

ERD 2018
**6th International Conference – “Education, Reflection,
Development, Sixth Edition”**

**PARENTAL SELF- EFFICACY (PSE) ATTITUDED
ASSESSMENT REGARDING PARENTS HAVING CHILDREN
WITH ADHD**

Melina Hayoun (a)*
*Corresponding author

(a) School Education, Reflection, Development, Babeş-Bolyai University, Sindicatelor 7, Cluj-Napoca, 400059,
Romania

(b) Department of Special Education, Faculty of Psychology and Sciences of Education, Babeş-Bolyai,
melina46@gmail.com

Abstract

In a research that used a questionnaire aiming to assess Parental Self Efficacy (PSE) and attitudes toward the ability of parent to children with ADHD. The questionnaire was administered as part of the data collection in a larger study researching an intervention program for parents of children with ADHD. In the course of the research, the reliability and validity of the research tool was examined with a sample of 51 participants. Eleven questions were chosen after the questionnaire had been translated and validated. The questionnaire examines PSE ability. The form and structure of the questionnaire enabled accurate PSE assessment in the context of parents' observed difficulties with their ADHD children, so as to predict parental behavior and control. Data was obtained from fathers and mothers in 50 Israel families living in the periphery parts of central Israel. After accounting for reciprocal relationships between PSE and impairments of their children, results indicated that PSE predicted parents' ability to establish solid relationships with their children. These results support the cross-cultural applicability of social cognitive theory to parenting children with ADHD. An implication is that parenting interventions aimed at parents of children with ADHD need to focus on elevating parents' PSE. Future research should specify more effective strategies for enhancing PSE.

© 2019 Published by Future Academy www.FutureAcademy.org.UK

Keywords: Parenting, parental self-efficacy (PES), ADHD children.



1. Introduction

Most studies concerning the issue of parents' influences on their children, indicate that parents' personalities, behaviour and relationships with their children, are crucially important as affecting factors in the progress, development and adaptation of their children (Coleman & Karraker, 1998; Jones & Prinz, 2005). One of the key issue in parent-child relationships is the quality of their relationships. At the beginning of a child's life, in infancy, the relationship is built based on principles of consistency, availability and parents responding to an infant's needs, and this has the best effect on sound socio-emotional development (Sroufe, 2005). It was also found that an authoritative, consistent, but flexible parenting style accompanying demonstrations of love and involvement, while giving positive feedback and reinforcement, contribute to the sense of self-esteem, social adaptation and sound social relationships including academic capabilities among children (Gray & Steinberg, 1999).

Researchers have not tended to ascribe PSE as a causal factor that can bring about advancing better social adaptation abilities or the opposite, a lack of PSE can constitute an obstacle to parental functioning. However, many cross-cultural studies that examined diverse family structures have proven that PSE constitutes a noticeable influencing factor on family conduct and functioning. Therefore, it was decided to employ a questionnaire composed based on Bandura's (1977) articles and theory. This article describes the formation of the questioner and its contribution.

2. Problem Statement

Bandura's (1977) social cognitive theory proposes a transactional system of triadic reciprocal influences over time in which inner personal factors (e.g., parents' self-efficacy cognitions), agents' behaviour (e.g., parenting practices), and the environment (e.g., family networks) interact to determine outcomes (e.g., children's adjustment). Those with high self-efficacy are hypothesized to have high levels of motivation to perform well, a high likelihood of initiating difficult tasks, investment of effort, and perseverance in the face of adversity. These factors tend to predict competent implementation of tasks and achievement of desired outcomes. Moreover, Bandura's (1986), view is that self-efficacy is not a fixed trait, but rather fluctuates in response to changing demands (e.g., developmental challenges of adolescents) and personal development (e.g., parenting skill acquisition).

Over the years the research, stresses parents' significant psychological-emotional influential role in everything related to educating social behaviour adapted to the environment in which their children live. Parents are depicted as role models for their children. Therefore, parents' behaviour has a critical part in formulating their children's personalities and natures. In addition, parents are the first influences that guide how their children function and behave. Moreover, there are findings that show that parents' behaviour influences how ADHD appears, its severity and development in a child (Faraone et al., 2005). Areas that may be influenced by self-efficacy (Figure 1).



Figure 01. Areas that may be influenced by self-efficacy

The definition of parental self-efficacy (PSE) is made up of a number of terms found in the social science field. It is difficult to rely on one term when attempting to explain the essence of PSE. The multiplicity of the terms testifies the researchers' need for an accurate description that includes all its components and influences. One of the significant parental characteristics to understand all the components constituting parental functioning is the sense of parental self-efficacy. PSE is defined as a system made up of beliefs and a set of judgments regarding ability to best perform the parental role. It is the significant, mediating criterion reflecting parental ability (Jones & Prinz, 2005). In fact, studies have shown that the concept parental self-efficacy is subjective where parents assess their ability to best perform (on an individual scale) the multiple tasks in the framework of their role as parents by creating an environment promoting their children's development (Coleman & Karraker, 1998; Jones & Prinz, 2005). (Figure 01).

Parents with high PSE are those who reveal high involvement, pleasure and a sense of achievement from performance of their role as parents, whilst demonstrating confidence in their capability to learn and employ means that will encourage their children to possess required social, emotional and learning skills. In contrast, among parents with low PSE, there is a higher probability of difficulties performing parental skills when faced with challenging parental circumstances and even intentionally abstaining from dealing with them, such as behavioural problems and difficulties accepting authority or problems with social and emotional adaptation (Steca, Bassi, Caprara, & Fave, 2011).

Behavioural and social symptoms of children with ADHD have a considerable effect on the family environment (Johnston & Mash, 2001). Often, coping with the reactions of children and adults with ADHD lead to the formation of difficulties or worsening of existing problems at a family level (Mulsow, O'Neal, & Murry, 2001). Families with a member, who is diagnosed with ADHD, report about constant pressure, conflicts between family members and communication difficulties. Parents experience high levels of tension accompanied by a sense of failure in their role as parents (Heath, Curtis, Fan, & McPherson, 2015). These difficulties accompany routine daily activities starting in the morning, when fast organization of getting up and out of bed, dressing and breakfast is required, continuing when they return from school, including social meetings, interactions between siblings and quarrels about homework preparation and ending with evening tasks including supper, tidying up rooms, showers and preparing for

sleep (Kendall, 1999). All family members have to confront with the reactions of a child with ADHD which, sometime, are perceived as laziness, cheat, lack of empathy and a tendency towards aggression.

Along with studies showing a sense of PSE affected and challenged by having to deal with children with special needs, there is a research field showing that PSE has a role affecting the quality of life of children with ADHD and demonstrate their functioning. Barkley, Fischer, Edelbrock, & Smallish, (1991) has shown a correlation between negative interactions between parents and children and low PSE and the development of oppositional defiant disorder (ODD) among children with ADHD. Additionally, it was found that high levels of PSE could constitute a factor diminishing the power of social and behavioural adaptation difficulties (Heath et al., 2015).

3. Research Questions

The research field in the area of parental self-efficacy (PSE) has been studied extensively and it offers highly developed knowledge. The initial questionnaire construction process was a phase where similar PSE questionnaires were found regarding parents of children with ADHD. A number of questionnaires were found that researched the subject but did focus on this research population (PSE among parents of children with ADHD). Other questionnaires were found to examine PSE among parents of children defined as 'special populations'. In the next stage areas arising from the literature were mapped, where PSE was examined and found to be congruent with the following research questions

1. What is the extent of the influence of the intervention program on the PSE of parents having children with ADHD?
2. In what ways does, the program's effect on the relationship between parents and their children diagnosed with ADHD in terms of communication, trust, and containment?

4. Purpose of the Study

To conduct a questionnaire that will diagnosed the difficulties of parents of children with ADHD.

5. Research Methods

Based on the literature, several prominent aspects of the feeling of PSE among parents of children with ADHD; difficulty in creating optimal relationships, constant stress and ongoing conflict with their children, and the influence they have on their children. In addition, the researchers deemed it important to investigate whether there are gender and marital status differences that effect the following three aspects:

- A. Coping with difficulties and / or crises with children.
- B. The parent's perception of themselves as role models for their children
- C. The effect of parents' behaviour on their children.

At the next stage, 30 statements were compiled from three questionnaires that examined parental PSE: 1) questionnaire by Gully &Chen (1997) which was reconstructed in 2001 by Gully, Chen &Eden; 2) "The Brief Parental Self-Efficacy Scale" (Woolgar, 2014)"Guide for constructing self-efficacy scales"(Bandura, 2006).

Statements were translated, rewritten and words revised while adapting the statements to parental perceptions that are common in Israeli culture. After this process, the number of statements decreased to 15.

Pre-pilot – Experts' Evaluation method- The 15 statements were submitted to education experts for reliability testing. A national inspector for sex-education in special education, a Ministry of Education pedagogical instructor for principals, a general Ministry of Education inspector, a special education pedagogical instructor and lecturer at the "Levinsky" College of Education, a pedagogical instructor for student-teachers at the School of Education "Achva" Israel College, a pedagogical instructor and movement therapist in special education classes. The questionnaire underwent a process of reliability among judges and yielded a Cronbach alpha index of 0.79.

In the expert evaluation process, anonymous agreement was found with regard to 13 out of 15 statements appearing in the questionnaire. One of the experts disagreed with two of the statements and the others expressed a lack of clarity in their response to these statements due to the fact that they were phrased in such a way that it made it difficult to provide distinct response. Therefore, these statements have been removed. At the end of the process 11 statements remained (8 regarding parents' relationship with their children; the others pertained to parents' perceptions of their abilities and functioning).

The research questionnaire consisted of 11 items. The parents were asked to mark the extent of their agreement on a five-point Likert scale. The questionnaire was administered to 51 participants, all parents of children diagnosed with ADHD. The distribution of respondents' answers will be presented below.

Data processing of the responses also included tools for descriptive statistics as well as tools for inferential statistics.

- Descriptive statistics: the distribution of answers and rate of agreement found for each item was examined, and central tendency measures (means and medians) as well as variability measures (standard deviation and range) were calculated.
- Inferential statistics were used to examine whether parents background data influence their answers to the questionnaire items. This was done for each item to find whether there are differences between mothers and fathers, married and unmarried parents, and whether there is a correlation between parent's answers and age.

6. Findings

Following are prominent findings were found to support the research literature:

The items with low consent levels can be identified in figure 2 below.

- When my child encounters a problem at school I immediately go there with him/her (26% of the parents marked "completely agree").
- I find the ways to calm my child at times of anger. (18% of the parents marked "completely agree").
- I understand that my child's behaviour does not depend solely on me (18% of the parents marked "completely agree").

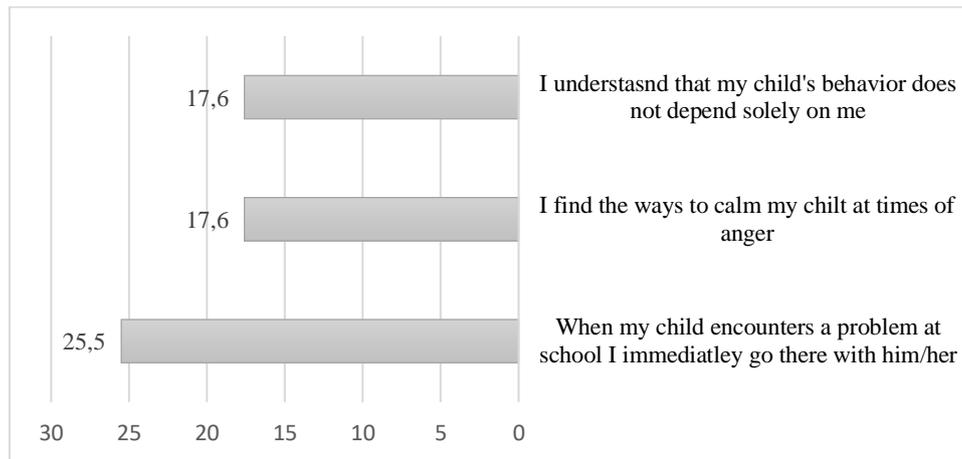


Figure 02. Items with low agreement scores (completely agree)

Figure 2 shows that parents experience helplessness at times of a child's anger, avoid involvement in school crises, and have a feeling that their children's behaviour mainly depends on them.

These findings support the research literature maintaining that parents of children with ADHD (as well as parents of 'special populations' children) experience a sense of low parental functioning, which testifies to low parental self-efficacy in crises situations.

7. Conclusion

The topic of parental influence has accumulated a wide range of knowledge in different areas of thought. In the past decade, accelerated development in the clinical field has occurred applying this accumulated knowledge, which is expressed in the development of treatment models in which parents constitute the treatment resource (Bailey, 2000) as co-therapists or key agents treating their children's mental problems (Briesmeister & Schaefer, 1998), treating the relationship between a mother and child (Lieberman, 2004) or addressing parenthood (Jacobs & Wachs, 2002; Wachs & Jacobs, 2006). Behavioural-cognitive theories, psycho-dynamics and family systems underpin these models. The common view of these theories is that most of the treatment relates to the relationships between a parent and child. Improving relationships with a child is performed through direct treatment of parents. Parents have the ability to introduce changes and develop within their parental role. Many studies place a great emphasis on the potential of parental contribution by rehabilitating their relationships with a child as treating a child's difficulties. Parental involvement in their children's treatment contributes to the success of treatment (Evans, Owens, Wymbs, & Ray, 2017).

References

- Bailey, E. C. (Ed.), (2000). *Children in Therapy: Using the Family as a Resource*. New York: W.W. Norton.
- Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioral change, *Psychological Review* 84, 191-215.
- Bandura, A., & National Inst of Mental Health. (1986). *Prentice-Hall series in social learning theory. Social foundations of thought and action: A social cognitive theory*. Englewood Cliffs, NJ, US: Prentice-Hall, Inc.

- Bandura, A. (2006). Guide for constructing self-efficacy scales. *Self-efficacy beliefs of adolescents*, 5(1), 307-337.
- Barkley, R. A., Fischer, M., Edelbrock, C., & Smallish, L. (1991). The adolescent outcome of hyperactive children diagnosed by research criteria—III. Mother–child interactions, family conflicts and maternal psychopathology. *Journal of Child Psychology and Psychiatry*, 32(2), 233-255.
- Briesmeister, J. M. & Schaefer, C. E. (Eds.), (1998). *Handbook of Parent Training Parents as Co-Therapists for Children’s Behavior Problems* (2nd ed.), New York: Wiley & Sons
- Chen, G., & Gully, S. M. (1997). Specific self-efficacy, general self-efficacy, and self-esteem. Are they distinguishable constructs? Paper presented at the 57th annual meeting of the Academy of Management, Boston, MA.
- Coleman, P. K., & Karraker, K. H. (1998). Self-efficacy and parenting quality: Findings and future applications. *Developmental Review*, 18(1), 47-85.
- Evans, S. W., Owens, J. S., Wymbs, B. T., & Ray, A. R. (2017). Evidence-based psychosocial treatments for children and adolescents with attention deficit /hyperactivity disorder. *Journal of Clinical Child & Adolescent Psychology*, 1-42
- Faraone, S. V., Perlis, R. H., Doyle, A. E., Smoller, J. W., Goralnick, J. J., Holmgren, M. A., & Sklar, P. (2005). Molecular genetics of attention-deficit/hyperactivity disorder. *Biological Psychiatry*, 57(11), 1313-1323.
- Gray, R. M. & Steinberg, L. (1999). Unpacking authoritative parenting: Reassessing a multidimensional construct. *Journal of Marriage and the Family*, 61 (3), 574-587
- Heath, C. L., Curtis, D. F., Fan, W., & McPherson, R. (2015). The Association between Parenting Stress, Parenting Self-Efficacy, and the Clinical Significance of Child ADHD Symptom Change Following Behavior Therapy. *Child Psychiatry & Human Development*, 46(1), 118-129
- Jacobs, L., & Wachs, C. (2002). *Parent Therapy: A relational Alternative to Working with Children*. Northvale, NJ: Jason Aronson.
- Johnston, C., & Mash, E. J. (2001). Families of children with attention- deficit/ hyperactivity disorder: review and recommendations for future research. *Clinical Child and Family Psychology Review*, 4(3), 183-207.
- Jones, T. L., & Prinz, R. J. (2005). Potential roles of parental self-efficacy in parent and child adjustment: A review. *Clinical Psychology Review*, 25(3), 341-363.
- Kendall, J. (1999). Sibling accounts of attention deficit hyperactivity disorder(ADHD). *Family Process*, 38(1), 117-136.
- Lieberman, A. F. (2004). Child-parent psychotherapy: A relationship-based approach to the treatment of mental health disorders in infancy and early childhood. In: A. A. J. Sameroff, S. C. McDonough & K. L. Rosenblum (Eds.), *Treating Parent-Infant Relationship Problems*, (pp. 97-122). New York: The Guilford Press
- Mulsow, M. H., O’neal, K. K., & Murry, V. M. (2001). Adult attention deficit hyperactivity disorder, the family, and child maltreatment. *Trauma, Violence, & Abuse*, 2(1), 36-50
- Steca, P. P., Bassi, M. M., Caprara, G. G., & Fave, A. (2011). Parents' Self-Efficacy Beliefs and Their Children's Psychosocial Adaptation During Adolescence. *Journal of Youth & Adolescence*, 40(3), 320-331. <https://dx.doi.org/10.1007/s10964-010-9514-9>
- Sroufe, L. A. (2005). Attachment and development: A prospective, longitudinal study from birth to adulthood. *Attachment & Human Development*, 7(4), 349-367.
- Wachs, C. & Jacobs L. (Eds.), (2006) *Parent-Focused Child Therapy: Attachment, Identification and Reflective Functions*. Lanham, MD: Rowman & Littlefield.
- Woolgar, M. (2014). The Brief Parental Self-Efficacy Scale. *Personal communication*.