LEVELS OF FAMILY DYSFUNCTION IN FAMILIES OF CHILDREN WITH ATTENTION DEFICIT HYPERACTIVITY DISORDER

Marie C. Foley
Family Health Department, College Of Nursing, Seton Hall University, South Orange, NJ, USA

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Problem

• The past two decades have witnessed a growing interest in the importance of assessing multiple domains of children’s environments as indicators of risk for a diagnosis of Attention Deficit Hyperactivity Disorder (ADHD).

• Research in this area has consistently found that the number of risk factors associated with family adversity significantly increased the odds of being diagnosis with ADHD (Biederman et al., 1995, 2002; Burt et al., 2001, 2003; Byrne et al., 1998; DuPaul et al., 2001; Scahill et al., 1999).

• The most salient indicator of family adversity associated with a diagnosis of ADHD is family dysfunction (Cunningham and Boyle, 2002).
Purpose

• This study examined the presence of family dysfunction in 32 families with children who screened positive for ADHD, ranging in age from 6 to 11 years (mean age 8.59), and a comparison group of 23 families without a child with ADHD with similar sociodemographic characteristics.
RESEARCH QUESTION

Is the level of family adversity higher in families who have a child with a diagnosis of ADHD compared to those who do not?
• Ghanizadeh & Shams (2007) found that family dysfunction was more common in the families of children with ADHD than in the general population using the McMaster Family Assessment Device.

• Parents of children with ADHD were more likely to divorce by the time their children reached their 8th birthday (22.7%) than were parents of children without ADHD (12.6%) (Wymbs & Pelham et al., 2008)
Attention Deficit Hyperactivity Disorder (ADHD) is highly heritable and associated with learning disabilities and other co-morbid psychiatric illnesses (Faraone et al., 2005; Pliszka, 2003).

The DSM-IV criteria for diagnosis of ADHD is based on symptoms of inattention and hyperactivity-impulsivity (APA, 2000).

A major source of concern for children diagnosed with ADHD are secondary problems such as learning difficulties, behavioral problems, lack of peer acceptance, low self-esteem and low self-efficacy that lead to poor school outcomes (Dulcan et al., 1997; Rief, 2005; Shatell, Bartlett & Rowe, 2008).
SIGNIFICANCE

• ADHD results in a major public health cost consuming resources form the health care system, criminal justice system, schools and social services.

• In the United States, Public school expenditures spent on children diagnosed with ADHD have averaged between $3.5 and $4 billion dollars annually (National Institutes of Health, 2000).
Design

Cross-sectional, descriptive study

Sample

32 school-age children referred to Pediatric Neurology Clinic for symptoms of ADHD.

Comparison group: 23 same age children in the community.
GENDER
N=55
AGE

N=55
X=8.71 (SD = 1.67)
ETHNICITY
N=55

Bar chart showing the distribution of ethnicity among 55 individuals:
- White: 45
- Afro-American: 10
- Latino/Hispanic: 5
- Asian: 0
ADHD INSTRUMENTS

• Diagnostic Interview Schedule for Children (DISC)
  – ADHD module
• Revised Conners’ Parent Rating Scale (CPRS-R:S)
• Strengths and Weaknesses of ADHD-Symptoms and Normal-Behavior Scale (SWAN)
Rutter’s Indicators of Adversity

- More than 4 children living in the home
- Paternal incarceration
- Maternal Psychiatric Illness
- Foster Care Placement
General Family Functioning Instrument

McMaster Family Assessment Device (FAD)

- Healthy
- Unhealthy
<table>
<thead>
<tr>
<th>Rutter’s Indicators Of Adversity</th>
<th>ADHD Group</th>
<th>Control Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children in Home &lt;4</td>
<td>100% (n=32)</td>
<td>82.6% (n=19)</td>
</tr>
<tr>
<td>&gt;4</td>
<td>0%</td>
<td>17.4% (n=4)</td>
</tr>
<tr>
<td>Paternal Incarceration</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Maternal Psychiatric Illness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>81.3% (n=26)</td>
<td>87.0% (n=20)</td>
</tr>
<tr>
<td>Yes</td>
<td>18.8% (n=6)</td>
<td>13.0% (n=3)</td>
</tr>
<tr>
<td>Foster Care Placement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>93.8% (n=30)</td>
<td>95.7% (n=22)</td>
</tr>
<tr>
<td>Yes</td>
<td>6.3% (n=2)</td>
<td>4.3% (n=2)</td>
</tr>
</tbody>
</table>
Based on a t-test analysis, family functioning was found to be significantly different between the two groups.

<table>
<thead>
<tr>
<th>McMaster Family Assessment Device</th>
<th>ADHD Group</th>
<th>Control Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Functioning</td>
<td>HEALTHY</td>
<td>56% (n=18)</td>
</tr>
<tr>
<td></td>
<td>UNHEALTHY</td>
<td>43.8% (n=14)</td>
</tr>
</tbody>
</table>
Conclusions

- A t-test showed that the ADHD group reported more unhealthy behaviors on the General Functioning Subscale of the McMaster Family Assessment Device than did the comparison group.
- Children identified with behavioral characteristics which put them at risk for a diagnosis of ADHD should be targeted for early assessment and preventive intervention in an attempt to prevent further family decline.
- Foley (2008) found that children with ADHD exhibit “High Maintenance” temperaments. While accurate diagnosis of ADHD is difficult in the preschool years (Rutter, Kim-Cohen, & Maughan, 2006) temperament is considered stable at 3 years of age. Families of children with high maintenance temperaments should be identified for early intervention.
- Earlier identification and intervention with these families may result in healthier family functioning and better child outcomes.
References


References cont.


References cont.


