mental health problems (Cussen et al.).

While parents with ADHD children experience higher levels of stress as Theule et al.’s (2013) meta-analysis and Cussen et al. (2013) studies documented, Ruu-Fen, Yue-Cune, and Shen-Ing (2009) researched the impact of ADHD subtypes on parental stress in families with ADHD children. These researchers found parents of children diagnosed with ADHD-combined presentation possessed higher parenting stress and life stress compared to parents of children with ADHD-inattentive subtype. Furthermore, Ruu-Fen et al. showed these parents scored higher in parental psychopathological stress factors such as depression, parental detachment, and decreased sense of competence. It may be that the increased distractibility and hyperactivity, demandingness, and unstable mood often displayed in children with ADHD-combined type contributed to increase parental stress amongst these families (Ruu-Fen et al.).
Impact of Parental Stress

Oord, Bögels and Peijnenburg (2012) explain the cycle of parent-child interactions, which may ensue during times the parent is stressed. To begin with, parents may be less patient, focus on and react more negatively to disruptive behavior of their child. These negative parent reactions offer the child less encouragement and praise. As the child experiences discouragement, the child continues to act disruptively which causes the parents’ negative thoughts about their child are confirmed. Next, the parents’ negative thoughts and observations of their child’s disruptive behavior increase parent stress, completing the cycle. Hence, parents with a child diagnosed with ADHD may experience this cycle and discover that “interacting with a child with ADHD is a stress-generating experience that can negatively alter parental cognitions, emotional and behavioral functioning” (Johnston & Chronis-Tuscano, 2015, p.196).

Negative Cognitions

Parent cognitions are thoughts parents have about their child and about themselves as parents (Lench, Levine & Whalen, 2013; Johnston & Chronis-Tuscano, 2015). Examples of cognitions are expectations of child behavior, attributions of child intentions, and attitudes about childrearing. Negative parental attributions may increase child disruptive behaviors (Johnston & Chronis-Tuscano). Children with ADHD diagnoses will demonstrate difficult behaviors which contribute to negative parental cognitions towards their children’s behavior and possibly towards themselves (Johnston & Chronis-Tuscano). Johnston and Chronis-Tuscano specified examples of negative cognitions included experiencing child’s behavior outside of the parents’ expectations, examining reasons for their child’s behavior, and comparing the parents’ own thoughts to what other parents may think of their parenting practices.
The types and frequency of cognitions may differ between parents and situations. For instance, Markel and Wiener (2014) found fathers attributed the demonstration of ADHD symptoms in their children to behavior and lack of responsibility. In the same study, mothers reported attributing the demonstration of ADHD symptoms in their children as correlated to neurological dysfunction. Markel and Wiener also reported the differences in parental attributions impacting reports of conflict. For example, fathers who believed the conflict occurring with their child diagnosed with ADHD was due to their child’s pervasive misbehaviors across contexts, reported more conflicts with their child than fathers with children without ADHD. On the other hand, mother attributions regarding conflict did not correlate with mothers’ reports of mother-child conflicts.

Regarding parental cognitions towards themselves, parents of children with an ADHD diagnosis often have negative thoughts about their own parenting abilities (Johnston & Chronis-Tuscano, 2015). These authors specified parents’ willingness and ability to practice effective parenting interventions reduced when parents had negative cognitions about their ability to parent. Hence, negative parental cognitions may diminish parents’ ability to cope with their child’s ADHD symptoms (Johnston & Chronis-Tuscano).

Positive Cognitions

In comparison, Lench, Levine and Whalen (2013) specifically studied the impact of positive parent cognitions of their child’s ADHD symptoms. The researchers discovered parents who expressed positive interpretations of their child’s behavior experienced less negative interactions with their child, less discouragement and frustration regarding their child’s behavior. Moreover, these parents reported their child as more self-efficacious. Interestingly, the parents with positive and negative cognitions regarding their child’s ADHD symptoms reported similar
numbers of child ADHD symptoms. The parents with positive cognitions reported related less negative events and discouragement than the parental group with negative cognitions. In conclusion, Lench et al. stated, “positive characterizations may act as a buffer against the familial stress associated with ADHD symptoms (p. 7).

**Chronic Sorrow**

In the early 1960s, Olshansky coined the term *chronic sorrow* to describe a “normal pervasive psychological response in the suffering of parents dealing with mentally disabled children” (Gordon, 2009, p. 115). Chronic sorrow is different from grief (Gordon). Gordon explained grief manages emotions related to a permanent loss and typically progresses through stages ending in acceptance. In contrast, chronic sorrow is episodic and manages emotions of “living loss” as individuals continue to love and care for families for members who demonstrate impaired functioning (Borkon, 2008).

When parenting a child with a disability, parents experience natural periods of joy and contentment in regards to their child’s growth and success intermittent with episodes of sorrow (Gordon, 2008). Typically the periods of sorrow coincide with their child’s inability to meet typical developmental tasks on a timetable similar to their peers (Gordon). Children with ADHD typically experience delays in executive function resulting in lags in development compared to their peers.

Borkon (2008) studied 25 mothers of children with ADHD to gain insight of the caretaking experience for mothers of ADHD children. Borkon discovered mothers of ADHD children experience chronic sorrow. Contributing to the presence of chronic sorrow, 94% of the mothers interviewed did not realize the extent ADHD would impact their child and family.
Moreover, these mothers reported frustration and sadness as the most common emotions they experience as the caretaker of their child with ADHD.

**Depression**

Johnston and Chronis-Tuscano (2015) reviewed studies researching the impact of ADHD in families. The research revealed an increase in maternal depression when an ADHD diagnosis is present in the family system. The research studies highlighted the correlation between consistently dealing with difficult children and depressive symptoms. Johnston and Chronis-Tuscano listed several factors that may contribute to mothers of ADHD children being vulnerable to depression. The factors included increased isolation, feeling less effective as a parent, amplified stress in regard to juggling typical responsibilities and added complexity of an ADHD diagnosis, as well as general increased parenting demands.

These factors contributed to about half of mothers with ADHD children experiencing one major depressive episode (Johnston & Chronis-Tuscano, 2015). Furthermore, maternal depression uniquely predicts long-term negative outcomes for children diagnosed with ADHD, such as later conduct problems and depression (Johnston & Chronis-Tuscano). With this information, it is imperative that clinicians need to evaluate the family system for maternal depression as they treat families with an ADHD diagnosis and offer treatment and support options to diminish the impact of maternal depression.

**Isolation**

Many couples, when they first become parents feel a sense of isolation as their life changes to include parenting (Gottman & Gottman, 2008). Parenting and caregiving is stressful and that stress is influenced by the child’s behaviors and needs, social isolation, and other parent or child factors (Bazzano et al., 2013). Importantly, parenting a child with special needs requires
even more of parents and caregivers, decreasing the possibility of outside care which, in turn, increases isolation (Bögels, et al., 2014). When specifically applied to ADHD, parents of children with an ADHD diagnosis are challenged to give more support of time and money to support their child academically and behaviorally (Theule et al., 2013; Johnston & Chronis-Tuscano, 2015). The increased needs of the child impact the parent’s ability to establish a self-care routine because they are meeting the demands of their child (Johnston & Chronis-Tuscano).

**Mindfulness**

Research applying mindfulness in broad applications in the field of psychology is exploding. When searching peer-reviewed mindfulness based therapies, between 1999-2005, 116 articles were listed. Between 2006-2015, 2205 articles were found, which is about an 1800% increase. Shapiro, Carlson, Astin and Freedman (2006) presented a theory of mindfulness based on research. Within the theory, Shapiro et al. described two fundamental aspects of mindfulness: process and outcome. The process of systematically practicing mindfulness exercises allows people to attend to the present and shape their minds in an open and discerning way. Additionally, mindful awareness allows an outcome so that people can be free from reflexive reactions. This section will outline the definition of mindfulness, describe the model of mindfulness and discern a few outcomes of mindfulness practice.

**Mechanisms of Mindfulness**

Mindfulness is defined by Kabat-Zinn as “paying attention in a particular way: on purpose, in the present moment, and non-judgmentally” (Tang et al, 2007). Brown describes mindfulness as “a receptive attention to and awareness of present events and experience that allows for full awareness to what is happening in the moment” (Duncan, Coatsworth, & Greenburg, 2009. p. 256). Thus, mindfulness is both attention and awareness. This attention and
awareness does not empty a person’s mind, but rather opens up the mind to a wider potential of situations (Teper and Inzlicht, 2013). In addition, mindful attention and awareness allows a person the ability to pause, observe internal and external experiences, which allows flexibility in possible responses (Bögels et al., 2014).

Shapiro et al. (2006) developed a model of mindfulness with three basic components. The three components in the model of mindfulness are attention, intention and attitude. When practicing mindfulness, people can initiate mindfulness with any component, recognizing the components are interrelated and occur simultaneously (Shapiro et al.).

Mindfulness attention refers to flexibility and shifting attention sets within the present moment (Shapiro et al., 2006). That is, people pause and shift to examine internal and external perspectives of present moment. Brown, Ryan, and Creswell (2007) expanded Shapiro et al.’s model of mindfulness and explained the internal experiences of a present moment included people’s feelings and thoughts. Furthermore, these researchers delineated the external experiences included behaviors of self or others, environmental surroundings and other people’s thoughts and feelings in the present moment. Thus, mindfulness attention allows for flexible and shifting attention from the internal to the external when observing the present moment, so that through expanded perspectives, people may consider alternate responses (Brown et al., 2007; Shapiro et al.).

Mindfulness attitude describes ways people evaluate their observations. Shapiro et al. (2006) reported curiosity, compassion, openness, nonjudgmental, and patience are key attitudinal qualities present in mindfulness. To begin with, curiosity and openness occur when people refrain from preconceived notions about their present circumstance. Secondly, when people implement mindfulness nonjudgmental attitudes, they accept what is rather than placing a rigid
value to the circumstance. For example, a mindfulness nonjudgmental approach to a child losing a job might be that while the experience is unpleasant, disappointing, painful, and uncomfortable, the experience may provide valuable learning and growth. In contrast, a judgmental approach may be that a child losing a job is valued as bad. Brown et al. (2007) explained accepting present circumstances nonjudgmentally allows for reduction of defensive reactions and discovery of insights. Lastly, mindfulness attitude allowed for patience and compassion with self and others to allow presence of encouragement.

Mindfulness intention permitted people to consider the purpose of their actions to allow themselves to self-regulate choices aligning with their values and goals (Shapiro et al., 2006). Research has discovered people reach their goals more often when they routinely self-regulated towards their goals (Shapiro et al.). Interestingly, Shapiro et al. discovered intentions may be fluid and modified through mindfulness intention. For instance, people may start out with an intention to find ways to implement parent strategies for their child with ADHD. As they practice self-awareness of their intention, their goal may change as they recognize a new intention is to understand how their own ADHD impacts the parenting relationship.

Brown et al. (2007) discovered people experienced a beneficial shift of choice towards a goal when they practiced the three components of mindfulness. This ability to make a choice began with a pause before determining a conclusion. In the pause, people fully considered all perspectives of the present moment, rather than reacting based on the past or fear of the future. Furthermore, when people labeled their thoughts and feelings they experienced distance from the emotions. In summary, mindfulness allowed integrative awareness to occur, through information gathering, insight development, and response choice (Brown et al.).
Outcomes of Mindfulness Practice

Life experience allows for a variety of experiences and emotions to be intertwined as people navigate daily interactions with self and others. Practicing mindfulness skills assisted people to pause during those interactions and develop the ability to shift their perspectives, tolerate unpleasant states, self-regulate emotions, and persistence to decrease stress and enhance well-being (Carmody & Baer, 2008; Evans, Baer & Segerstrom, 2009; Teper & Inzlicht, 2013; Shapiro et al., 2006).

**Re-perceiving.** Practicing mindfulness may result in re-perceiving as explained by Shapiro et al. (2006). Re-perceiving is a shift in perspective. People witness their experience with a greater degree of clarity, objectivity, and personal detachment rather than being caught in the experience. Through detachment, people access their internal and external resources. Duncan et al.’s (2009) research implementing mindfulness in parent training found re-perceiving allowed the parents to tolerate discomfort, transform their experiences, and change their typical responses.

Re-perceiving aligns with Adler’s foundational of “everything can be different” as documented by Ansbacher and Ansbacher, 1956 (p. 194). Adler taught against abiding by fixed rules in interpreting situations. Rather, Adler instructed people to be aware of noticing uniqueness, nuances, and variations in situations and people. With this in mind, Adler wrote, “we assign only limited value to general rules and instead lay strong emphasis on flexibility and on empathy into nuances” (Ansbacher & Ansbacher, pp. 194-195). Comparatively, re-perceiving from practicing mindfulness, allows people to notice nuances, differences, and transform their own experience to a different view to change outcomes.
**Toleration of unpleasant states.** Shapiro et al. (2006) found when people practiced mindfulness they objectively viewed their emotions and thoughts from a calmer space. Thus, people tolerated strong negative emotions rather than avoid or deny the emotions. Building on Shapiro et al.’s findings, Teper and Inzlicht (2013) discovered by practicing mindfulness people recognized and accepted early unpleasant emotions to situations so that they altered their responses before a situation escalated. Brown et al. (2007) confirmed through toleration and nonattachment, people consider adaptive behavioral responses to allow people to be less driven by their unpleasant experiences and more driven by intentional choices.

**Emotional regulation.** Teper and Inzlicht, 2013 studied the mechanism of mindfulness that may improve emotional acceptance to improve executive function. These researchers discovered one key aspect of emotional regulation was people’s acceptance of and accurate identification of their emotional states. Typically, people experience distress when they recognize an error, which may cause emotional dysregulation and diminished motivation (Teper & Inzlicht). When people practiced mindfulness, Teper and Inzlicht they demonstrated increased nonjudgmental cognitive and affective recognition of their errors. Teper and Inzlicht documented through mindfulness practice, people promptly identified their errors and emotions, practiced nonjudgmental acceptance, and chose a more useful response.

**Self-awareness and persistence.** Evans, Baer and Segerstrom (2008) studied the impact of mindfulness impact on self-awareness and persistence. These researchers explained self-awareness involves self-monitoring which permits people to consider their own performance and evaluate discrepancies between their intentions and actual functioning. The mindfulness trait of observing promoted self-awareness of one’s private self-conscious, that is their internal state of
thoughts, feelings, and motivations, and awareness of their public self-conscious, that is awareness of themselves socially (Evans et al.).

Significantly, Evans et al.’s (2008) research found that while self-awareness and emotions impacted self-regulation, mindfulness traits of non-reactivity and non-judging aspects of non-reactivity had a positive effect on persistence through a difficult task. In summary, improving self-awareness through mindfulness practices alone may not lead to persistence. Persistence is enhanced when people process their observations about themselves with acceptance and nonjudgment (Evans et al.). This acceptance allows self-awareness to be a positive factor in change towards reaching a goal, rather than self-criticism, frustration, and impulsiveness to cease working towards their goal (Evans et al.).

**Stress reduction and enhanced well-being.** Carmody and Baer (2008) studied 174 participants of the University of Massachusetts Medical School Mindfulness Based Stress Reduction program. This 8-week program taught mindfulness skills to implement paying attention, noticing intention, and nonjudgmental acceptance. Carmody and Baer found increases in practice of mindfulness skills, improvement in psychological symptoms, and reduction in perceived stress. Additionally, Carmody and Baer discovered the extent of home practice of mindfulness exercises including meditation and yoga significantly correlated with the degree of mindfulness skills and related improvements in psychological well-being.

Correlating to Carmody and Baer’s research, Nykjliček and Kuijpers (2008), investigated effects of mindfulness training for adults showing symptoms of distress. The mindfulness training also involved 8 weeks of training. In regards to psychological distress and wellbeing, these researchers found mindfulness correlated significantly with a decrease in perceived stress and negative affect and increase in quality of life.
The Mindful Parenting Movement

Mindful parenting is a movement that incorporates the foundational components of mindfulness into the parent-child relationship. Mindful parenting is not just a skill set; rather it is an “epistemological orientation” shift (Duncan et al., 2009, p. 266). Utilizing mindful attention and attitudes toward parenting and intention, parents increase their awareness of themselves and awareness of their children’s needs and behaviors (Bögels & Restifo, 2014). As part of this movement, parents learn to listen with full attention to their child, accept circumstances and behavior nonjudgmentally, and respond less impulsively when meeting the challenges of parenting (Bögels & Restifo). In order to more fully understand the mindful parenting movement, this section will explore the difference in the parental experience, components of mindful parenting, intentional decision-making, and predicted outcomes from mindful parenting literature and curriculum.

Parental Experience

As has been established previously, parenting is a challenge. Parents have the primary responsibility of guiding their children to be a successful part of society (Rasmussen, 2014). Bögels and Restifo (2014) remarked parenting is a complex process whereby exhaustion, responsibility, and often lack of immediate reward are evident. In fact, Bögels & Restifo shared parenting may be “one of the most consuming and responsible tasks in a lifetime” (p. 3). The responsibilities of parenting and correlation to stress will be explored in the next section.

Responsibilities of Parenting

Adler proposed the goal of parenting children is preparation for children to be responsible adults (Rasmussen, 2014). Through parental love and consequences, children learn how to face challenges and be responsible for their own behaviors. Ultimately as adults, these children will
know how to practice self-control and respect themselves and others. By living responsibly, adults experience fulfillment as they live in community with others (Rasmussen, 2014).

Rasmussen (2014) clarified the complexity of parents’ accomplishing tasks of parenting. Rasmussen’s article explained parents may lose sight of long-term goals for their children when the family system is in the midst of a crisis. For example, parents may make decisions that relieve immediate stress and undermine the experience of consequences that permit longer-term learning from the crisis.

Rasmussen’s (2014) article also determined needs of the child and needs of the parent may differ. Parents’ own needs, thoughts and emotions may drive their decisions for their child rather than the child’s needs. For example, parents may personally need compliance from their child. When their child is not compliant, parents may feel threatened and judged by others and react adversely to their child.

Rasmussen’s (2014) writings emphasized a critical task of parenting is structuring the family unit to guide the child’s development of social interest and connection with others. Thus, parents are encouraged to develop a family atmosphere of mutual respect amongst family members to allow family members to experience care and concern for others first within the family unit. Parents also learned to blend the needs and personalities of the family members. Furthermore, parents built the family atmosphere on mutual respect, kindness, cooperation, and encouragement in order to build social interest within in the family.

**Parenting Stressors**

At the foundation of parent’s stress is their desire to do well and be the best parent for their children (Bögels & Restifo, 2014). Bögels and Restifo characterized both life circumstances, social factors, and an evolutionary factor that contribute to parent stress.
Examples of life circumstances include physical and mental health of the child and parent, available resources, and family changes through death, divorce, and remarriage (Bögels & Restifo). Resources needed to parent a child, change in family units and human’s affective regulation system will be explained in more detail.

Bögels and Restifo (2014) described resources required to parent a child may contribute to parental stress. In fact, humans invest the most time and resources of any species to raise their children to adulthood. Indeed, the reality of the burden of time, both in years and daily time requirement and resources is often underestimated. Furthermore, the underestimation of time and other resources reality may leave parents feeling guilty or inadequate when they feel unable to meet the demands of resources, which results in the experience of stress.

Pertaining to ADHD, families with a member diagnosed with ADHD incur additional costs than families without ADHD. The CDC (2016) reported families with a member diagnosed with ADHD spend an additional $12,005-$17,458 a year. Supplementary costs cover additional health care, education, and parental work loss costs.

Bögels and Restifo (2014) explained family units function more isolated, even when the needs of sharing the demands of guiding children have not changed. Typically, the nuclear family relies less on extended family interactions and support, community support, and even equal parenting support. Additionally, parents may seek help in parenting tasks and confront isolation to access support. Also, this isolation may cause stress, anxiety, and even ambivalent feelings impacting relationships.

**Human Affective Regulatory System:**

Cherry (2016) described the activation of the human affective regulatory system or flight-fight-freeze response in the presence of a threat. The body or mind perceives a threat. In fact, the
system is similarly activated in the presence of a real threat or by a thought. When a threat is perceived, the sympathetic nervous system releases hormones from the pituitary and adrenal glands to prepare the body to respond to the threat and perform under pressure. Examples of physical changes during a perceived threat include blood flow increasing to the heart, breathing rate increases, and muscles may cramp. Significantly, intense and narrow focus is limited primarily on the stressor.

Bögels and Restifo (2014) research studies included implications of the human affective regulation system response related to parental stress (Bögels & Restifo). Bogels and Restifo explained related to parenting, this system is fundamentally triggered when parents perceive a threat to their child, as humans are motivated and driven to resolve and conquer threats to their child. When the perceived threat is calmed, contentment, peacefulness, security, and safety exist.

**Components of Mindful Parenting**

Mindful parenting is a framework that allows parents the opportunity to alternately manage the responsibilities, tasks, demands and stresses of parenting (Bögels & Restifo, 2014). Mindful parenting, similar to mindfulness practices, permits parents to pause and rely on parenting skills that consider intrapersonal and interpersonal aspects of the parent-child relationship (Coatsworth, Duncan, Greenburg & Nix, 2010). The mindful parenting dimensions of listening with full attention, non-judgmental acceptance, emotional awareness, parental self-regulation, and parental self-compassion will be explored in more detail.

**Listening with Full Attention**

Using the mindful parenting framework, Duncan et al. (2009) described the importance of parents’ listening with full attention to the child as a skill which encompasses factors beyond
interpreting words. One of the first skills is noticing a child’s nonverbal cues such as tone of voice, body language, and facial expressions. Next, parents learn to seek or detect the child’s perspective. For example, a child may look down, withdraw and disengage when asked about school missing assignments. A parent may ask open-ended questions to learn the missing assignment requires creative writing which is challenging for the student. As a result, through listening with full attention, parents pursue discernment of a child’s intended meaning while communicating. It is hoped that in practicing these skills, parents avoid poor communication habits that include ignoring, advice giving, or judging.

Listening with full attention offers an opportunity for parents to discover their child’s thoughts and feelings more precisely, which decreases misunderstanding (Duncan et al. 2009). Furthermore, when parents base their reactions and decisions on more accurate information, fewer conflicts and disagreements occur (Duncan et al.). Full attentive listening assists people to make decisions that are more sensitive to their child’s true intention or need. Indeed, Bögels and Restifo (2014) quoted Kabat-Zinn who expressed “unbiased, open attention may be one of the most crucial foundations of good parenting” (p. 537).

**Nonjudgmental Acceptance of Self and Child**

One natural function of the human mind is to quickly judge situations. This quick judgment process is often subconscious (Duncan et al., 2009). The human brain does not operate differently when parenting. For example, typical parental reactions incorporate biases regarding attributes and expectations of their child’s behavior (Duncan et al.). Often, parents may focus on a child’s weakness or negative behavior and overlook a child’s strengths (Bögels & Restifo, 2014). The goal of mindful parenting is to increase nonjudgmental acceptance benefits such as openness, authenticity, encouragement, and learning. It is important to review the impact of
nonjudgmental acceptance on children’s internalization problems note what nonjudgmental parenting is not.

**Benefits of non-judgmental acceptance.** Parental nonjudgmental acceptance of self and child replaces biases of typical parental reactions so clear awareness and attention “gives rise to fuller understanding” (Duncan et al., 2009, p. 259). Just like mindfulness practices for individuals, a mindful pause when parenting allows parental consideration and acceptance that their observations may be biased and inaccurate (Bögels & Restifo, 2014). This results in parents replacing their biases with a broader and more encompassing view of their child (Bögels & Restifo). Throughout the parenting process, parents also can apply nonjudgmental acceptance to themselves. Thus, when parents offer nonjudgmental acceptance of their own struggles, challenges, and mistakes, parents become empowered to realign their decisions with their intentions and values (Duncan et al.).

**What nonjudgmental parenting is not.** It is important for parents to understand that parental nonjudgmental acceptance of self and child is not equal to approval of poor behavior (Duncan et al., 2009). Further, parental nonjudgmental does not mean parents surrender the ability to guide and influence their child. Rather, nonjudgmental acceptance of self and child allows parents to acknowledge and fundamentally accept themselves and their child. By accepting self and child, parents then acknowledge the present circumstance, allow a mindful pause to gather full understanding of the situation, connect with their children, and make an informed choice in the parenting response.

Nonjudgmental acceptance of one’s parenting has been demonstrated to reduce internalization problems in children (Geurtzen, Scholte, Engels, Tak, & van Zundert, 2015). Geurtzen et al. (2015) studied the associations of mindful parenting practices in parents of
adolescents in a community setting. Of all the components of mindful parenting, Geurtzen et al. found that “parents who report higher levels of non-judgmental acceptance of their own functioning as a parent, are more likely to have children who report fewer symptoms of depression and anxiety” (p. 1124). Teaching parents to practice nonjudgmental acceptance of themselves and their child may be a valuable intervention to diminish internalization problems of their child.

Adlerian Individual Psychology aligns with mindfulness practice of nonjudgmental acceptance of self and child. One such principle of Individual Psychology is holism (Mosak & Maniaci, 1999). When practicing holism, individuals are viewed as a whole instead of viewing parts of an individual as independent from one another. The mindfulness pause of acceptance allows parents a greater vantage point of understanding a holistic view of self and child. That is, parents would choose to view their child’s needs, feelings, strengths, and needs inclusively rather than view a single behavior independently.

Nonjudgmental acceptance of self and child permits the concept self respect, acknowledged by Adlerian therapists. Yang, Milliren and Blagnin (2009) described the fundamental aspect of self-respect as “the feeling that one is a worthwhile human being in spite of one’s faults and imperfections” (p.100). In other words, Adlerian psychology separates the value of a human being from their actions (Mosak & Maniaci, 1999). That is, while someone may make a choice that some value as a failure, that person is not a failure.

Parents practicing mindfulness understand the value of pausing to fully listen to their child to offer nonjudgmental acceptance (Bögels & Restifo, 2014). Through this nonjudgmental acceptance from parents, the child experiences worthiness and honor for who they are not for what they accomplish. Thus, parents and children relate more authentically, supporting Adler’s
teaching that people experienced worthiness through connectedness with others and finding a sense of belonging.

**Emotional Awareness of Self and Child**

When parents adopt mindful parenting practices, they learn to reduce or manage their own emotions and reactions to their children’s behaviors and emotions. Parenting is a profoundly emotional experience, often leaving parents feeling vulnerable. Bögels and Restifo (2014) outlined several aspects of parent emotions. For instance, parents experience deep and powerful emotions about their children, which may present contradictions for themselves. Consider for example a parent may experience guilt when they react in anger towards their child. Furthermore, parents experience intense emotions about themselves as parents in part because they want to parent well and they judge themselves harshly. In addition, parents may feel strong emotions towards their own parents, as unresolved feelings from childhood may be triggered by emotional encounters with their own child.

Duncan et al. (2009) presented a model of mindful parenting and its integration into an evidence based family program. The researchers delineated automatic reactions triggered by emotions predicted reactions based on a restricted viewpoint. Reinforcing Duncan et al.’s research, Bögels and Restifo (2014) found parental perceptions narrowed during automatic reactions and parental “focus became more and more fixed on negative feelings” (p.114). Thus, focusing on the negative emotion inhibits benefits of mindful parenting because parents are less able to listen with full attention and nonjudgmentally accept themselves and their child (Bögels & Restifo; Duncan et al.).

By practicing mindfulness, parents can learn skills to manage these emotions to be present, and stay connected to the internal and external experiences of the present (Brown et al.,
2007). Initially, by identifying the emotions in the present, parents accessed their capacity to increase awareness of their own emotions and the emotions of their child (Duncan et al., 2009). Through this awareness of both themselves and their child simultaneously, parents were able to pause and chose their response (Duncan et al.). In addition, parents demonstrated more willingness and ability to endure strong emotions they might otherwise have avoided when not practicing mindfulness (Brown et al.).

**Parental Self-Regulation**

In applying general mindfulness to parenting, parental self-regulation when interacting with children involves low reactivity (Duncan et al., 2009). Just like mindfulness as an individual practice, parental self-regulation of behavior and emotion diminishes parental automatic reactions (Duncan et al.). Controlling the impact of the activation of the stress response system and automatic parenting reactions is foundational for parental self-regulation (Duncan et al.). It is important that several aspects of parental self-regulation be discussed including automatic parenting responses and handling conflict.

**Automatic transactional procedures.** Dumas’ (2005) research examined automatic transactional procedures (ATPs) which are present in parent-child relationships. An ATP is transactional in nature and involves thoughts, feelings, and actions that become automatic based on past situations (Dumas, 2005). ATPs are learned responses and are more often unconscious. In addition, ATPs are immediate and efficient so that prudence and thinking are not accessed. In fact, ATPs are described as mindless (Dumas). Because ATPs are unconscious and automatic response patterns, they are highly resistant to change.

Not all ATPs are negative. Dumas (2005) found automatic reactions which demonstrated respect, listening, and kindness may serve families well. For example, parents may
automatically respond by patiently listening when a teenager breaks a rule and postpone discussion regarding consequences. Unfortunately, when the automatic responses involve conflict, disconnecting, and unresponsiveness, they do not support healthy relationships.

Bögels and Restifo (2014) discovered automatic parenting reactions occur both in routine parenting and when parenting stressful situations. It was interesting that in either case, parents could be mindless and miss valuable insights. During stressful events parents may focus only on the present crisis, reacting with intensity out of balance with the perceived crisis. On a side note, the intense emotions parents may feel when parenting, such as anger, anxiety, and worry, invoke the stress response so that a situation with a child may feel life threatening when it is not (Bögels & Restifo). Most importantly, when the parental stress response is activated regarding their child, the parents’ view of the child is narrowed while parents focus primarily on the incident invoking the stress (Bögels & Restifo). This pattern of automatically seeking relief from perceived threats and intense focus on the stressor may be ineffective and destructive in the parent-child relationship (Rasmussen, 2014; Bögels et al.).

As Bögels and Restifo (2014) suggested, automatic parenting responses may also be demonstrated during routines. Bögels & Restito noted that parenting tasks are often routine and parent-child interactions basically become a repetitive pattern. In addition, routines often reveal times when parents will multi-task in an effort to be efficient. Bögels and Restifo explained the repercussions of mindless parenting during routines can significantly impact the child. For example, parents risk seeing the child in the same way all the time, when in fact, children are dynamic and always changing. Moreover, parents may be physically present but the ATP patterns create inattention to interactions with the child, limiting the opportunities to fully listen.
When parents respond in an ATP pattern, the parent misses understanding, empathizing, and responding with sensitivity and understanding to the child.

Mindful parenting practices offer parents an ability to pause to choose self-regulation, monitor their stress responses, and pause automatic reactions to be present and aware in the moment (Bögels & Restifo, 2014). In addition, mindfulness in general creates time for parents to notice their own biases towards their child and the current situation. Practicing mindfulness skills allows parents to access their wisdom and positive parenting skills, particularly valuable during stressful parent-child interactions (Bögels et al.). By pausing, mindful parenting practices expand what parents notice about their children, which reduces the opportunity to create automatic responses (Bögels & Restifo).

**Conflict management.** Mindful parenting practices enable parents to view and manage conflict differently as delineated by Bögels and Restifo (2014). For example, parents practicing mindfulness may accept conflicts as a part of the family experience rather than be frustrated because their expectation is that the family experience should be peaceful. In addition, conflicts actually provide parents an opportunity to model and teach child how to experience and resolve conflicts constructively.

Furthermore, Bögels and Restifo (2014) explained during a conflict, participants may have difficulty communicating clearly, respectfully, or include perspectives of others. Consequently, the relationship is temporarily disconnected emotionally. When the relationship is temporarily disconnected, purposeful conflict resolution is critical to the well-being of family members (Bögels & Restifo). Moreover, when parents practice mindful parenting to resolve conflict, they demonstrate the ability to consider the child’s perspectives, understand the situation, and acknowledge the thoughts and feelings of others. When parents model
constructive conflict behavior, the result is emotional reconnection, trust, empathy, and demonstrated problem solving (Bögels & Restifo, 2014).

**Compassion, Self-Compassion, and Parental Compassion**

Compassion is an intimate awareness of suffering and a desire to alleviate the suffering (Germer & Neff, 2013). Practicing compassion through mindful parenting practices offers significant benefits in the enhancement of the parent-child relationship. It is beneficial to explore self-compassion, the benefits of parents offering themselves compassion, and the impact of parents offering their child compassion.

Neff (2012) described compassion as noticing suffering. Neff also stated compassion involves kindness, understanding, and non-judgmental concern to help alleviate the person’s suffering. Compassion acknowledges the shared human experience, complete with a degree of suffering for all people.

Self-compassion, according to Yarnell and Neff (2013) is the ability to apply compassion towards oneself, during times one may suffer from uncontrollable circumstances or from one’s own mistakes or failures. Self-compassion involves three fundamental components (Yarnell & Neff). Self-compassion is the practice of applying self-kindness rather than self-judgment to one’s inadequacies when noticing perceived inadequacies. Thus, caring and gentleness are skills of self-compassion which can be turned towards self in an effort to accept imperfection. Yarnell and Neff also reported a component of self-compassion is sense of common humanity. A sense of common humanity is the realization that everyone makes mistakes and difficulties are part of the shared human experience. Another component of self-compassion is built on mindfulness. Yarnell and Neff believed through mindfulness people experience the pain of their present

In applying Yarnell and Neff’s (2013) findings to parenting, parents can practice self-compassion. When parents practice self-compassion several benefits occur. The personal parental impact of compassion, parental self-compassion when parenting a child with a disability, and parental extension of compassion to a child are considered.

Bögels and Restifo (2014) found parental self-compassion allowed parents more openness to recognizing their faults. For example, self-compassion allowed parents to notice and connect to their suffering and offer themselves kindness rather than excuse or justify their mistakes. Furthermore, Duncan et al. (2009) discovered self-compassion diminished parental self-blame and isolation. Parents practicing self-compassion learned to accept their parenting efforts rather than solely evaluate themselves on outcomes.


Neff and Faso (2015) expanded on Bazzano et al.’s (2013) research as they specifically studied the impact of parental self-compassion on children with the disability of autism. Parents in this study who implemented self-compassion skills were found to be more resilient (Bazzano et al., 2013). These parents also reported greater life satisfaction. Specifically to parenting, the parents who practiced self-compassion skills found more meaning and fulfillment in their parental experience in spite of consistently present challenges in the family unit (Neff & Faso.
Furthermore, these parents expressed more hope for the future while dealing with their worries. In conclusion, parental self-compassion offers parents positive outcomes amidst difficult situations.

Mindful parenting skills allow parents to extend compassion to their child. Bögels and Restifo (2014) explained the first step in showing compassion for the child is teaching parents to identify when their distress is related to their child’s distress. In fact, when parents separated themselves emotionally from their child’s distress, they offered their child compassion through acceptance and empathy. Furthermore, Duncan et al. (2006) found parents practicing compassion for their child may be able to offer their child forgiveness.

Beyond forgiveness and acceptance of their child, parents practicing self-compassion also considered their child’s point of view (Duncan et al., 2009). Kabat-Zinn (1997) listed specific suggestions for parents to practice compassion towards their child. The suggestions included parents pausing to consider their child’s point of view, noticing how they sound to their child, appreciating the sovereignty and value of their child, and apologizing to their child.

**Self-Compassion and Individual Psychology**

Sophie Laszarsfeld, an Individual Psychology follower coined the term, *courage to be imperfect*, which is an act of compassion towards others or oneself to counter perfectionism (Griffith & Powers, 2007). Yang, Milliren and Blaglin (2009) explained perfectionism develops as a compensation for the fear of making mistakes and may cause feelings of helplessness or hopelessness. In addition, perfectionism may lead to ego and pride which the individual needs to preserve.

Conversely, people may move past despair from unmet expectations when they choose to exercise courage to be imperfect (Yang et al., 2009). The courage to be imperfect allows people
to access their wisdom to face the challenges of life (Yang et al.). Specifically related to parenting, when parents relate to their child’s life experiences demonstrating the courage to be imperfect, children experience compassion. In addition, children may learn to take risks with a mindset to learn from their successes and failures rather than strive for perfection.

**Decision Making**

Decision-making is a complex process parents access many times a day. Raglan and Schulkin (2014) studied the impact of mindfulness practice on the decision-making process. While parental decision making was not directly studied, their findings may be useful for as applied to parental decision-making. While decision-making is primarily a cognitive function, biases and heuristics, affective state, and post decision regret influence decision-making (Raglan & Schulkin).

Decision-making biases and heuristics are decision-making shortcuts. Decision-making biases involve errors based on misinterpretation of information (Raglan & Schulkin, 2014). Attribution bias occurs when people mistakenly attribute behavior as the cause of behavior. For example, when parents learned their child did not self-advocate to their teacher, the parents attributed their child’s decision to their child’s lack of desire to self-advocate. Parents learned later the teacher was not available to their child.

On the other hand, heuristics are short cuts in decision-making, which do not account for all the information (Raglan & Schulkin, 2014). When people scan a situation and make a decision on what immediately comes to mind they may practice the availability heuristic. For instance, when a teenager wants to stay out past curfew for a school dance, their parents quickly decide against their request based on their immediate concerns for their teenager’s safety and acceptance of curfew without future exceptions. The parents did now allow a pause, expanded
thought and conversation to consider solutions for the teenager to remain safe and enjoy an extended curfew on a special occasion.

Affective state influences decision-making; often because people want to quickly make a decision to avoid discomfort (Raglan & Schulkin, 2014). Raglan and Schulkin explain the impact of a variety of emotions on decision-making. For instance, people who experience sadness or depression may make decisions quickly to relieve discomfort. Or, people experiencing anger may be more likely to stereotype and make a decision based on superficial information. Furthermore, people experiencing anxiety may make decisions to lower their risk and avoid decisions altogether. Conversely, a positive affect is beneficial for decision-making; people demonstrate more flexibility and willingness to consider additional relevant information in their decision-making (Raglan & Schulkin).

People may experience post-decision regret when their decisions do not reflect their values or blame themselves for a wrong decision (Raglan & Schulkin, 2014). When people blame themselves for a wrong decision, they may experience diminished self-confidence and self-efficacy and increased negative affect. These people may avoid making decisions, ruminate about decisions or show obsessions regarding the outcomes of the decisions. Often during post-decision regret, people are challenged to make a decision.

Mindfulness skills offered an alternative to decisions based on inaccurate information or decisions made quickly to avoid discomfort resulting in undesirable outcomes (Raglan & Schulkin, 2014). Raglan and Schulkin delineated the practice of mindfulness first permitted people to pause to recognize a decision needed to be made and then consider different perspectives. Beyond viewing different perspectives of a decision, people considered their own...
values, tolerated discomfort, and ambiguity in the decision-making process. Furthermore, mindfulness skills encompassed the decision making process through self-compassion.

Parents practicing mindfulness skills are equipped to practice thoughtful decision-making. Duncan et al.’s (2009) research and Raglan and Schulkin’s (2014) research supported how mindfulness may impact parents’ decision making. Parents first notice when a decision needs to be made, as often an immediate decision is unnecessary. Sometimes a pause allows the child to wrestle with problem solving a situation. As parents identify a decision is needed, through mindfulness they pause to consider their child’s needs and perspectives and align with parental values and intentions. Allowing time for the decision making process through mindful practice allows parents to tolerate discomfort to reach an optimal decision.

Outcomes of Mindful Parenting Training

Most mindfulness training for parents is conducted through groups, which is a powerful platform for learning, as Adlerian therapy supports. On a side note, Adler was one of the first mental health workers to develop group work (Carlson et al., 2012). Carlson et al. explained group work enhances encouragement and social interest. For example, people learn to have a voice and their voice is valued in a group setting. Besides having a voice, people experience social interest through giving and receiving help in a noncompetitive, caring and supportive environment. Integrative learning of mindfulness skills are practiced through role-play and homework within group.

Carlson et al., (2012) delineated benefits of parental group training for interpersonal learning. Through experiential group training, individual perceptions may change. Furthermore, parents find courage to practice new behavior as they experience acceptance and encouragement to practice the courage to be imperfect. Ultimately, through the experience of
group work, parents do not feel alone in their journey and they discover self-confidence and self-worth so that they can implement mindful strategies to positively impact their family.

Mindful parenting training modules have been studied through implementation of different modules. Bögels and Restifo (2014) reported findings from a final version of their Mindful Parenting course designed as a 9 session formal program teaching parents how to apply mindfulness skills to their parenting, including a follow-up session 2 months after course completion. This Mindful Parenting Program blended and adapted Mindfulness Based Cognitive Therapy for depression and Mindfulness Based Stress Reduction program. This program involved practicing formal mindfulness techniques and learning to pause to parent less automatically.

Coatsworth et al. (2010) and Coatsworth et al. (2015) researched the impact of supplementing mindfulness training to an existing parent-training program, the Strengths Families Program. The focus of these research studies was teaching parents to apply mindfulness to daily interactions with family members rather than practice of formal mindfulness techniques. Programs researched by Bögels and Restifo (2014), Coatsworth et al. (2010) and Coatsworth et al. (2015) all demonstrated positive outcomes for families. In addition, researchers have studied the impact of parental mindfulness skills specifically for parents of children with ADHD or developmental disabilities (Bazzano et al., 2013; Haydicky et al., 2015; Minor, Carlson, Mackenzie, Zerincke, & Jones, 2006; Neece, 2014; Oord et al., 2012; Singh et al., 2010). When parents increased their use of mindfulness, parents reported positive changes in themselves, less stress and internalizing and externalizing behaviors reduced.
Improved Parent-Child Relationship

Parents desire warm, trusting, respectful, and loving relationships with their child. Mindful parenting strategies improved the parent-child relationship. Coatsworth et al. (2010) found parents who practiced mindfulness skills were more aware of and sensitive to their child’s emotions. By parents improving their awareness of their child’s emotions, they demonstrated more compassion and positive affect for their child (Coatsworth et al., 2010; Coatsworth et al., 2015). Additionally, these researchers found when parents perceived their child’s emotions differently, parents demonstrated self-regulation of their own emotions to allow for more authentic connection in the parent-child relationship. Furthermore, Bögels and Restifo (2014) found parents improved the parent-child relationship when parents practicing mindfulness skills encouraged more child autonomy and demonstrated less overprotectiveness with their children.

Parents implementing mindful parenting strategies altered their previous response habits to allow positive outcomes for themselves which improved the parent-child relationship. For example, Bögels and Restifo (2014) and Bögels et al. demonstrated parents practicing mindfulness reacted less explosively and developed a new habit of self-regulation and calm responses. These parents also reported less parental stress so that they could experience a better quality of life (Bögels & Restifo; Bögels et al., 2014; Coatsworth et al., 2010). Furthermore, mindful parenting practices established parents were less avoidant of uncomfortable situations so parents were available to support their child in the midst of challenging situations (Bögels & Restifo). An interesting finding by Bögels et al. and Coatsworth et al. (2015) demonstrated while parents may not have consistently practiced mindfulness responses, the parents reported increased awareness of their automatic daily parenting patterns which they desired to change.
Mindfulness training similarly impacted improved parent-child relationships of children diagnosed with ADHD. Singh et al. (2010) researched the impact of mindfulness training on mothers of children with ADHD. While this study had a small sample size, subsequent studies have duplicated their findings that parents with children diagnosed with ADHD displayed a significant increase in present centered awareness and nonjudgmental acceptance to enhance the parent-child relationship (Bazzano et al., 2013; Haydicky et al., 2015; Oord et al. 2012). In addition, Singh et al. (2010) found when mothers practiced mindfulness skills by listening more attentively and pausing to avoid premature judgments, these mothers encountered more positive interactions with their children.

**Change Parent and Child Psychopathology**

Parent and child psychopathology improved when parents competed the Mindful Parenting Program (Bögels & Restifo, 2014). For example, these researchers found children’s internalization (depression and anxiety) and externalization (behavior problems and aggression) were reduced when parents participated in the Mindful Parenting Program. Furthermore, parents’ own internalizing and externalizing problems reduced when parents practiced mindful parenting skills (Bögels & Restifo). Indeed, transformational changes occurred as documented by Bögels and Restifo’s research.

Children’s disruptive behaviors cause family stress. Bazzano et al. (2013) and Haydicky et al. (2015) researched the impact of children and parents in families of children diagnosed with ADHD or a developmental disability. In these studies, both the children and parents participated in separate but similar mindfulness training. The parents in Bazzano et al.’s (2014) study reported lower childhood disruptive symptoms such as hyperactivity, impulsivity, and inattention.
after mindfulness training. Similarly, parents documented diminished child inattentive and conduct problems following the mindfulness training taught by Haydicky et al.

Different than inclusive mindfulness studies conducted by Bazzano et al. (2014) and Haydicky et al. (2015), other research studies evaluated the impact on child’s behavior of mindfulness training exclusively to parents (Bögels et al., 2014; Neece, 2014). Neece studied the influence of mindfulness skills taught to parents of young children with developmental disabilities. Parents who received this mindfulness training reported their child’s ADHD symptoms demonstrated a significant reduction while their child’s attention symptoms moderately reduced (Neece). Supporting Neece’s research, Bögels et al. discovered children’s internalizing and externalizing behaviors reduced after the parents received mindfulness training.

**Stress Reduction and Enhanced Well being**

Minor et al. (2006) taught mindfulness strategies for the duration of 8 weeks to caregivers of children with chronic conditions. Participants in the study reported a high level of stress symptoms and mood disturbance before their mindfulness instruction. After intervention, parent total stress scores dropped a statistically significant (32%). In addition, the total mood disturbance demonstrated a statistically significant reduction (56%). Examples of changes in mood included reduction of tension, depression, anger, fatigue and confusion. These changes indicated a significant improvement in quality of life (Minor et al., 2006).

Recent research by Bazzano et al. (2013) supplemented Minor et al.’s (2006) research by researching the impact of teaching mindfulness to parents or caregivers of children with disabilities. Following the 8-week mindfulness training intervention, parents reported a 22% reduction in parental stress. Furthermore, psychological wellbeing demonstrated significant improvement (9%). Also, this study demonstrated continued stress reduction and general
psychological wellbeing two months post intervention. Bazzano et al. (2013) concluded the parents of children with disabilities in this study developed coping skills to “strengthen inner psychological resources, build psychological resilience, accept current situation, and increase tolerance of uncertainty” (p. 306).

Bögels et al. (2014) expanded previous research targeted towards parents of children with chronic conditions or developmental disabilities and researched the influence of mindful parenting training for parents with children treated in a secondary mental health center. Bögels et al. (2014) found these parents learned skills to cope with stress and developed hope for improvement of their family relationships. This increased awareness of skills and hope contributed to the significant reduction of parental stress for those parents completing the mindful parenting training (Bögels et al., 2014).

Haydicky et al. (2015) chose to target their research towards families with adolescents diagnosed with ADHD. These researchers did not limit the implementation of mindfulness skills to parents alone; they taught mindfulness skills to the parents’ adolescents diagnosed with ADHD. Haydicky et al. found parental stress reduced significantly when tested after the mindful parenting training and this reduction was maintained through a 6-week follow-up evaluation. Specifically, diminished parental stress related to their adolescent’s social isolation. Interestingly, parents reported improved social function in the adolescent who participated in mindfulness training. Furthermore, these parents reported less stress related to the restrictions caused by their role as parents (Haydicky et al.).
Self-Compassion

Parents of children with ADHD or disabilities exercising mindful parenting strategies provided themselves more self-compassion, which allowed positive outcomes (Singh et al., 2010; Bazzano et al., 2013; Neece, 2014). For example, increased self-compassion and loving kindness by parents with children diagnosed with ADHD permitted parents to offer more compassion and kindness to their children while the parents experienced more peace and calm (Singh et al., 2010). In fact, this study showed parents experienced peace and calm instead of conflict. Furthermore, parents in Bazzano et al.’s study experienced an overall improvement in wellbeing as their self-compassion improved. Neece’s research expanded Bazzano et al.’s findings as they found parental increased self-compassion led parents to report less depressive symptoms and increase in life satisfaction.

Conclusion

Important of Upbringing

Adlerian theory emphasizes the importance of children’s upbringing (Dreikurs, 1989). Family units are critical for children to learn about the world. Parents managing their parental responsibilities within the family unit become a foundational place for the development of social interest and development of the creative self.

The child’s attitudes are influenced by the parents’ approach to the responsibilities of parenting (Dreikurs, 1989). Dreikurs explained parental anxiety and fears may impact parents so greatly that parents show more frustration and hopelessness to their child. Children may internalize the frustration as self-blame which causes discouragement and lack of self-confidence to succeed (Dreikurs). As children demonstrate discouragement, parents may lack confidence in their ability to parent and blame themselves. On the other hand, when parents reflect with their
children, offer encouragement, and allow natural consequences to emerge, children have the opportunity to gain confidence in handling the challenges of life (Dreikurs).

Social interest universally acknowledges people are socially embedded and are most balanced and fulfilled when they live connected with one another (Ansbacher & Ansbacher, 1956). Furthermore, social interest allows people to avoid feelings of isolation and aloneness (Ansbacher & Ansbacher). Mosak and Maniaci (1999) and Ansbacher and Ansbacher discussed the formation of social interest. Social interest is first experienced in the family unit through cooperation, unselfishness, empathy, compassion, caring, and commitment. As people experience social interest within the family unit, people are equipped to offer social interest to others.

Adlerians believe people are not completely dependent on their environment, hereditary or situations (Mosak & Maniaci, 1989). Adler stated, “everything can be something else as well” (Adler, 1938/2011, p. 11). Specifically, people can be engaged in the process of actively evaluating situations differently and recreating themselves (Mosak & Maniaci). Importantly, Adler wrote childhood begins the development of a creative self-posture in life (Adler, 1938/2011). Precisely, Adler wrote the unique value of an individual is found by a “stronger emphasis laid on flexibility and empathy with shades of difference has every time strengthened my conviction with regard to the free creative power of the individual in his earliest childhood” (Adler, 1938/2011, pp. 11-12).

**Instrumental Change**

Given the importance of upbringing, the chronic nature of ADHD, and the impact on the family when a member has a diagnosis of ADHD, mindful parenting offers an alternate way of being to produce “personal transformation in what is experienced rather than teaching procedures
or techniques” (Singh et al., 2010). Specifically for parents of children diagnosed with ADHD, implementing mindful parenting strategies allows parents an opportunity to transform their experiences of supporting their child with a developmental disability. With more detail, the transformation permits a decrease in automatic reactions by exercising a pause, nonjudgmental acceptance of situations, awareness of their own and their child’s emotions, consideration of the influence of their child’s disability on their child’s behavior, and ability for parents to make intended choices based on their values (Bögels & Restifo, 2014; Haydicky et al., 2015). Most importantly, mindfulness allows parents to offer themselves and their children compassion to maintain a positive parent-child relationship (Bögels & Restifo; Neff & Faso, 2015).

In summary, through pausing and practicing mindfulness, parents may make choices by accessing their creative selves to make the present patterns of behavioral interactions different. By parents transforming themselves, they also influence change in their child (Oord, et al, 2012; Bögels et al., 2014). Given the extra challenges involved in managing ADHD, both in children and in parents with ADHD, Adlerian psychology teaches the potential to transform and exercise one’s creative self provides is rooted in courage to change (Mosak & Maniacci, 1999). In exercising this courage, parents and children discover opportunities for encouragement and hope which allow continued growth of encouragement and hope for more positive outcomes.

**Future Considerations**

Mindfulness applications show promise as one element to manage ADHD and parent children with ADHD. Thus far, practicing the mechanisms of mindfulness studies have demonstrated reduction in parent stress, some reduction of childhood ADHD symptoms, and parental reduction in externalizing and internalizing psychopathology. Househam and Solanto (2016) who wrote a review of mindfulness literature related ADHD, delineated their
recommendations for future research in this area include use of randomized control trials, comparison with other treatment modalities, follow up studies to determine maintenance benefits, and use of neuroimaging to understand neural benefits of mindfulness. Moreover, this author identifies future considerations for research include learning the impact of concurrent mindfulness training for children and their parents, discovering the amount of formal meditation practice to build mindfulness skills, the impact of having both parents and important adults, such as teachers, involved in mindfulness training, and intermittent support needed to sustain changes post mindfulness training.
References


