Parenting That Builds School Confidence and Creates Resilience for Elementary Aged Students

With ADHD

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Abstract
Attention-Deficit Hyperactivity Disorder (ADHD) is the most commonly diagnosed childhood disorder today with approximately 5-7 percent of children between the ages of 3 and 17 being diagnosed with the disorder. ADHD presents many concerns in schools today. Students who are diagnosed with ADHD are seen as difficult and problematic children in our society. ADHD is often misunderstood in our society which increases the stigma for ADHD students and families. Parents, family members, and other individuals in society may have significant opportunities to impact the healthy behavior and emotional growth of children with ADHD. Specific parenting styles may have a positive or negative impact in promoting resilience and encouraging school confidence in children who face an adversity like ADHD. These parenting styles will be identified and parenting interventions that have been successful with this population will be reviewed and discussed. Some of the many ways that school counselors might have an impact on the child with ADHD and their families to improve and enhance resiliency and school confidence will be explored. An Adlerian perspective on developing resilience with children will be examined.
# Table of Contents

Introduction........................................................................................................................................6  
Understanding ADHD ......................................................................................................................... 6  
Diagnosis ........................................................................................................................................... 6  
Prevalence ........................................................................................................................................ 8  
Neurological and Executive Functioning ......................................................................................... 10  
Common ADHD Traits ....................................................................................................................... 11  
Intelligence ....................................................................................................................................... 13  
Comorbidity with Other Disorders ................................................................................................... 14  
  Oppositional defiant disorder and conduct disorder ................................................................. 14  
  Autism spectrum disorder .............................................................................................................. 15  
  Anxiety ........................................................................................................................................... 16  
  Depression ...................................................................................................................................... 16  
  Language and learning disorders/disabilities .............................................................................. 17  
Research Based Treatments ............................................................................................................ 17  
Societal Challenges with an ADHD Diagnosis .............................................................................. 18  
Parenting a Child with ADHD ......................................................................................................... 19  
Family Dynamics and Atmosphere ................................................................................................. 19  
  Parent/child relationships ............................................................................................................. 19  
  Sibling/child relationships ............................................................................................................ 21  
Parenting Styles ............................................................................................................................... 22  
  Positive parenting .......................................................................................................................... 23  
  Problematic parenting .................................................................................................................... 23  
  Permissive parenting ...................................................................................................................... 24  
  Authoritarian parenting .................................................................................................................. 24  
  Uninvolved/neglectful parenting ................................................................................................... 25  
  Authoritative parenting .................................................................................................................. 26  
Home Interventions .......................................................................................................................... 27  
Behavioral Modifications .................................................................................................................. 27  
  Point of performance ..................................................................................................................... 27  
  Reinforcement and punishment ..................................................................................................... 28  
  Token economy ............................................................................................................................... 29
Parenting That Builds School Confidence and Creates Resilience for Elementary Aged Students with ADHD

It is estimated that “5-8%, or 2.5-4 million school-age children, have ADHD. This means that at least one or even two children with ADHD are in every classroom throughout the United States” (Barkley, 2013, p. 21). Attention-Deficit Hyperactivity Disorder (ADHD) has been identified as the most common neurobiological disorder of childhood (Barkley, 2013) and is characterized by a pattern of behavior, present in multiple settings (e.g. home and school), that may result in performance issues in educational, work, and social settings (American Psychiatric Association [APA], 2013). There are three subtypes of ADHD which include the predominantly inattentive subtype, the predominantly hyperactive/impulsive subtype, and the combined type (Skogli, Egeland, Andersen, Hovik, & Oie, 2014). Children who are diagnosed with ADHD are seen as annoying by their peers and tend to be rejected from peer groups and situations. This rejection causes children with ADHD to feel misunderstood, isolated, rejected, and insignificant.

Children who have ADHD are forced to face adversity and many other hardships other than peer rejection, and while some children are able to persevere despite the difficulties, others struggle throughout life and aren’t as resilient. Parents can play a tremendous role in helping their children in facing their diagnosis and challenges head on while building resilience and moving them towards academic success and confidence in school and in life.

Understanding ADHD

Diagnosis

Once a child is diagnosed with ADHD, they can get the help that they need in school to build their confidence and move towards academic success and work on building resilience. The Diagnostic and Statistical Manual of Mental Disorders (5th ed.: DSM-V; APA) has identified
three subtypes of ADHD as: ADHD-inattentive, ADHD-hyperactive/impulsive, and ADHD-combined (Ferrin & Vance, 2014). The DSM-V states that the areas of difficulty for individuals diagnosed with ADHD are significant inattention, impulsivity and overactivity (Brady, 2014).

ADHD is associated with functional impairments across multiple academic and social domains (Konrad & Eickhoff, 2010) such as problems with inattention, distractibility, impulsivity, over-arousal, off-task behaviors, disruptive behaviors, immaturity, and difficulty with basic communication (Edwards & Gfroerer, 2001).

According to Barkley and Edwards, there is a multiple-step process in diagnosing children with ADHD based on teacher ratings of behavior and performance in school, parent ratings, and clinical evaluations (2006). For a child to be diagnosed with ADHD, he or she must have at least six symptoms from either (or both) the inattentive group of criteria and the hyperactivity and impulsivity criteria and the symptoms must be present prior to age 12. Bilgiç, Türkoğlu, Özcan, Tufan, Yılmaz, and Yüksel (2013) have shared information in their research about the rating scales that professionals use to diagnose ADHD, such as the Conners’ Parent Rating Scale (CPRS; Conners, 1997a) and the Conners’ Teacher Rating Scale (CTRS; Connors, 1997b). These scales are among the most popular rating scales for ADHD. The CPRS contains a 48-item scale which allows parents to rank their child’s attention-deficit, hyperactivity and conduct problems. The CTRS is a 28 item scale for teachers to fill out. These scales help in the diagnosis process.

Another commonly used scale to diagnose ADHD is the Vanderbilt ADHD Teacher Rating Scale (VADTRS; Vanderbilt Children’s Hospital, n.d.a) and the Vanderbilt ADHD Parent Rating Scale (VADPRS; Vanderbilt Children’s Hospital, n.d.b) which contains 43 items for the VADTRS and 45 for the VADPRS and are rated on 4- and 5- point scales (Vanderbilt, 1998,
http://peds.mc.vanderbilt.edu/VCHWEB_1/rating*1.html). Once diagnosed, individuals with ADHD can receive the help that they need and begin to improve in school and at home with proper medications and therapy. On the other hand, many children who are diagnosed may not get the help that they need due to a number of factors such as parents who are in denial, teachers who don’t implement effective interventions, lack of consistency at home and school, and the stigma that surrounds the diagnosis. An ADHD diagnosis can have an enormous impact on the child either negatively or positively. ADHD is becoming more prevalent in schools today, so parents and professionals are starting to have more of an understanding and awareness of the disorder than ever before (Wolraich, 1998).

**Prevalence**

ADHD is one of the most prevalent childhood neuropsychiatric disorders in the world affecting 5-8% of children in the United States (Barkley, 2013), 8-12% of children globally (Biglic, et al., 2013) and affecting boys three times more than girls (Centers for Disease Control and Prevention, 2010). Recent US estimates also indicate a rising prevalence rate (Trillingsgaard, Trillingsgaard, & Webster-Stratton, 2014). This rising prevalence rate leaves people questioning if whether an individual actually has a diagnosis of the disorder or not, if ADHD is becoming over diagnosed, or if people are being misdiagnosed. Because this disorder can be confused with other disorders, many individuals are misdiagnosed. There also is a population of people who believe that they have specific symptoms of ADHD, so they therefore are quick to label themselves and believe that they have the disorder. Because of this, it is important to understand that “what distinguishes children with ADHD from other children is the far greater frequency and severity with which these behaviors are demonstrated and the far greater impairment children with ADHD are likely to experience in many domains of life”
(Barkley, 2013, p. 20). Meaning, just because a child shows hyperactive behaviors, does not mean that the child has ADHD.

**Causes**

What causes these children to have far greater frequency and severity with behaviors associated with ADHD has been heavily researched over many years. While the causes of ADHD are unknown, research suggests that they may be considered to be of biological and behavioral origins (Malek, Amiri, Sadegfard, Abdi, & Amini, 2012). There have been multiple studies which have tried to pinpoint the specific causes of this disorder and researchers have found many things that can contribute to how the disorder develops. ADHD is a highly inherited disorder and is the most common cause of ADHD. In fact, research currently suggests that there are 25-44 genes that may be involved in causing ADHD (Barkley, 2016).

Although ADHD is known to be highly heritable (Romihowsky & Chronis-Tuscano, 2013), it is not caused by parental failure to properly raise or discipline a child, rather it is a developmental disorder that is proven by research which shows that there is an imperfection in the brain that causes the behaviors seen in children with ADHD. These imperfections can be a result from either a brain injury or abnormal brain development. These imperfections in the brain can be from multiple things such as: brain injuries suffered after birth, substances consumed during pregnancy, exposure to lead, abnormal brain structure (mainly in the prefrontal lobes, anterior cingulate cortex, caudate or striatum, cerebellum, and corpus callosum), brain chemistry (certain neurotransmitters are deficient in those with ADHD), level of brain activity (children with ADHD have lower levels in the prefrontal area of the brain), less blood flow in the prefrontal cortex, and complications during mothers pregnancies and/or deliveries (Barkley, 2013). No matter what the cause is, all children with ADHD have deficits in neurological and
executive functions which puts them at a higher risk for more issues than their peers without the disorder.

**Neurological and Executive Functioning**

Barkley (2016) shared that ADHD is a neurodevelopmental condition and is considered to be neurodevelopmental because it is the result of a delay or lag in specific mental abilities. He also states that there are at least five brain regions that are linked to the disorder and they are the prefrontal cortex, anterior cingulate cortex, the frontal section of the corpus callosum, the striatum, and the cerebellum. These brain regions, especially the prefrontal cortex are heavily studied and known to effect executive functioning. One central source of the disability associated with ADHD has been deficits in executive functions (Barkley, 2016). The deficits in executive functioning include higher order cognitive functions that relate to one's control of thoughts, emotions and actions (Skogli et al., 2014). Individuals with ADHD have difficulties with impulse control, distractibility, and lack perseverance (Pelcak, 2016) as well as trouble with assignment completion due to their attention typically being split between multiple stimuli (Shillingford-Butler & Theodore, 2013). Holmes, Gathercole, Place, Alloway, Elliott and Hilton (2010) conducted a study and found that children with ADHD performed more poorly than their peers of the same age on measures of cognitive inhibition, motor inhibition, set shifting, planning, card sorting and working memory. Their data showed that these assessments showed a differentiation between children who do and do not have an ADHD diagnosis.

Neuro-imaging studies have clearly pointed to a neurobiological basis for the disorder (Konrad & Eickhoff, 2010) and have confirmed that there is a decrease in the size of the prefrontal cortex. Consequently, children with ADHD have probable deficits in specific prefrontal executive functions, such as working memory and response inhibition which includes
self-regulation (Daley & Birchwood, 2010). In Daniel Amen’s research on ADHD, he found that Single Photon Emissions Computerized Tomography (SPECT) scans show the differences between the brain of a child with ADHD compared to the brain of a child without the disorder and they look drastically different from one another. Amen and Carmichael (1997) share in their findings that SPECT hypoperfusion in the prefrontal cortex and basal ganglia were drastically different from the ADHD brain to a non ADHD brain and dramatically changed with stimulant medication. Hypoperfusion in the prefrontal cortex causes a loss of inhibition which results in hyperactive, impulsive and inattentive behaviors which are seen in ADHD (Amen & Carmichael, 1997).

According to Barkley (2016), individuals with ADHD also have significantly lower levels of dopamine and norepinephrine which are two major neurotransmitters in the human brain. This research confirms that ADHD is a real biological disorder and that children who suffer from the disorder have abnormalities in the brain that can prove it. These abnormalities in the brain are causing children with ADHD to struggle academically and to act in ways that are seen as negative by their peers, parents and teachers.

**Common ADHD Traits**

Children with ADHD face many challenges across multiple domains, including school, home and social relationships. At school they face academic and social difficulties that increase their likelihood to feel isolated, insecure and discouraged. Children more often than not face difficulties in ways that they learn, express, and process information needed for learning. They have academic problems that range from underachievement and underproductivity to diagnosed learning disabilities (Barkley, 2013). Adams, Finn, Moes, Flannery and Rizzo (2009) stated that one of the clinical characteristics seen in children with ADHD is increased distractibility which
could be due to the inability to keep focus on a task or failure to inhibit incoming sensory stimuli. According to Barkley, children with the inattentive type of ADHD also can be forgetful, have troubles listening well and following the rules, are easily distracted, have a difficult time planning and problem solving, are unable to organize well, fails to complete work, makes careless mistakes and fails to give close attention to details. Children with Hyperactive or Impulsive ADHD tend to talk excessively, fidget with hands and feet, move around and squirm when seated, run around and climb on things at inappropriate times, and interrupt and blurt out answers and comments (Barkley, 2016). Kim and Yoo shared that children with this disorder are also more likely to have lower grades in school, be suspended or expelled from school, abuse and use drugs, commit motoring offences, have poor social relationships and have lower occupational status (2012). Social difficulties may include argumentation, disruptive behaviors, responding to interpersonal conflicts in a more aggressive manner than their peers without ADHD (DuPaul, Weyandt, & Janusis, 2011), and they lack self-control in social situations. Barkley (2016) discussed the difference that is seen in boys with ADHD than girls with the disorder. He shared that boys with the disorder are more likely to be aggressive and/or show antisocial behaviors, more likely to take risks, use drugs, and have an addiction than girls. Girls on the other hand are more likely to experience peer problems such as rejection. Girls also are more likely to have depression, anxiety disorders, and eating disorders (Barkley, 2016).

All of these things put children with ADHD at a significantly higher risk for social difficulties (Pfiffner, Kaiser, Burner, Zalecki, Rooney, Setty, & McBurnett, 2011). Shillingford-Butler, and Theodore shared that as children with ADHD grow up and proceed through schooling, they are at considerable risk for continued academic impairment, grade retention, school failure, early drop-out, and juvenile delinquency. The age and developmental level of a
child often influences the ADHD symptoms and how they’re expressed, and so it is assumed that symptoms and behaviors change throughout the lifespan of an individual with ADHD (Shillingford-Butler, & Theodore, 2013). Barkley talked about how ADHD changes with development and how what works at the elementary age may not work when that child is in high school (2013). Barkley stated that

hyperactive symptoms decline more steeply with age than do the inattention symptoms…but the number of domains of daily life impaired by ADHD can increase with age because more domains become available for participation than in childhood (e.g. sex, driving, work, managing money, cohabiting with a partner, raising children, etc.). (2016, p. 7)

Barkley also revealed in his findings that up to 80% of school-aged children continue to have this disorder in adolescence and between 50 and 65% of these adolescents will have the disorder in adulthood (2013). While many children continue to have ADHD through adulthood, there is a chance that some will become less symptomatic, which could give some hope to the parents of these children.

Although many children continue to have ADHD symptoms throughout their lives, it doesn’t mean that all of these symptoms are negative. In fact, there are many positive traits seen in individuals with the disorder. Some of the commonly seen positive traits are: high amounts of energy, multitasking abilities, the ability to hyper-focus, and they’re known to be empathetic, sensitive, spontaneous, curious, creative, compassionate, and children with ADHD can be highly intelligent (Pelcak, 2016).

**Intelligence**

According to Daley and Birchwood (2010), intelligence has been something that many researchers have studied and questioned if whether or not ADHD impacts a child’s IQ and if the IQ could be the root of the academic disadvantage for this population. Although children with
ADHD typically perform lower on tests in general than children who have adequate executive functioning, research indicates that children with ADHD score lower on IQ tests than children without ADHD. Studies have also shown a link between ADHD and academic underachievement suggesting that children perform academically at a lower level than anticipated by their IQ (Daley & Birchwood, 2010). A child’s IQ could be effected if the child suffers from other disorders as well as ADHD and it isn’t uncommon for a child with ADHD to suffer from another disorder.

**Comorbidity with Other Disorders**

About 70% of children who meet criteria for ADHD also meet criteria for at least one additional psychiatric disorder, most commonly oppositional defiant disorder (ODD) or conduct disorder (CD) (Trillingsgaard, Trillingsgaard, & Webster-Stratton, 2014). Children who have a second diagnosis other than ADHD may have a different set of difficulties and moving through life can be more difficult than the child with only ADHD.

**Oppositional defiant disorder and conduct disorder.** Research shows that children with ADHD were 11 times more likely to have Oppositional Defiant Disorder (ODD) and/or Conduct Disorder (CD) than children without ADHD (Falk & Lee, 2012). ODD occurs in 52.1% of all ADHD cases (Trillingsgaard et al., 2014) and is defined as “a pattern of angry/irritable mood, argumentative/defiant behavior, or vindictiveness lasting at least 6 months as evidenced by at least four symptoms” (American Psychiatric Association, 2013, p. 462). A large percentage of children form oppositional problems because their ADHD symptoms don’t meet the expectations of others and as a result they receive large amounts of negative feedback about inappropriateness or inadequacy of their actions from their peers, parents and teachers. This negative feedback causes the child to feel frustrated and they tend to push back in
retaliation. Some of the characteristics of the oppositional child include losing temper easily and frequently, arguing with adults and authority figures, defining rules, blaming others for mistakes, annoying people, appearing angry, resentful, spiteful, and using inappropriate language (Goldstein & Goldstein, 1992). Children with ADHD are also at a higher risk for CD and problems than children without the disorder. CD is defined as

A repetitive and persistent pattern of behavior in which the basic rights of others or major age-appropriate societal norms or rules are violated, as manifested by the presence of at least three of the following 15 criteria [listed in the DSM-5] over the past 12 months and at least one criteria in the past 6 months (APA, 2013, p. 469)

Conduct problems include violating rules, aggression, cruelty, violence, and destruction of property. As many of these children get older, they tend to have problems with drugs, alcohol, truancy, and sexual misconduct. Conduct problems aren’t a surprise in children with ADHD because of the impulsivity that comes along with the disorder. CD is a difficult disorder to diagnose because of its severity and though both of these disorders may influence each other they are entirely separate disorders that have different courses of development, causes, and symptoms (Goldstein & Goldstein, 1992). Not only can children with ADHD have ODD or CD, but also they can have other disorders such as Autism Spectrum Disorder (ASD) and anxiety.

According to Miranda, Tárraga, Fernández, Colomer and Pastor (2015), ASD has similar symptoms to ADHD. Because symptoms can overlap and look similar in multiple disorders, professionals should be extremely cautious when diagnosing a patient. Professionals should consider ruling out other disorders before determining what disorder a child may or may not have.

**Autism spectrum disorder.** ADHD is known to have a high comorbidity rate with Autism Spectrum Disorder (ASD). Like ADHD, ASD is a neurodevelopmental disorder, but with different core symptoms (Miranda, et al., 2015) such as impaired communication and social
interaction skills, as well as repetitive and restricted behavior and interests (Van Steijn, Oerlemans, van Aken, Buitelaar, & Rommelse, 2013). Children with ASD, ADHD, or both, can also have symptoms that are similar to anxiety disorders and some can even be diagnosed with an anxiety disorder.

**Anxiety.** About 25% of children with ADHD have a coexisting anxiety disorder (Bilgiç et al., 2013). Anxiety disorders are illustrated by excessive tension and worry even when there is little or nothing to provoke it. Goldstein and Goldstein have agreed that children with anxiety disorders often times have excessive physical complaints, are self-conscious, have an excessive need for reassurance, and feel tense or unable to relax and may worry about themselves, their family, and the future (1992). Due to the inward expression of distress, symptoms of anxiety disorders are called internalizing, while ADHD symptoms can often times be called externalizing. Despite the difference between externalizing and internalizing symptoms, ADHD and anxiety disorders naturally intersect in symptomatology (Bloemsma et al., 2013). According to Bloemsma, et al. research shows that children with ADHD and comorbid anxiety have a later age of ADHD onset, have more school problems then children with ADHD alone, and show less off-task and hyperactive behavior (2013). Anxiety disorders have a high comorbid rate with depressive disorders. Children with ADHD not only have a higher risk for anxiety, but also they have a higher risk for depression due to their lowered self-esteem.

**Depression.** Many children with ADHD can also have depression. “Symptoms of hyperactivity have been reported in as many as 60% of depressed children” (Goldstein & Goldstein, 1992, p. 123). It is suggested that the depression could be caused by the potential differentiation is skill level in children with ADHD and children without it. Children with the disorder tend to exhibit more sadness, helplessness, and a lower self-esteem (Goldstein &
Goldstein, 1992). The skill level differentiation in children with ADHD could be due to a language and/or learning disability.

**Language and learning disorders or disabilities.** Many studies have indicated that children with ADHD are at a higher risk for learning disorders than children without ADHD. ADHD and learning disabilities often coexist and ADHD serves as a risk factor for learning disabilities. In fact, nonverbal learning disabilities can sometimes be confused with ADHD and one can sometimes be misdiagnosed as the other (Shillingford-Butler, & Theodore, 2013). According to previous studies, ADHD is one of the most common comorbid diagnoses for children with an expressive language disorder or mixed receptive-expressive language disorder such as oral language difficulties (OLD). It is estimated that about 50% of children with ADHD have a comorbid OLD, while about 20 to 60% of children with ADHD have one or more learning disability or language problem. Children with co-occurring ADHD and learning or language problems typically have more difficulties in their academics and struggle in a broad variety of performance issues such as attention, coordination, language and perception (Hughes, Pickering, Baker, Bolanos, & Silver, 2014). Students with learning disabilities and ADHD can struggle with reading comprehension, math and anything else that the child feels he or she is deficient in. Children with ADHD can get help with their learning disorders as well as their other mental health disorders. Help for these difficulties can come from many different forms of treatment.

**Research Based Treatments**

Brady believed that ADHD must be treated so that individuals can comply with the demands of society; if gone untreated, an individual is at risk of long term social and academic failure (2014). While there are many treatment options, medication is known to be the most
successful treatment option. Medication is known to be even more successful when it is accompanied by behavioral therapy and interventions. According to Daley and Birchwood, both medication and behavioral interventions are used to target off-task and disruptive behaviors so that the child can be a successful and cooperative member of society (2010). Many people in society have fears about mental health, which leaves the ADHD child feeling misunderstood and incompetent.

Societal Challenges with an ADHD Diagnosis

Society is made up of many individuals who don’t understand or believe in mental illnesses while others lack education on the topic of mental illness and ADHD. Because of this stigma in our society, children with ADHD are misunderstood and tend to fall through the cracks. Stigma can be defined as “the view that a specific deviation in physical attributes, character, or behavior is undesirable, and represents a negative outcome” (Wiener, Malone, Varma, Markel, Biondic, Tannock, & Humphries, 2012, p. 221). Children with ADHD might feel stigmatized because they develop their identity from the feedback from others such as their peers, parents and teachers (Wiener, et al., 2012) and when the feedback they get is negative, they start to view themselves in a negative way and don’t feel the confidence and competence that their peers may feel and it starts to affect their self-esteem. The stigma surrounding this disorder not only affects the child who suffers from the diagnosis, but also the parents and family members of the child. ADHD requires society to respond and whether that response is good or bad, it effects the children who hold tomorrow’s future in their hands. It is important that as a society, we understand ADHD and that even these children who face an adversity such as ADHD hold promise and potential.
Parenting a Child with ADHD

Parenting is known to be a complex responsibility that most parents hope to be successful in, because it plays a significant role in child development. Although parents want to be successful in parenting their children, it doesn’t always go as planned. Parenting a child with ADHD can be extremely challenging and can put a lot of stress on the entire family. In fact, research suggests that families of children with ADHD experience higher levels of family conflict, lower cohesion, and are characterized by lower marital satisfaction and have higher levels of parental separation and divorce than families with children without ADHD (Cussen, Sciberras, Ukoumunne, & Efron, 2012).

Family Dynamics and Atmosphere

Barkley (2013) believes that the family context of a child with ADHD is critically significant in understanding the child for several reasons. First, the parent-child and sibling-child interactions in a family of a child with ADHD have been shown to be inherently more negative and stressful for all family members than the typical interactions in other families. Second, there is evidence that shows that parents and siblings of children with ADHD are more likely to be experiencing their own psychological issues and psychiatric disorders, than parents and siblings without ADHD (Barkley, 2013). There is a 25-40% chance that at least one parent of a child with ADHD suffers from their own ADHD (Barkley, 2013) which can have an impact on the effectiveness of parenting for these parents who are struggling with their own ADHD.

Parent and child relationships. Parents who have ADHD themselves can have many positive characteristics such as the ability to hyper focus, curiosity, compassion, sensitivity and empathy, high energy, multitasking ability, and are committed to their children (Pelcak, 2016). Co-parenting is extremely important in raising a child with ADHD and the child needs to see that
his or her parents are in their corner, encouraging and loving them no matter what. While relationships with each parent tend to be different, they are both significant to the child with ADHD. Research shows that there is significant correlation between maternal parenting style and children’s behavioral problems (Alizadeh, Talib, Abdullan, & Mansor, 2011). Romirowsky and Chronis-Tuscano’s (2013) research indicates that maternal psychopathology is a risk factor for conduct issues in children with ADHD.

Barkley found that children were much less compliant, more negative, more likely to get off-task, and less able to persist in complying with their mothers’ directives. Mothers have also said that their children seem to behave better for their fathers. This could be due to the fact that mothers use talk verses action with their children while fathers use action verses talk, and children tend to respond better to action. The father holds a significant role with the child with ADHD. Studies suggest that within the families of children with ADHD, having a biological father who is present in the home is related to lower levels of child conduct issues (Romirowsky & Chronis-Tuscano, 2013).

Barkley talks about fathers and why they tend to be more successful with the ADHD child and it is because fathers usually reason and repeat commands less and typically may impose swifter punishment for noncompliance than mothers (action). Because of this incongruity between mothers and fathers, researchers are seeking more answers, but it is important for professionals to realize that children with ADHD differ in their responses to their fathers and mothers (2013). Regardless of the relationship between the child and each parent, there must be consistency in parenting and without consistency, the child is at risk for more problems and a more challenging life. Consistency requires the parents to have self-control which is extremely difficult when the parent is stressed, fatigued, or angry. Barkley shared that
when a parent lacks self-control, they tend to overreact and be unreasonable with punishments (2013).

Children and their parents have a special bond, so parents should show their children that they too can be imperfect. When parents allow their imperfections and humanness to show when appropriate, it allows their children to do the same. This puts children on the path to accept that perfection doesn’t exist and to be satisfied with nothing but their best. Because all humans are imperfect, it is essential that parent’s praise their child’s effort verses the outcome to show their child that they’re in their corner and it is okay to be imperfect. Barkley stated that parents should make sure that they’re giving all of their children attention. Because children with ADHD require an enormous amount of attention and effort, the other children in the family can sometimes feel as they’re forgotten about. This can cause the ADHD child and their siblings to have a relationship that has a greater amount of resentment, conflict, and competition for attention (2013).

**Sibling and child relationships.** The relationship between the siblings in a family are not only vital to the development of each individual in the family, but also to the family atmosphere. Barkley (2013) shared that children with ADHD are more argumentative, disruptive, and more likely to encourage inappropriate behavior or mischief with their siblings than children without ADHD. Siblings of a child with ADHD have approximately one in three or four chances of having ADHD themselves. If a family has more than one child with ADHD, it is known to be much more difficult on the family (Barkley, 2013). According to multiple studies, the chances of first, middle, or later born children have an equal chance to have the disorder (Berger & Felsenthal-Berger, 2009). Although birth order does not affect whether or not a child gets diagnosed with ADHD, the child with ADHD and the siblings in the family may struggle with
issues such as inferiority/superiority and other issues. Siblings of the child with ADHD might feel as if they receive less attention from their parents and can often feel envious and left behind (Barkley, 2013). Even though all children in a family may require different things and have different needs, it is essential that parents treat all of their children equally including the ADHD child. Barkley suggests that because the ADHD child requires a lot of time and attention, the parents should discuss this with their other children while also making sure to give all of their children undivided attention (2013). The style of parenting that each parent uses in the family can have an impact on the developmental course of each child in the family and the development of the relationship between each child and their siblings.

**Parenting Styles**

The style of parenting that each parent uses is critical to the development of each child in the family. “Since the family is the first window of the child, parenting style and its influence on children could greatly affect their understanding, attitude and school achievements.” (Kordi & Baharudin, 2010, p. 217). Parenting styles represent standard strategies parents use in raising their children (Kordi & Baharudin, 2010) and have been studied extensively in human development. Baumrind (1971) identified four key elements that shape parenting: (a) responsiveness vs. unresponsiveness and (b) demanding vs. undemanding. There are four parenting styles that he identified in his studies which are permissive, authoritarian, neglectful or uninvolved, and authoritative. Children with ADHD symptoms are known to have difficulties in their relationships with their parents (Kim & Yoo, 2012), therefore parenting styles are significant and are proven to have an enormous impact on children with ADHD and their behaviors. Research has found that there is a strong correlation between parenting style and children’s behavioral problems (Alizadeh, Talib, Abdullah, & Mansor, 2011). Parenting styles
can be seen as positive or problematic and have an impact on the child’s academic, social, and emotional development.

**Positive parenting.** According to Schroeder and Kelley (2009), positive parenting has a significant positive impact on the child’s development academically, socially, and emotionally. They share that “an accumulating body of literature has shown that positive parenting (characterized by warmth, sensitivity, expressiveness, and adequate limit setting) is associated with children’s inhibition and ability to maintain attention, self-control, and behavior problems” (p. 228). Positive parenting can be difficult for parents of children with ADHD because they have a high burn out rate and often times can resort to problematic parenting techniques.

**Problematic parenting.** Parenting a child with a neurodevelopment disorder like ADHD puts a high level of stress on the parents. Miranda et al. have identified parenting stress as a “specific type of stress that arises when the parents’ perceptions of the demands of their role as parents surpass their resources to cope with them” (2015, p. 82). Parents of children with ADHD tend to be more disapproving and are more demanding and critical than parents of children without ADHD which can cause a child with ADHD to feel more rejected and discouraged (Finzi-Dottan, Manor, & Tyano, 2006). Parents have also been known to exhibit harsher disciplinary practices, and have a poorer understanding of their children’s learning abilities (Schroeder & Kelley, 2009). Rak and Patterson believe that “punishment is often more related to the parents’ mood than to the child’s behavior” (1996, p. 371). Even if problematic parenting does not cause ADHD in children, it can negatively affect ADHD symptoms (Kim & Yoo, 2012). Problematic parenting styles can include authoritarian, uninvolved, and permissive parenting.
Permissive parenting. The permissive parenting style is labeled by high responsiveness and low demanding, so consequently their children tend to be passive and unresponsive in their interaction with others, they become dependent, and lack social responsibility (Alizadeh, et al., 2011). Permissive parents typically are known to let their children run the household with very little rules and structure. Typically children of permissive parents are expected to regulate their own activities (Kordi & Baharudin, 2010). Dreikurs, Grunwald and Pepper (1998) stated that “these children show no concern for other people’s time or discomfort; they put their parents, their teachers, and often their older siblings into their services” (p. 53). They also share that they have found that many children who have grown up in permissive homes have figured out how to get themselves out of difficult situations and how to protect themselves by setting up excuses in advance. They often blame everything on others and can never take responsibility for their own actions (Dreikurs et al., 1998).

This type of parenting could be the most detrimental to the ADHD child because they aren’t taught how to accept personal responsibility for their impulsive, hyperactive behaviors and/or would blame their inattentiveness on other people and things (e.g. teacher’s inability to teach well). Another reason why this type of parenting can be harmful to the ADHD child is that children with ADHD require more structure than other children, and permissive parents can’t provide that because they are known to use more of a hands off approach than other parents who have different styles of parenting such as authoritative and authoritarian.

Authoritarian parenting. The authoritarian style is characterized by low responsiveness and high in demanding. Authoritarian parents are typically strict, emotionally detached and directive, and their children are usually expected to be submissive to their parent’s demands (Kordi & Baharudin, 2010). Authoritarian parents usually have unreasonable expectations, are
always right, show little affection and warmth, and provide little encouragement and praise. Alizadeh et al. (2011) share that authoritarian parents are known to use punishment, force, and harshness for techniques used to exhibit their authority. Dreikurs et al. have shared that in an authoritarian home atmosphere, parents use pressure and autocratic means to bring up their children. These parents use phrases such as, “do as I say or else” or “because I said so” (1998, p. 54). Research has found that this type of parenting alone is negatively correlated with children’s adjustment among other issues (Alizadeh et al., 2011) such as low self-esteem, shyness, difficulty in making decisions, tendencies to rebel later in life, are aggressive outside of the home, and tend to associate obedience and success with love (Seth & Asundi, 2013). Children with parents who are uninvolved or neglectful can grow up with similar difficulties as these children of authoritative parents.

**Uninvolved or neglectful parenting.** Uninvolved parents are typically emotionally detached and have little to no involvement in the lives of their children. They’re typically overly involved in themselves, making their children view them as selfish individuals. Berk shares that at its extreme, uninvolved parenting can become neglectful which is a form of child maltreatment. Children with uninvolved parents display many problems such as poor emotional self-regulation, difficulties in school achievements, and antisocial behavior (Berk, 2009). In society today, it is more common for a child to live with a single parent. This can be due to the sky rocketing divorce rate, and the amount of mothers who give birth to children with fathers who are already uninvolved. Although co-parenting is ideal, it’s not always an option. Single parents must work extra hard to provide an authoritative home environment for their child to strive in.
**Authoritative parenting.** The authoritative style is seen as the most positive style of parenting due to the fact that it is high in responsiveness and high in demanding. According to Darling, Dornbusch, Lamborn and Steinberg (1992), there are three specific components of authoritativeness that contribute to healthy psychological development and school success in children: parental acceptance and/or warmth, behavioral supervision and strictness, and physiological autonomy granting or democracy. Children of authoritative parents tend to have fewer behavioral problems and a higher academic achievement rate in school (Alizadeh et al., 2011). Many studies suggest that authoritative parenting is also associated with an increase in many attitudinal and behavioral indicators of academic orientation (e.g. a stronger work orientation, higher educational aspirations, greater time spent on homework, greater engagement in classroom activities, more positive academic self-conceptions, more positive feelings about school, and lower levels of school misconduct (Darling et al., 1992).

The authoritative style of parenting is not only the most positive style of parenting for children in general, but also it is the most effective style in raising a child with ADHD. Berk (2009) stated that authoritative parents “insist on appropriate maturity, give reasons for their expectations, use disciplinary encounters as ‘teaching moments’ to promote the child’s self-regulation” (p. 570). She also found that,

when the parent and child disagree, authoritative parents engage in joint decision making when possible. Their willingness to accommodate to the child’s perspective increases the likelihood that the child will listen to their perspective in situations where compliance is vital. (p. 570)

It is also believed that authoritative parents are able to give their children affection, appropriate control, and respect for self-determination which increases the child’s competence. The child then typically responds to this parenting style with cooperation and maturity, “which promote parents’ pleasure and approval of the child, sense of self-efficacy at child rearing, and likelihood
of continuing to be authoritative” (p. 572). There are many interventions for authoritative parents to use in the home that help promote the wellbeing of their children who struggle with ADHD.

**Home Interventions**

Interventions in the home and also at school are crucial to the effectiveness of behavioral therapy for the ADHD child. Interventions should aim to teach specific skills and modify behavior(s) so that children with the disorder can live their lives to their fullest potential and learn to be successful individuals in their community and in society.

**Behavioral Modifications**

Modifying behavior(s) requires behavior therapy which is a successful type of treatment for individuals with ADHD. It is implemented so that negative and undesired behaviors can be decreased and positive and desired behaviors can increase. Barkley suggested that behavior therapy can typically be implemented by training parents in specific techniques that can improve their chances at shaping their child’s behavior. There is a broad set of specific interventions that parents are taught to use to help their children (2013). Behavior interventions should be balanced with proactive (antecedent-based) and reactive (consequence-based) behavioral interventions. The antecedent is what comes before the behavior and the consequence is what is given after the behavior occurs (DuPaul, Weyandt & Janusis, 2011). Behavior interventions are typically most successful when they’re at the point of performance (Barkley, 2013).

**Point of performance.** Barkley found that because children with ADHD have an impaired working memory, it is helpful to put key information in a physical form at the point where the work has to be done, this is called *point of performance* (2013). Dr. Sam Goldstein invented this phrase to refer to the place and time for performing a behavior or a task that is in
the natural setting (home or school; Barkley, 2013). For example: an 8th grade boy with ADHD who struggles with organization is having a difficult time remembering to turn in his homework assignments. He claimed that he loses his assignments in his locker and can’t find them to turn them in. To help this 8th grader, the school counselor might do weekly check-ins with him and during this time, they would go to his locker together. Together the counselor and the student would clean and organize the locker while searching for the missing assignment(s). The counselor would then walk with the student as he turns in his homework. The counselor would then reinforce the child by praising or encouraging him.

**Reinforcement and punishment.** Shillingford-Butler and Theodore (2013), believe that reinforcement and punishment are two key elements when implementing interventions and modifying behavior. Combining positive reinforcement for desired behaviors with punishment for inappropriate behaviors is the most effective strategy in modifying behavior. In modifying behavior, punishment and reinforcement both must be occurring and while both are essential in modifying behavior in children with ADHD, positive reinforcement should be initially provided in order to reinforce the desired behaviors (Shillingford-Butler & Theodore, 2013). Barkley suggested that reinforcement programs should be established first and implemented for over 1 to 2 weeks before implementing punishment in order for it to be maximally effective (2008). He expresses that punishment must remain within a relative balance with rewards or it’s not likely to succeed. It is critical that when children with ADHD receive punishments they are given immediately, more frequently, and are changed regularly so that the reinforcing power isn’t lost. He also states that delays in consequences can greatly decrease the efficacy for ADHD children. Punishments can be kept mild and still be effective as long as it is delivered as quickly after the
misbehavior as possible (2008). According to Barkley (2016), consequences should be delivered in private so that the child doesn’t receive negative attention from his or her peers.

**Token economy.** Consequences and reinforcements don’t necessarily have to always be done in private. Many teachers and parents use token economy where multiple children can be involved at a time. Research indicates that token economy or token reinforcement is known to be one of the most common behavioral interventions for ADHD (DuPaul, Weyandt & Janusis, 2011). According to Barkley (2016), token economy combines positive and negative reinforcement for desired behaviors. When a student displays the appropriate and desired behavior, they are rewarded with a token (e.g. point, ticket, sticker, money, check marks on the board, etc.). At the end of a specific amount of time, the students may trade their tokens in for pre-determined privileges (e.g. extra recess time, free time, screen time, etc.) or rewards (e.g. money, new toys or other desired items, etc.; Barkley, 2016). It is important that rewards are individualized based on the child’s preferences and interests, otherwise the behavior may not change due to lack of motivation. The rewards should also be changed or rotated frequently so that children do not become bored with the same reinforcements (DuPaul et al., 2011). It is suggested that token economy (receiving reinforcements) should be combined with response cost (removing reinforcements) for increased results.

**Response cost.** Response cost is a form of punishment that involves removing reinforcements (e.g. tokens, privileges, activities, etc.) when a child engages in undesirable behavior. A child begins with a specific amount of something (e.g. tokens or time outside) and each time that they engage in the undesired behavior, a token or a minute outside is taken away. DuPaul et al. (2011) believe that response cost should be implemented in situations where the positive reinforcement alone has not adequately decreased the problem behavior. In most cases,
response cost programs are implemented with a token system so that the child can receive and lose tokens based on their behavior. Children with ADHD typically behave more poorly so they don’t earn or gain anything through token economy so they are more difficult to be motivated by rewards. Goldstein and Goldstein (1992) suggest that this should be modified for children with ADHD. Meaning, the child should be given an entire reward at the beginning (e.g. $100.00), but the child must work to keep the reward and if the child misbehaves or doesn’t comply, a specific amount is removed (e.g. $1.00 for every rule that is made between parent and child is broken).

For children with ADHD, this is extremely helpful in reducing negative behaviors because they will want to work hard to keep what they already have rather than work to earn something that they don’t have which is usually difficult for the ADHD child. Time out can be an effective type of punishment that can be used if response cost combined with token economy doesn’t work.

**Time out.** Time out is a commonly used as a strategy to reduce undesired behaviors and involves removing a child from a situation that is causing the child to misbehave. According to Goldstein and Goldstein (1992), time out is extremely effective for children between ages 4 and 12 and can vary in length of time and proximity to the location of the problematic behavior (e.g. moved from the classroom to a chair in the hallway, the living room at home to the child’s bedroom, etc.). Time out can be a punishment or a reward for the child depending on whether the classroom or living room is seen as a positive or negative environment by the child. If the child views the classroom or living room as a negative environment, removing the child from the room to put them on time out can actually be rewarding for them. Shillingford-Butler and Theodore (2013) have stated that time out should be delivered immediately following the undesired behavior and the parent/teacher should remain calm but firm. It is crucial that time out is used for noncompliance and not for incompetence (e.g. if a child can’t figure out a math
problem, sending him or her to their room won’t improve his or her math abilities) (Goldstein & Goldstein, 1992). After the child finishes the time out, it is important to discuss what is expected from the child and ask the child to try again and comply. The purpose of time out is to let your child know when they’re being noncompliant and then allow him or her to return to make another attempt (Goldstein & Goldstein, 1992). When interventions such as time out, response cost and token economy are combined with other types of behavioral therapy as well as medication, the child with ADHD will have a better time succeeding in school and in life.

**Medication.** Some researchers believe that medication is known to be the most effective form of treatment for a child with ADHD. Other researchers suggest that medication is most effective when combined with behavioral therapy. As of 2007, “parents of 2.7 million youth ages 4-17 years (66.3% of those with a current diagnosis) report that their child was receiving medication treatment for the disorder” (Centers for Disease Control and Prevention, 2013). Barkley (2016) shares that there are two different types of medication categories that are approved by the Food and Drug Administration (FDA): stimulants and nonstimulants. Both of these types are known to increase the amount of chemicals in the brain called neurotransmitters. The two neurotransmitters that effect ADHD are dopamine and norepinephrine and they’re “involved in permitting nerve cells to communicate with each other so the brain can function effectively” (Barkley, 2016, p. 73). Goldstein and Goldstein (1992) have concurred that stimulant medications are the most effective medications for ADHD. In fact, seventy-five percent of children on a stimulant medication who have the disorder show a real improvement in their behavior. Like almost any mental disorder, there are many different medications and there isn’t a one that fits all. Not only are there many different types of medications, but also medications have different dosages, and some have been known to cause adverse effects on
sleep, appetite and growth (Stevenson et al., 2014) and only works short-term (Van der Oord, Bogels & Peijenburg, 2012) which is why many parents like to steer away from using medications as a form of treatment. A medication type and dosage that works for one child might not work for the other and sometimes children need to try being on different medications and dosages to see what works the best for them. This trial and error process can be discouraging and exhausting, but worth the time and energy once the right medication is pinpointed for a particular child.

According to Barkley (2013), the school may or may not play a role in medication administration and monitoring. Most schools have formal policies in place regarding this. For example, many schools require a signed statement from the child’s physician with the dosage amount, type of medication, and instructions for using the medication. Barkley states, “Fortunately with recent development of long-acting ADHD medications, it is becoming less common for children to need to take medication during school hours; a dose of one of these newer medications once in the morning before school can often be enough to get them through the school day with sufficient medication in their bloodstream” (Barkley, 2013, p. 252).

School counselors, nurses, teachers and parents should keep in close contact regarding the child’s medication so that the school can keep an eye out for changes in the child’s behavior and mood. The school should consider having a baseline assessment done before the child starts the medication. Then after a few weeks once the child has been consistently taking the medication, the same assessment would be done again by the same person to see if there have been any changes in behaviors. This is done to see if the medication has been successful or not.

Physicians not only suggest medication, but also will even suggest that parents make changes in their child’s diet (Stevenson et al., 2014)
Diet and exercise. Diet and exercise has been heavily researched to show if there are any correlations between physical health and ADHD. Stevenson et al. (2014) believe that is crucial that all children (not just the children with ADHD) are eating healthy and exercising regularly because many lifestyle changes and healthy habits do effect brain functioning. These healthy habits include getting more sleep, a healthier diet, regular exercise, structure, medication, and appropriate help from counselors and teachers. They also include in their research that there are three dietary treatments for ADHD that have been repeatedly tested and they are (a) Restricted elimination diets (RED), (b) Artificial food color elimination (AFCE) and (c) Supplementations with free fatty acids (SFFA). The RED involves the removal of specific foods from the diet that the child typically shows hypertensivity. AFCE includes the elimination of food colorings that are in the child’s diet such as tartrazine, carmoisine, sunset yellow, brilliant blue, indigotine, allura red, quinolone yellow and ponceau 4R. SFFA includes increasing the amount of FFA in the diet such as the omega-3 free fatty acids and the omega-6 free fatty acids. Doctors and professionals may suggest taking a capsule that contains oils (fish oil tablets) or introducing a diet that is rich in fish products. This is known to increase the brain functioning and behavior in children with ADHD who have deficiencies in FFA (Stevenson et al., 2014). Although changing a child’s diet can have a positive impact on their brain functioning, it takes time and requires consistency and patience.

Establishing consistent routines. Consistency is known to be a significant part of learning. Barkley (2013) believes that applying consistency means four crucial things: (a) being consistent over time, (b) being persistent and not giving up too soon when you are just starting a new routine or behavior change, (c) responding in the same way even if the setting changes, and (d) making sure that both parents are using the same methods to apply the change in routine
Children with ADHD can benefit from a consistent schedule at home that includes specific time periods and routines for chores, activities, play time, television time, homework, and dinner time is essential (Goldstein & Goldstein, 1992). Goldstein and Goldstein believe that homework tends to be the most stressful activity that parents and the ADHD child engage in together because children are typically tired right after school and parents feel pressure to meet the school’s demands. They suggest some things that might help the homework process. First, if the child doesn’t want to do homework right away or doesn’t want help with homework to not force the help. Instead, provide incentives, offer assistance, but never insist that the child needs help with their homework. Second, set goals by setting a specific and fixed study time and location where homework can be successful and always work as a team. Third, agree on what parent will be the homework helper for the child and that parent should be patient, give clear directions, and have the child’s trust. Fourth, homework should be successful so having the child complete the easier tasks or assignments first tends to be more helpful because the child is able to establish success and reinforcement. Fifth, stay positive and task oriented by emphasizing the task at hand not the values of the parent. Sixth, avoid excessive corrections, but be honest and sensitive with feedback. Lastly, have shorter homework periods and reduce the length of assignments to match the child’s attention span and always stay positive. It is imperative to prepare the ADHD child if there is going to be a change in any of the routines so that they can anticipate the change and have an easier time adapting to the change (Goldstein & Goldstein, 1992).

Barkley (2013) believed that preparing the ADHD child for interventions in the home is essential to the cooperation between the parents and child. There are many interventions that can be done in the home and while these interventions can be extremely successful, they can also be
unsuccessful if the child isn’t both aware of them and prepared for them. Preparing the child for interventions in the home can be done by discussing the potential changes with the child while also allowing them to have some control with the interventions.

**Other home interventions.** Allowing children to have some control in implementing interventions in the home can be a successful approach to starting the interventions. There are many interventions that can be used in the home that are easy to implement, small, and require very little effort, but are extremely effective (Barkley, 2013). Children with ADHD need rules and instructions that are clear, brief, and many times delivered through more visible and external modes of presentation than children without the disorder. Using a visual aid for keeping time such as a timer or clock can help the child to remain focused and on task for the time that they’re supposed to be completing a task (DuPaul et al., 2011). Children should be provided with more frequent praise when following rules and expectations (Barkley, 2008). Goldstein and Goldstein (1992) believed that children typically don’t respond well to the word “no” or “don’t do that”, instead of using these common phrases, use redirection (e.g. if a child is doing something annoying that is bothering you while you’re preparing dinner, give them a direction or something to do such as setting the table or mixing the salad ingredients together). It is important that parents learn how to tell their children what they want to have happen instead of what they don’t want to see. This is known to be a very hard habit to break, but changing negative statements into positive redirections can create a very positive change in the child’s behavior and the home atmosphere (Goldstein & Goldstein, 1992).

It is critical to remember that all children with ADHD are unique; they all act in different ways and respond differently to interventions. Because of this, it is important to treat the child as an individual and decide what modifications would be best for that specific child and their
undesired behaviors (e.g. if the child is mainly impulsive it might be a good idea to use a time out method, while a child who is off task and gets distracted easily might respond better to verbal cues). It is important that each behavior modification plan is carefully customized so that it fits the unique needs of the child. Barkley (2013) believed that it is also crucial that parents choose their battles when trying to change their child’s behavior. When parents try to take on too much at one time, they have a higher chance of burning out.

**Coping Skills for Parents**

Parenting can be a difficult task, especially when your child faces an adversity like ADHD which can then cause the entire family to feel stress. Cussen et al. (2012) shared that parents of children with ADHD typically get so worn out and tired that they lose sight of their disciplinary goals. This then caused them to start to use more aggressive parenting behaviors (e.g. losing their temper, physical punishment) and tend to use less inductive control methods such as positive incentives and reasoning (Cussen et al., 2012). Barkley (2013) reminded parents to practice personal renewal by: taking a long weekend away, finding a hobby or social activity, becoming active in a support group, seeking comfort from friends, practicing shared parenting, practicing becoming aware of moments, identifying and altering stressful thinking patterns, exercising regularly, and avoiding chemical substances (Barkley, 2013). Parents tend to be so focused on the negatives of the disorder that they forget that there are many positives to the disorder and they forget how to enjoy their child. Goldstein and Goldstein suggested that it is important for parents to spend time each day doing an enjoyable activity with the child. They also share that parents should “seek out and find positive attributes in your hyperactive child. Acknowledge them; nurture them; and help them develop (1992, p. 102). Barkley (2013) talked about practicing forgiveness in his writing. He believed of all things, practicing forgiveness with
the ADHD child is the most vital. Practicing forgiveness means three things. First, it means practicing letting go of anger, frustration or disappointment at the end of each day. Second, it means trying to forgive others who have misunderstood the ADHD child and have reacted in ways that have been offensive to the parent and the child. Lastly, it means the parent learning to forgive themselves for the mistakes that have been made with the child. It is noted that parents must not forget to take care of themselves, and cope with their own mental health and feelings surrounding their child’s ADHD. This is essential so that parents can be supportive, helpful, involved, and can advocate for their children inside and outside of school (Barkley, 2013).

**School Advocacy**

Parents play an enormous role in the child’s school experience and success. It is essential that parents keep in close contact with school professionals and work with them as a team to help their children succeed. For the child to be receiving around the clock behavioral therapy and treatment for their ADHD, they must have family members at home and staff in their school on board with helping them achieve and grow. School counselors, teachers and other staff members can work to help parents learn what the child needs at home and what interventions should be put into place in the home. Interventions are most successful and sometimes can only succeed if there is consistency, meaning they must be implemented not only at home, but also at school. With parent advocacy and appropriate help from the school, children with ADHD might become more confident and successful in school, and will have the opportunity to enhance their resilience.

**Building School Confidence and Success**

Parent advocacy and involvement as well as help from teachers and school professionals can help enhance the child’s confidence and success in school. “Research findings revealed that
parents have a significant influence on the school achievement of their children. Especially when they are involved in their children’s education and monitor their children’s after school works” (Kordi & Baharudin, 2010, p. 220). It is important that the parents and the school staff are discussing and implementing appropriate supports and interventions for the child. Some interventions that are popular in helping to reduce the undesired behavior so that the child can increase the appropriate behaviors and shift towards success are specific school programs, special classroom adaptations such as modified work, preferential seating, test modifications, ability to use fidgets, and offering two choices (e.g. work alone or with a partner). According to Barkley (2013) behavioral plans for students with ADHD can also be created as a part of the 504 Rehabilitation Act Plan or special education Individualized Education Program (IEP) under the other health impairment designation as part of the Individuals With Disabilities Act (IDEA). It is essential that parents are communicating daily or weekly with the school on their child’s response to interventions, and progress.

**Home-school communication.** It is important that teachers and parents are communicating daily or weekly. “Given that children with ADHD experience significant difficulties across settings, home-school communication programs are important components of a comprehensive treatment plan.” (DuPaul et al., 2011, p. 38). Home-school communication could be implemented through a daily report card system which would allow teachers and parents to continuously monitor and report on the child’s behavior. Barkley (2016) shares that two of the most effective tools for helping improve behavior and school performance of children with ADHD are behavior contracts and daily behavior report cards. DuPaul et al. (2011) stated in their literature that report cards typically have a list of three to five goals (e.g. get along with classmates, turn homework in on time, etc.) on which teachers can indicate the students’
performance on a specific scale such as the Likert Scale (1 represents superior performance and 5 represents unacceptable performance). Teachers monitor and rate the students throughout the day and then parents can provide home based reinforcements based on the teacher ratings. These report cards are effective because students can see their ratings as well as their parents and it can be used to encourage them when they’re having a successful day. When children are able to see their success in writing, it can be extremely encouraging and can help promote their resilience.

Promoting Resilience

Alvord and Grados (2005) define resilience as “skills, attributes, and abilities that enable individuals to adapt to hardships, difficulties, and challenges” (p. 238). Resiliency in children is “the capacity of those who are exposed to identifiable risk factors to overcome those risks and avoid negative outcomes such as delinquency and behavioral problems, psychological maladjustment, academic difficulties, and physical complications” (Rak & Patterson, 1996, p. 368). There are many researchers who are trying to figure out why some children have the ability to be resilient and persevere while others succumb. Greenberg (2006) identified three broad protective factors: characteristics of the individual (intelligence, abilities, personality traits, etc.), the quality of the child’s relationships, and broader ecological factors (schools, safe neighborhoods, etc.). Although many attributes are biologically determined, it is believed that resilience skills can be strengthened as well as learned (Alvord & Grados, 2005). School counselors as well as other staff members in the schools can play an enormous role in helping students learn resilience skills.

Implications for School Counselors

School Counselors wear many hats in schools today and are viewed as leaders in their district, school, and community. School counselors are trained professionals who not only help
students with a variety of issues, but also help staff members and parents with multiple concerns. School counselors are responsible for providing a safe environment while promoting student success, wellness, and making sure every student is contributing and feels a sense of belonging.

**Integration with Medical Community**

School counselors are trained professionals, but they can’t always do everything that they would like to do for their students and families, so they must know when to refer them to professionals in the community. Forming professional relationships with individuals in the medical community (e.g. physicians, psychiatrists, psychologists, mental health counselors, etc.) is an important duty for school counselors. This is important because many of the students with ADHD will more than likely need the help of one or more of these professionals and if the school counselor has a connection, it is easier to decide who to refer each specific child to. More often than not, school counselors need to obtain information from the medical professionals regarding their students. In this case, the school counselor needs a release of information from the parents and/or legal guardians of the child. Obtaining information from medical professionals can help the school counselors to understand the child and how to better help them in school. School counselors should keep connections with trained professionals outside of the school where they will be able to collaborate and consult on specific student cases.

**Collaboration and Consultation**

To increase the likelihood of treatment success, it is vital for school counselors to not only develop partnerships with medical staff out in the community, but also other school professionals (e.g. social worker, school psychologist, behavioral specialist, mental health counselor, administration, teachers, etc.) and must work with these individuals to develop interventions that can help children succeed in school. Studies show that regardless of intensity,
collaborative consultation usually leads to effective academic interventions for most students with ADHD (DuPaul et al., 2011). It is vital for school counselors and other school staff to administer interventions so that teachers are not asked to take on all of the responsibility for the interventions (DuPaul et al., 2011). School counselors must aim to not only help their students, but also the parents of their students. Parents don’t always know how to implement interventions and effectively help their children succeed. Collaboration and consulting with parents is a key element to the school counselor’s job.

**Parent training.** There are many interventions that parents can implement at home to help their child, but many parents don’t always know how to help their child which is why “parent training holds promise in treating young children with ADHD” (Webster-Stratton, Reid & Beauchaine, 2011, p. 192). Psychoeducation for parents includes information about the disorder, treatment, skills development, behavior modification techniques, how to cope, and is considered a well-established evidence-based practice for many severe psychiatric disorders (Montoya, Colom & Ferrin, 2011). Van der Oord, Bogels & Peijnenburg believe that although parent training is the most effective and most used form of behavioral treatment, because ADHD is highly heritable and parents may have the disorder as well, it isn’t uncommon for them to not respond to this behavioral parent training (2012). Because of this, it is key that both parents participate in parent training if possible so that the parent without the disorder can be effective for their child. Goldstein and Goldstein (1992) have shared that even though parent training is helpful, the success can also be short-lived. Long-term success requires the parent(s) to develop an understanding of their child’s behavior and they must work to increase their awareness on how to help the child. “As a parent, it is important for you to see the world through the eyes of your hyperactive child” (Goldstein & Goldstein, 1992, p. 138). There are a few effective parent
training programs that school counselors might consider facilitating and they are, The Incredible Years (IY) and mindfulness training.

IY is an evidence-based parent program that is congruent with a resilience-based prevention approach and uses a collaborative group process model for facilitating empowerment, engagement, and support for parents who are participating. IY’s goal is to strengthen parenting competencies to prevent outcomes such as violence, substance use/abuse, and conduct problems and to promote social competence, academic readiness, and emotional regulation (Borden, Schultz, Herman & Brooks, 2010). Mindfulness training is another effective type of parent program that has a growing amount of research on the effectiveness of mindfulness in parents as well as children. It is an intervention that is based on eastern meditation techniques that help to increase awareness of the present moment, reduce automatic responding, and enhance non-judgmental observation (Van der Oord et al., 2012).

School evaluations. Professional school counselors can help parents by providing parent training, as well as assistance with the school evaluation process. School evaluations are important in determining the next step for the child with ADHD, but can be tiring and discouraging for everyone involved. Barkley talks about evaluations and gives many tips for parents in his work and also talks about the evaluation process. It can take a long time for a child to be evaluated by a medical professional. Because of this, the parents should ask for the school district to perform an educational evaluation which is free under the IDEA if the child’s performance is being affected by ADHD or other behavioral or learning difficulties. The evaluation will then be done by multiple professionals in the school such as the school psychologist, behavioral specialist, social worker, teacher(s), and school counselor. During the evaluation process, parents will be asked to complete a home questionnaire so that the school
staff can get an idea of how the child behaves outside of school. Parents not only are asked to fill out questionnaires, but teachers are required to as well. Teacher questionnaires are more often than not the more accurate of the two, because teachers typically have the more unbiased opinion of the child and can see the child behave and function in multiple contexts. This evaluation seems like an extra step for some parents, but a school counselor should remind parents that the school isn’t likely to give a child special services without it (Barkley, 2013).

Barkley shares that before any interventions at school begin, it is crucial that professionals evaluate the situations at school that are proven to be the most problematic for them. “This can serve as a baseline level of their problems against which you can then later evaluate the success of your interventions” (2016, p. 29). There are many assessment tools such as rating scales that can be used to indicate which situations are problematic for the child. After completing the assessment, professionals will know more about what interventions to put into place for the child and specific problematic behaviors. Then after a few weeks, the professional would complete the assessment again and look for changes in problematic behaviors. Interventions can be extremely successful in reducing problematic behaviors if they’re the most suitable for the child.

**Classroom interventions and teacher consultation.** It is the professional school counselor’s duty to collaborate with teachers on many things including ways that students with ADHD can be successful in the classroom and at school. Barkley (2016) talked about the difference between proactive and reactive interventions that can be used in the classrooms. Proactive interventions are put into place to prevent problematic situations and behaviors from occurring, and reactive interventions are used after problematic situations occur. He believed that proactive teaching tends to increase the chance that appropriate behaviors and school
performance are more likely to occur. He also shared some of the many proactive methods that teachers can use before resorting to reactive methods. Teachers may want to consider decreasing the ADHD child’s workload to only essential assignments verses busy work. Teachers should think about giving the ADHD child more frequent breaks in between assignments. A teacher should consider where the ADHD should sit where the child will have the least amount of distractions (e.g. front of the room, away from people who are distracting to the child, away from colorful bulletin boards and the class pet, etc.). Teachers should highlight and bold the key parts of tests and assignments so that the child can easily see and remember the important instructions. Classroom teachers shouldn’t send unfinished class work home for parents to do and should give out weekly homework assignments so that parents can plan their week accordingly. Teachers should allow the child to have free time, give frequent exercise breaks and allow some restlessness in the work area (e.g. squeezing a stress ball, bouncing on a yoga ball, etc.) as long as the child is remaining on task and completing the work. A teacher should color code binders to help the ADHD child learn to organize better and should highlight and bold the main parts of assignments and readings. Teachers should consider scheduling the most difficult subjects in the first few periods of the day. This is effective because the child’s attention span is typically maximized in the beginning and children tend to become more playful and active later in the day, so saving the entertaining and active subjects for later in the day can be more effective. The classroom teacher may want to consider asking the child to set goals for him or herself. Coming up with goals such as asking the child how many problems he or she can get done in five minutes. Teachers should provide the ADHD child with after school help sessions, extra tutoring and even peer tutoring. There is evidence that shows that when students with ADHD work with their peers to learn new material, they are more likely to concentrate and learn the material than
if they just listen to a classroom lecture from the teacher. The teacher could easily do this by breaking the class up into groups frequently to learn the subject. Lastly, classroom teachers should be using behavior modification techniques, encouragement, and praise while teaching. The praise and encouragement can be small, simple and quick, yet still extremely effective (Barkley, 2016). Another thing teachers may consider doing is daily or weekly self-regulation evaluations with students. DuPaul et al. (2011) believed that self-regulation interventions can be used to encourage kids with ADHD to monitor, evaluate, or reinforce their own behaviors.

**Self-regulation training and management.** Researchers such as DuPaul et al. (2011) suggested that self-regulation strategies directly address the impaired delayed responding which is known to be one of the core deficits underlying the disorder. For example, a student with ADHD may learn how to evaluate their own performance using the same scale that their teacher or parent would use. The student would then receive reinforcement depending on if their evaluation of performance closely matched their teacher or parent’s evaluation. This is known to be an effective strategy for students with milder levels of ADHD. Studies show that this type of intervention can lead to large and positive effects on the on-task behavior and academic performance of children with the disorder. It is hypothesized that self-monitoring results in improvements due to the consistent monitoring of their own behavior (DuPaul et al., 2011). Children with ADHD should also be taught how to monitor their social skills through social skills training.

**Social skills training.** Social skills training is extremely important for the ADHD child. Children with ADHD almost always struggle to get along with other children and are often times excluded and teased for their impulsive and aggressive behaviors. The ADHD child’s impulsive and overactive behaviors are often considered to be irritating or aversive by other children.
School counselors should suggest that parents work on social skills with their children, help their children deal with the teasing from their peers, and arrange for positive peer contacts at home and in the community (Barkley, 2013).

All children need to be taught appropriate social skills, but children with ADHD need an extra amount of help in this realm. Researchers have identified numerous social skills that are crucial in making friends which is something children with ADHD struggle in doing. Some of these skills are: listening to others, how to meet new people, starting and ending a conversation, asking questions, following instructions, sharing, understanding body language, playing games, suggesting an activity, working cooperatively, offering help, saying please and thank you, offering and accepting compliments, apologizing, empathy, and understanding how one’s behavior affects others (Goldstein & Goldstein, 1992). School counselors should give tips for parents in helping them to teach their children appropriate social skills. Barkley (2013) said that parents should think of themselves as the “friendship coach” and try to: (a) establish a home reward program and reward the child when they show appropriate social skills, (b) write down one or two behaviors on a chart and post them where the child can see them and can be used as a reminder for them over the next week or two, (c) monitor your child’s behavior with other children and remind and encourage them to keep using appropriate skills, (d) set aside time each week to review with your child and discuss the social skills learned that week and praise, praise, praise and (e) video tape or record your child’s interaction with another child and play it back for the your child to see. The school counselor can also provide social skills training for the student at school. This can be done during individual meetings with the counselor, small group lessons, or classroom guidance sessions.
**Individual counseling.** Individual counseling is vital and it is the school counselor’s duty to help all children including at-risk children to see and look for their strengths rather than focus on their weaknesses. The school counselor should remain sensitive and understanding that life may be much more difficult for the ADHD child than a child without ADHD. Rak and Patterson (1996) believed that Counselors should be working with students with ADHD to initiate strategies that would reinforce the child’s patterns of resilience and to teach them to cope with stressful and hurtful problems in life. The school counselor should focus on building transferable skills by using specific techniques to increase the ADHD child’s self-concept such as: (a) role play; (b) conflict resolution techniques; (c) a nurturing stance by the school counselor that conveys to children an unconditional positive regard, positive reinforcement, and genuine hope; (d) modeling principles of a healthy self-concept; (e) peer support models; (f) creative imagery, and (g) bibliotherapy (Rak & Patterson, 1996). Much of the work done and skills learned in individual counseling can be put to use and practiced during group counseling.

**Group counseling.** According to Edwards and Gfroerer (2001), research shows that children who work to build their social skills in individual counseling sessions have a difficult time generalizing what they have learned to real life situations. Because of this, giving students the chance to use these skills through group work with other students may be more effective than learning skills in one on one sessions with the school counselor. Groups that work on social skills should incorporate different activities such as roleplay, behavioral rehearsal, modeling, and reinforced practice. During group, it is also important to practice active listening skills since many children with ADHD struggle in this realm. The goal of this is to increase the ADHD students’ abilities to stay focused and decrease their aggressive patterns with communication (Edwards & Gfroerer, 2001). When choosing the members of the group, there should be a range
in social skill ability, meaning there should be a few members who can demonstrate good social skills and function as models for the children with social deficits. Groups can be extremely effective for children with ADHD because it gives them a safe space to come to and share their feelings and struggles with others while building friendships and working on skills with other children.

**Adlerian Perspective**

**Adlerian View of ADHD**

Adlerians have a different view on ADHD than most professionals and reject the notion that ADHD actually exists. Adlerians as well as some other professionals question if whether ADHD is a neurological or medical disorder or simply a result of a lack of self-discipline and social skills (Edwards & Gfroerer, 2001). Adlerians view ADHD as an organ inferiority where symptoms of the disorder are the solution to the individual’s actual problem. Although Adler didn’t view ADHD as a biological and neurological disorder, he did believe in individual psychology and the notion that individuals must be viewed as a whole.

**Individual Psychology**

According to Corey (2009), Adler’s approach to humans was named, Individual Psychology. He believed that a person should be viewed as a whole person and that all dimensions of an individual are unified components. This holistic concept implies that we as humans cannot be understood in parts, rather we must be viewed as one who has many pieces that make us unique and how all of those pieces function together to make us distinctive individuals.

Individual Psychology assumes that all human behavior has a purpose. Humans set goals for themselves, and behavior becomes unified in the context of these goals. The concept of the purposeful nature of behavior is perhaps the cornerstone of Adler’s theory. (Corey, 2009, p. 100)
Four Goals of Misbehavior

Adler believed that all human behavior has a purpose behind it. He believed that all humans have the same goal: to feel like they belong, can contribute, and feel safe (Dreikurs et al., 1998). Children with ADHD have difficulties with their perceived inferiorities which causes them to make attempts to reach for superiority in ways that allow for them to get their needs met. They get their needs met by making choices and behaving in a way that will get them closer to getting these needs met. Adler believed that behind every behavior, there is a goal or purpose. He believed that children don’t just behave poorly for no reason, rather, they may be behaving poorly to reach a goal. Dreikurs et al. (1998) shared that there are four possible goals of behavior that are seen in children when they feel like they’re not receiving what they need. These goals are to gain attention, to seek power, to seek revenge, and to display inadequacy (real or imagined). Children may pursue one or more than one of the four goals and it is imperative to understand which one the child is displaying so that we can be prepared to accommodate our response to those behaviors. According to Dreikurs et al. (1998) the same behavior can be seen in more than one goal. An example could be: a 12-year old has a lot of homework to do and the other and child argue about getting the homework done and the child keeps resisting (this resistance could be power, revenge, or displayed inadequacy). Because it is often times difficult to figure out which goal the child is striving for, it is important to look at more than one example of behavior from that child. They also share that there are two reliable indicators to recognize the goals of misbehavior. The first and most reliable is the “observation of our immediate reaction to the child’s provocation” (p. 25). When we are dealing with a child who is seeking attention, we often feel annoyed. When we are dealing with a child who is seeking power, we often times feel threatened or challenged. When we are dealing with a child who is seeking
revenge, we usually feel defeated and hurt. Lastly, when we are dealing with a child who is displaying inadequacy, we often have tried everything in our power and feel unsuccessful and want to give up. “The second indication of the child’s goal will show itself in the manner in which the child responds to our reprimand” (p. 25). First, the child wanted attention if he or she responds on our reprimand and stops the behavior. Second, the child was seeking power if he or she continues the behavior after our reprimand. Third, the child wants revenge if he or she becomes angry and abusive when reprimanded. Lastly, the child feels real or imagined inadequacy when the child doesn’t respond at all to the reprimand and shows little emotion (Dreikurs et al., 1998).

**Attention.** Children love to receive attention, because it makes them feel noticed, but sometimes the ways that they are seeking attention can be negative. When a child is seeking attention, it is a sign that the child is feeling insignificant. Dreikurs et al. have agreed that the child who seeks attention is a nuisance in class, likes to show off, might display laziness, keeps the teacher busy, may cry or use charm, might be overly eager to please and be overly sensitive, and thinks: “I have a place only when people pay attention to me” (1998, p. 15). The adult usually responds with many reminders, undue service, coaxes, showing pity, and may start to feel resentment toward the child. The child who is seeking attention usually doesn’t care if they receive punishment or humiliation, as long as they have achieved their purpose, they’re satisfied; it works best to ignore the child seeking attention, then they don’t achieve their purpose and they will eventually stop engaging in the attention seeking behavior. To encourage a child feeling so insignificant that they engage in attention seeking behaviors, the adult must try to help them feel a sense of involvement which can help the child to feel more significant and loveable (Dreikurs et al., 1998).
**Power.** A child who struggles for power often feels incompetent and usually starts the power seeking behavior after the parent has tried for some time to stop the child’s demands for attention. The child then decides to use power as a means to defeat the parent (Dreikurs & Soltz, 1991). Dreikurs et al. shared that some of the common things seen in a child who is striving for power are: arguing frequently, stubbornness, must win and be the boss, lies and disobedience, does the opposite of what is asked of them, may refuse to do work and believes that “I count only if others do what I want” (1998, p. 15). Because the adult in charge often feels angry, defeated, frustrated, threatened, and determined to not let the child get his or her way, they often react by power struggling with the child which doesn’t get the situation anywhere. It is critical that the adult doesn’t engage and power struggle when the child is seeking power. “Trying to pull this type of child down from his ‘high horse’ only increase his underlying sense of inferiority and futility. No final victory by the adult is possible” (Dreikurs et al., 1998, p. 22). The child seeking power is almost always motivated, but the motivation is directed toward overpowering others who try to overpower him or her. The success that this child gets when they defeat the adult and others around them often brings the child significant status among his or her peers. Once a power conflict succeeds, the relationship between the adult and child can only get worse and the child may move the next goal, to seek revenge (Dreikurs et al., 1998). To encourage a child who is seeking power, adults must try to help the child feel independence. This can help the child to feel competent and believe that they are capable. It is important to give children who are seeking power choices and to allow them to use positive power.

**Revenge.** Children who seek revenge are determined to get even with those who they feel have been unfair to them (Dreikurs et al., 1998, p. 23). These children believe that if someone has the right to hurt them, they have the right to hurt back and they will do everything in their
power to get even. A child who seeks revenge may steal, act vicious and mean, hurts others, is destructive, might tell lies, may feel like nobody likes him or her, often pouts and accuses others of their unfairness, and may want to get even for the hurts that the child believes others have inflicted on him or her (Dreikurs et al., 1998). These children don’t just take their revenge out on the ones they believe have hurt them, but they take it out on anyone. Because children with ADHD are frequently excluded by their peers, teased, and made fun of for being different, they often times have the goal of revenge. Children who are feeling hurt will hurt others. They might retaliate to hurt those who hurt them and they can be very difficult to talk down and work with. According to Dreikurs et al., children who are seeking revenge are some of the most difficult to work with. Changing revenge behaviors can take a considerable length of time and energy. The adult can never understand how to help the revengeful child unless he or she realizes how much the child is hurting. The adult should never respond to the child seeking revenge by retaliation, anger, or emotion, rather, they should always acknowledge and deal with the child’s hurt. This can be done by simply telling the child that you can see the child’s hurt and that they must feel hurt to say/do those things (1998). Doing these things will help the child to feel valuable and worthwhile. When the child isn’t meeting their goal with revenge, they start to shift towards the last and final goal which is displayed inadequacy.

**Displayed inadequacy.** Children who display inadequacy have had unsuccessful attempts to find significance through using the three other goals: attention, power, and revenge. This has caused them to feel so discouraged that they completely give up and reach this last and final goal. Some children feel so incapable from an early age that they automatically start at this goal and want nothing more than to be left alone. This avoidance behavior may be surrounding all situations or may just surround situations that the child feels deficient in. When working with
children who display inadequacy, adults should help the child to overcome his or her discouragement (Dreikurs et al., 1998). This can be done by teaching the child skills by taking small steps, stopping all criticism, encourage any positive attempt no matter how small, not giving up, build on his or her strengths, and set up opportunities for success. Doing these things will allow the child to feel adequate and not alone. When parents don’t know how to help their child overcome his or her discouragement, they resort to using punishment, which can make things even worse for the child and the parent/child relationship.

**Punishment.** According to Dreikurs et al. (1998), parents of children with ADHD often times feel discouraged by their failed attempts to “correct” or “punish” their child’s behavior. They do not realize that although punishment may correct the behavior for a short period of time, it isn’t a long term fix. Punishment doesn’t create cooperation, it creates revenge and contributes to power struggles that the parents involve themselves in with their children. For example, the ADHD child who doesn’t start her homework when the parents feel appropriate; instead she fights with the parents for power and control in the attempt to assert her significance and seeks revenge when her parents punish her. When she starts to seek revenge, the parents should collaborate with the child instead of punishing the child further. They should come to an agreement on a time that the child and parents both feel is appropriate to begin homework. This would remove the argument between the child and parents in the power struggle, while allowing the child to have confidence in their decision of when it is appropriate to complete her homework. This allows the parents to gain cooperation from their child and allows the child to feel more respect for the parents and will give the child a sense of belonging and contributing in the family. Dreikurs and Soltz (1991) stated that it is essential for parents to understand these four mistaken goals so that the child can be redirected into an approach that is constructive to
social integration. With this knowledge that the parents have learned about their child’s behavior, Dreikurs and Soltz also declared that

under no circumstances is there anything to be gained by telling the child what we suspect may be his mistaken goal. This could be most damaging. Psychological knowledge is something to be used as a basis for our action, not as a flow of words that become weapons against the child. He is utterly unaware of his purpose. (p. 64, 1991)

It is essential that parents are able to understand their children, because the more that these children are understood, the more likely it is that adults can help them, and make them feel like they belong in the world.

Social Interest

Adler believed that above all we are motivated by a strong desire to belong. Adler called social interest “a feeling of belonging in society” (Oberst & Stewart, 2003, p. 7). Corey shares that social interest is a socialization process that begins in childhood and involves finding a place in society and acquiring a sense of belonging and contributing (2009). Oberst and Stewart believe that social interest means “to participate, to contribute, to share; to feel accepted, appreciated, and loved, as well as to accept, appreciate and love other people” (2003, p. 17). Corey states that “Individual Psychology rests on a central belief that our happiness and success are largely related to this social connectedness. Because we are embedded in a society, we cannot be understood in isolation from that social context” (2009, p. 102). Adler believed that one of the most important roles of a parent is to expand the interest of a child from the child to mother, to father, to other family members, and then to members of the community (Walton, 2007). “Adler viewed the family as the child’s first social world and regarded the classroom as a community in which the child’s early beliefs about society are validated” (Edwards & Gfroerer, 2001, p. 212). Social interest is a natural need for humans, but it doesn’t come automatically, rather it must be learned (Corey, 2009). A child’s potential for learning increases when the child
is viewed with mutual respect and when he or she is given a sense of equality with responsibilities (Dreikurs et al., 1998). The ADHD child has a more difficult time feeling a sense of belonging than children without the disorder.

The ADHD child is often times excluded by peers and they can be rejected from social activities such as sports, scouts, clubs, and music lessons (Barkley, 2013). Because of this, it can be difficult for the ADHD child to feel a sense of belonging and contributing, so they have a tougher time engaging in social interest than other children. Parents often get discouraged as well when their children are rejected, so they tend to either shut down or push their children to try more activities that may better fit the child. It is essential for teachers and school staff to pinpoint which children aren’t contributing and to let them contribute whatever they can. Albert (1989) believes that “When students contribute, they feel needed. Students who are needed feel they belong. Those who belong develop high self-esteem. Students with high self-esteem have much to contribute. It’s a wonderful circular process” (p. 129). Whether a child’s self-esteem is low or high, parents, teachers and school counselors should continue to provide encouragement for each child.

**Encouragement**

Corey (2009) states that Encouragement is the most distinctive Adlerian procedure and means “to build courage” (p. 114). Courage develops when individuals become aware of their strengths, when they feel a sense of belonging, a sense of hope, and can see new possibilities for themselves and their lives (2009). Dreikurs et al. define encouragement as an action that conveys to the child that adult respects, trusts and believes in him or her and thinks that his or her lack of skills in no way diminishes his or her value as a human being (1998). “Encouragement is more important than any other aspect of child-raising. It is so important that the lack of it can
be considered the basic cause for misbehavior. *A misbehaving child is a discouraged child*” (Dreikurs & Soltz, 1991, p. 36). A child cannot grow without encouragement, encouragement gives a child a sense of belonging in society. Corey believes that Adlerians see discouragement as the basic condition that prevents an individual from functioning (2009). Dreikurs believed that adults get in the way of allowing children to build a sense of self-confidence and competence. He believes that parents confront children with prejudice or a doubt in their ability to do things in everyday life because they’re “too little” or “not old enough”. For example parents may turn down the four year old child who is asking to help set the table because the child “isn’t old enough to carry glass plates” so they do it for them because it’s easier, less messy and safer than if the child did the task.

Parents do not see this as discouragement. When they do allow the child to help set the table, and the child drops a plate and it breaks, they may criticize the child and say “see this is why we have said no in the first place, you’re too little to set the table”. This child then becomes discouraged because the parents don’t have confidence that the child can do it. It is natural for parents to want to protect their children from the environment, but he states that parents cannot protect their children from life, therefore it is crucial that they prepare them for it. He also feels that courage is seen in those who can make a mistake and fail without feeling lowered in their self-esteem (1991). Children with ADHD need encouragement so that they feel more secure when life presents them with challenges. Dreikurs et al. (1998) believe that recognition shouldn’t ever be overdone and that a few words will be good enough to encourage the child. Some statements that adults can practice using that would encourage a child even if there is no visible accomplishment could be, ‘you have been working so hard on this’ or ‘take a break because you have been putting in a lot of effort with this project’.
Parents, teachers, and other school staff members must be careful with their encouragement versus their praise. Praise is given to the child when a task is well done, when the task is completed and it puts emphasis on the child. It differs from encouragement because encouragement is necessary when a child fails and it puts emphasis on the task. It is important to also be aware of fake praise. Children are smart and can identify when praise is fake or forced, therefore, praise must be authentic, meaningful, and real (Dreikurs et al., 1998).

Inferiority Feelings

“From our earliest years, we recognize that we are helpless in many ways, which is characterized by feelings of inferiority” (Corey, 2009, p. 100). To feel inferior means to feel less than one that is superior. It is natural for people to cope with feelings of helplessness and inferiority by striving for competence, mastery, and perfection and superiority. Oberst and Stewart discuss Adler’s view of inferiority and say that “inferiority feelings arise when a child is ‘discouraged’” (2003, p. 23). Because all behavior is purposeful and involves movement towards a goal, we know that behavior is seen as movement from a felt minus (feelings of inferiority) to a perceived plus (superiority). Children who misbehave feel superior as a way to compensate for their inferiority, however the ways that they have chosen to move through the world are useless and unhelpful to society, which is why Adler refers to this as inferiority complex.

Children with ADHD struggle with perceived inferiorities and make attempts to strive for superiority in ways that allow them to meet their needs. Children with ADHD are typically behind their peers socially and academically leaving them feeling inferior to others. Because of this inferiority and felt minus, these children make their way towards superiority and a perceived plus by misbehaving. It is important that professionals such as school counselors can identify
this with an ADHD child and can help them discover their own ideas around their own efforts. For example, a school counselor might suggest that the student starts to examine their own effort by suggesting that they start asking themselves ‘how much effort did I really put into this’ and teaching the student to use an internal 1 to 10 scale to assess their effort. Teaching students to do this can diminish the importance of the outcome and emphasize the significance of effort.

**Conclusion**

There are one, possibly even two children in every classroom in the United States with ADHD making this disorder one of the most common neurological disorders in childhood (Barkley, 2013). Although evidence shows an increase in ADHD diagnosis’s and multiple biological causes of the disorder including abnormalities in the prefrontal cortex of the brain, Adlerians argue that the disorder is nothing more than organ inferiority and a cover-up of the child’s real problem(s). Children with this disorder face many difficulties in the three parts of the disorder (attention, hyperactivity and impulsivity). Because of these difficulties, children face many challenges at school, home and in social relationships which leaves them at high risk for isolation, discouragement, and a low self-esteem. Our society views ADHD as an annoying disorder and people in society view individuals with ADHD so negatively that it is forgotten that there are many positive qualities found in individuals with the disorder such as, the ability to multitask, high energy, ability to use creativity, and empathetic and sensitive. Despite these positive attributes, children who suffer from ADHD are considered to be at-risk and while some children are able to persevere despite the hardships, others aren’t able to push through and be as resilient. Parents who advocate for their children in school while supporting them at home with love, understanding and successful interventions can make a tremendous difference in the lives of their children who struggle with this disorder. Parenting a child with ADHD can be extremely
challenging, but it is essential that the parent remains understanding and encouraging. Positive parenting practices are essential in the healthy growth of a child. Parents who use the authoritative parenting style have a higher chance at raising a resilient and successful child because it is high in responsiveness and high in demanding which are two key elements to successful parenting. Children with ADHD require around the clock consistency and support which requires parents to know how to implement behavior modifications and interventions in the home.

Teachers and parents should remain in close contact regarding the home and school life of the child with the disorder. School staff and parents should be using reinforcement to increase the desired behaviors and punishment to reduce the undesired behaviors. When effective interventions (e.g. token economy, response cost, time-out, medications, healthy diet and exercise, self-regulation training, social skills training, routines, etc.) are used, the child will have a better chance at school success and confidence, resilience and a higher self-esteem. School counselors have a significant role with the ADHD child, their teachers and parents. School counselors should collaborate and consult with teachers, parents, administrators and medical professionals when necessary, refer the family to outside resources when appropriate, hold training and workshop sessions for parents, assist the family with the school evaluation process for special education, help teachers administer classroom interventions, provide individual counseling, facilitate group counseling sessions, and run classroom guidance lessons.

Although Adler believed that ADHD was organ inferiority and didn’t believe in the biological component of the disorder, he did believe that a person should be viewed as a whole person. This holistic concept implies that humans cannot be understood in parts; they must be looked at as a whole. He also strongly believed in social interest, the four goals of misbehavior,
the power of encouragement, and inferiority complex. Adler believed that all humans want to belong, contribute and feel safe. He believed that humans want to feel a sense of belonging in society, and he called this social interest. Children with ADHD have a trickier time making friends and keeping friends so engaging in social interest becomes more difficult for them. Because this is more difficult, children with ADHD must be encouraged to keep trying.

Adler viewed encouragement as the single and most important aspect of child raising. He believes that it is so important that the lack of it could be the cause of misbehavior. Adler then came up with the four goals of misbehavior that a child might display in order to get what he or she needs. He believed that behind every single behavior, there is a goal or purpose. These four goals are: attention seeking, power seeking, revenge seeking, and displayed inadequacy. Children with ADHD may struggle and use any of these four goals to obtain what they feel they need. First, if a child is feeling insignificant, he or she may seek attention. Second, if a child feels incompetent, he or she may struggle for power. Third, if a child feels hurt and feels that their feelings have been disregarded, they feel determined to get even with revenge. Finally, if a child feels so discouraged that they completely give up, they are displaying inadequacy. Parents and teachers should be aware of what the child’s goal is so that they can use an effective approach to help redirect the child displaying the behavior(s).

Adler believed that all people struggle with feelings of inferiority. When people feel inferior, it is natural for them to strive for superiority. Children with ADHD feel inferior to their peers because of their disorder and the negative components that come along with it.

Children with ADHD have a difficult time throughout life and have a hard time being understood by the people in their lives. Having understanding and caring parents who can help them build school confidence and success, help them to create their own story of resilience, and
who are constantly advocating and supporting them throughout life can make a difference for these children with ADHD.
References


