



Original Article

The effectiveness of a positive parenting program (triple p) on parenting stress and tolerance of emotional disturbance in mothers with children with attention-deficit/hyperactivity disorder

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Abstract

Introduction: Attention Deficit/Hyperactivity Disorder (ADHD) is one of the most common behavioral disorders in children. This research aimed to assess the effectiveness of the positive parenting program on parenting stress and tolerance of emotional disturbance in mothers with ADHD children.

Materials and Methods: In the present study, among all the mothers with ADHD children who referred to two psychological clinics in Mashhad city-Iran in 2021-2022, 30 cases were selected by the convenient sampling method and randomly divided into equal experimental group and control group. The experimental group received a positive parenting program during eight weekly sessions, while the controls were assigned to a waiting list. The mothers completed Abidin's Parenting Stress Index (PSI) and Simons and Gaher's Emotional Disturbance Tolerance (DTS) in the pre-test and post-test. Data were analyzed using multiple covariance analysis (MANCOVA) in SPSS version 22 software.

Results: The results showed that the positive parenting program reduced parenting stress and increased emotional disturbance tolerance significantly compared to the controls ($P < 0.001$).

Conclusion: It seems that positive parenting program improves parenting stress and emotional disturbance tolerance in mothers with ADHD children.

Keywords: Attention-deficit/hyperactivity disorder, Emotional disturbance, Parenting stress, Positive parenting

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Introduction

Attention-Deficit/Hyperactivity Disorder (ADHD) is a common behavioral disorder in children, defined as a stable pattern of

hyperactivity or attention deficit with more than normal intensity during the child's development. The prevalence of this disorder among school-aged children is about 3-5% (1).

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One of the main problems of parents with ADHD children is parenting stress and the feeling of lack of competence in the experience with the child (2). Parenting stress is a psychological reaction that parents have towards their children and parents' abilities concerning parenting responsibilities and duties (3). In Abidin's parent-child relationship model, parenting stress is affected in three major areas; parent domain, child domain, and domain of the parent-child relationship. Parenting stress-related parenting includes the self-concept, emotions, and experiences of parents to the role of parenting, and characteristics such as age, education, and physical and psychological health of parents are also closely related. The child's domain includes characteristics such as physical and psychological health, including behavioral or temperamental problems, which contribute to increasing or decreasing parenting tension. The scope of the parent-child relationship also represents the quality of parent-child communication and interaction, such as closeness or conflict between parent and child. These three areas interact and affect each other (4,5). Parents of children with behavioral disorders report significantly higher stress levels than parents of normal children (6-8). Parents of ADHD children suffer from emotional disturbances and parenting stress (9). One of the things that make a difference in the type of exposure of people to stressful situations is disturbance tolerance. Ellis defines disturbance tolerance as a person's ability to experience and tolerate a negative emotional state (10).

ADHD in children causes emotional problems in their parents and affects family patterns (11). Parenting problems have dysfunctional effects on children with ADHD. Considering the importance of the relationship between parents and children in the emergence of children's behavioral problems, parent training is considered one of the most common treatment methods for this disorder. The advantage of parent training over other methods is that it affects various aspects of parenting and family functioning (12).

A positive parenting program is a multi-level strategic program about parenting with a preventive and supportive approach toward families. This program aims to prevent the occurrence of behavioral, developmental, and emotional disorders in children by raising the level of knowledge, skills, and self-confidence

of parents. Like other parent education programs, this program is based on the principles of social learning, which teaches parents practical and effective strategies for developing children's social and language skills, emotional self-regulation, independence, and problem-solving skills. These skills also improve family harmony, reduce child-parent conflict, develop successful relationships with peers, and prepare the child for academic success (13). Among the goals of this treatment are improving parents' knowledge and skills, improving the child's living environment, and increasing the performance of parents and children (14).

There is evidence that a parenting program based on lived experiences and positive parenting education reduces the parenting stress of mothers and confusion in parent-child relationships as well as behavioral problems in children (15). Also, positive parenting training improves executive functions and academic motivation of children with ADHD (16). This program was effective in the parenting style of parents who have children with special needs (17). In addition, this program can reduce anxiety symptoms in parents and children and improve the parent-child relationship quality (18,19). The results of a study indicated that positive parenting training significantly reduced parenting stress in mothers with autistic children (20). Also, positive parenting program reduces symptoms of ADHD in children (21).

Considering the important role of the family on children's upbringing, personality, and mental illnesses, also the significant role of parenting styles on children, this research aimed to investigate the effectiveness of the positive parenting program (Triple P) on parenting stress and emotional disturbance tolerance of mothers with ADHD children.

Materials and Methods

In the present study, two psychological clinics were randomly selected among the psychological clinics of Mashhad city-Iran. Then, based on the information in the file, the researchers contacted the clients with ADHD children, and those who were interested were invited to participate in the parenting training workshop. Then, according to the inclusion criteria, 30 mothers were selected using the convenient sampling method and randomly assigned into experimental and control

groups. The inclusion criteria included having a child who has ADHD, not using psychiatric medication by mothers, not having a personality disorder or psychotic disorders, not consuming alcohol and narcotic or addictive drugs, and non-participation in another psychological treatment at the same time. The exclusion criteria included the absence of more than three sessions and lack of satisfaction.

To consider the ethical principles, the participants had full authority to participate in

the research, and their information was confidential. Also, they wrote the informed consent.

The experimental and control groups were evaluated in 2 stages (pre-test and post-test) through research instruments. The experimental group received a positive parenting program during eight weekly sessions, while the controls were assigned to a waiting list. Table 1 presents the summary of the positive parenting protocol (19).

Table 1. The summary of positive parenting protocol

Session	Goal	Content	Exercise
First	Introducing the group members and give a brief explanation about the relevant variable.	Explanation about the rules of the group and meetings, hyperactivity disorder, signs and symptoms, treatment methods, parenting.	There is no exercise.
Second	Know the positive parenting program	Review the previous session, describe and define parenting, children's behavioral problems, genetic, family and environmental causes	Record your child's misbehavior during the next week by the given table and chart.
Third	Strengthen positive interactions between parents and children and provide solutions to create a relationship	Review of the previous session, training to strengthen parent-child relationships, encouragement and reinforcement, how to praise and encourage, modeling training	Using incidental teaching methods, ask, tell, do it during the week and record it in the table provided.
Fourth	Training skills to control mild and severe undesirable behaviors in child	Reviewing the previous session, teaching how to deal with negative behavior, correct use of body language, logical consequences of behavior, teaching the use of exclusion, silence, expulsion	-Organizing a family meeting and establishing 4-5 constitutions at home - Carry out the three instructions based on the trained protocol and record them in the relevant tables -Note one of the cases of using a directed discussion with the child is presented in the table
Fifth	Training how to control the child in situations where control is minimized and also provides solutions for family survival	Reviewing the previous meetings, training to avoid discussion, use of social support, taking time to rest and have group fun, identifying troublesome situations, and planning training	- Recognize and list troublesome situations and write down the steps in the table provided. - Use of family survival tips and its registration are provided in the table.
Sixth and Seventh	Follow the goals of the previous sessions	The content of the previous sessions	There is no exercise.
Eighth	Describing the factors that will prevent the changes and reforms and provides solutions to maintain the mentioned changes	Reviewing the past sessions, examining the obstacles to maintaining the changes, solutions to maintain the changes, training on common problems, and role playing	There is no exercise.

Research instruments

A) *Parental Stress Index (PSQ)*: This index with 101 questions was developed by Abidin in 1967. Fifty-four questions are focused on parents, and 47 questions are focused on children. In addition, this scale has 19 optional questions about general life stress that can be used according to the researcher's preference. The parent domain of this questionnaire has seven subscales, and the child domain consists

of six subscales. The subscales related to each area, and also the number of their items, are the child's domain (47 items) which includes: adaptability (11 items), acceptance (7 items), extravagance (9 items), temperament (5 items), increasing attention (9 items), empowerment (6 items) and parental domain (54 items), which include: a sense of competence (13 items), social isolation (6 items), attachment (7 items), parent's health (5 items), role limitations (7 items),

depression (9 items), relationship with a spouse (7 items), and life tension (the optional scale that includes 19 items). The Likert scoring method is based on answers from 1 to 5 (agree completely to disagree completely). The minimum test score is 101, and the maximum is 505. In addition, a score greater than 260 is in the clinical range. In Iranian research, the Cronbach's alpha of the subscales of the children and total children domains were 0.84, 0.81, 0.76, 0.80, 0.73, 0.78, and 0.91. The retest reliability coefficient during 20 days is 0.69, 0.53, 0.58, 0.61, 0.72, 0.65, and 0.67, respectively. In the parental domain, Cronbach's alpha of each subscale was 0.79, 0.75, 0.71, 0.85, 0.83, 0.88, 0.85, and 0.95, respectively. The retest reliability coefficient for each subscale is 0.71, 0.66, 0.61, 0.59, 0.63, 0.73, 0.65, and 0.76, respectively (22).

B) Emotional Disturbance Tolerance Questionnaire (DTS): Simons and Gaher's Distress Tolerance Questionnaire is a self-measurement index of emotional distress tolerance that was developed by Simons and Gaher (23). This scale has 15 items and four subscales named emotional distress tolerance (3 items), being absorbed by negative emotions (3 items), mental estimation of distress (6 items), and adjusting efforts to relieve distress (3 items).

This scale is graded on a Likert scale from 1 to 5 (1= agree completely to 5= completely disagree). Only the sixth question in this questionnaire is scored in a reverse way. Thus, the range of scores is from 15 to 75 (23,24). In Simons and Gaher's research, the alpha coefficients for the dimensions of emotional distress tolerance, being absorbed by negative emotions, mental estimation of distress, and adjustment of efforts to relieve distress were 0.72, 0.82, 0.78, and 0.82, respectively. The intraclass correlation after six months was 0.61. Also, it has been found that this scale has a good initial convergent and criterion validity (23). This scale has a good psychometric proportion in the Iranian population (24).

The data were analyzed using SPSS-22 software and multivariate analysis of covariance (MANCOVA).

Results

Regarding age, 66.6% of the participants were aged 24-30 years. The education level of 5 cases (16.6%) was below a diploma, and 19 cases (63.3%), had a diploma or higher education. Also, 6 cases (20.0%) had higher degrees than a bachelor. Table 2 presents the descriptive statistics of the variables.

Table 2. The scores of parenting stress and emotional disturbance tolerance in two groups

Variable	Stage	Control group Mean \pm SD	Experimental group Mean \pm SD
Parenting stress	Depression	Pre-test	31.53 \pm 4.22
		Post-test	31.80 \pm 3.42
	Attachment	Pre-test	26.60 \pm 3.56
		Post-test	26.73 \pm 3.30
	Role limitations	Pre-test	18.80 \pm 5.26
		Post-test	18.46 \pm 4.65
	Sense of competence	Pre-test	38.33 \pm 2.43
		Post-test	37.93 \pm 2.21
	Social isolation	Pre-test	18.60 \pm 1.88
		Post-test	18.13 \pm 2.03
	Relationship with spouse	Pre-test	24.93 \pm 3.08
		Post-test	24.60 \pm 2.72
	Parent's health	Pre-test	19.26 \pm 2.43
		Post-test	18.66 \pm 1.83
Total scale	Pre-test	178.06 \pm 8.99	
	Post-test	176.33 \pm 6.67	
Emotional disturbance tolerance	Emotional distress tolerance	Pre-test	11.00 \pm 2.20
		Post-test	10.60 \pm 1.95
	Being absorbed by negative emotions	Pre-test	6.46 \pm 1.35
		Post-test	6.46 \pm 1.55
	Mental estimation of distress	Pre-test	18.80 \pm 5.26
		Post-test	18.46 \pm 4.65
	Adjustment of efforts to relieve distress	Pre-test	8.33 \pm 2.43
		Post-test	7.93 \pm 2.21
	Total scale	Pre-test	44.60 \pm 7.07
		Post-test	43.46 \pm 5.85

The results of the Kolmogorov-Smirnov test for parenting stress and emotional disturbance tolerance in two groups showed that the data

related to two variables had a normal distribution (Table 3).

Table 3. The results of the Kolmogorov-Smirnov test

		Control group		Experimental group	
		Pre-test	Post-test	Pre-test	Post-test
Parenting stress	Statistic test	0.646	0.722	0.717	0.483
	P	0.798	0.675	0.683	0.974
Emotional disturbance tolerance	Statistic test	0.447	0.633	0.428	0.528
	P	0.988	0.818	0.993	0.943

The results of Levene's test for all research variables indicated that the assumption of equal variances of the two groups is accepted (for parenting stress, $F= 4.595$, $P= 0.041$, for emotional disturbance tolerance, $F= 1.908$, $P= 0.178$). The regression slope homogeneity test

results also showed that the F value for group interaction and post-test is insignificant for all research variables. Therefore, the assumption of regression homogeneity is confirmed (Table 4). Table 5 presents the results of covariance analysis to assess the effectiveness of training.

Table 4. The results of the regression slope homogeneity test

Variable	Statistic test	P
Parenting stress	0.148	0.703
Emotional disturbance tolerance	4.409	0.056

Table 5. The results of covariance analysis to assess the effect of training

	Variable	Sum of squares	Mean squares	F statistics	P	Eta coefficient
Fixed coefficient	Parenting stress	219.216	219.216	16.238	0.0001	0.384
	Emotional disturbance tolerance	47.704	47.704	2.426	0.131	0.085
Pre-test scores	Parenting stress	424.830	424.830	31.468	0.0001	0.548
	Emotional disturbance tolerance	444.947	444.947	22.632	0.0001	0.465
Group	Parenting stress	506.365	506.365	37.508	0.0001	0.591
	Emotional disturbance tolerance	336.283	336.283	17.105	0.0001	0.397
Error	Parenting stress	351.005	13.500			
	Emotional disturbance tolerance	511.156	19.660			

Based on the findings presented in Table 5, the significance level of both variables of parenting stress and emotional disturbance tolerance in the group index is less than 0.01, so positive parenting training is effective on parenting stress and emotional disturbance tolerance of mothers with ADHD children. Also, the eta coefficients (0.591 for parenting stress and 0.397 for emotional disturbance tolerance) indicated that the effectiveness of education is high in two variables, and the effectiveness of intervention in stress parenting is more than the emotional disturbance tolerance.

Discussion

The results showed that the positive parenting program (triple p) reduces parenting stress and

increases emotional disturbance tolerance in mothers with ADHD children. This finding is in line with the research by Saberi et al. (20), Tostika et al. (17), and Ozivert et al. (18).

Also, in a study conducted by Behbahani et al. on sixty mothers and their ADHD children, who were divided into two experimental groups and a control group, indicated that mindful parenting programs reduced parenting stress and negative parent-child interaction, in addition to symptoms of ADHD in children significantly compared to the control group (25). The results of this study support the findings that suggest the positive effects of parenting program training on the parent-child relationship and parenting stress in mothers of these children.

In addition, Abbaszadeh et al. assessed the effect of the Triple P Program on mental health and mother-child relationship in mothers with hearing-impaired children. In this study, twenty-four mothers with children under three years of hearing impairment were divided into intervention and control groups. The interventional group received 13 sessions of a positive parenting program. Both groups fulfilled the mother-child interaction questionnaire and symptom checklist-90. Based on the findings, there were not seen any significant differences between the two groups in mental health. In components of mother-child interaction, only a significant difference was seen in the overprotection component (26).

Although the results of our study indicated the significant effects of positive programs on parenting stress and emotional disturbance tolerance in mothers with ADHD children, which indicated the higher mental health status in mothers who received positive parenting programs, this difference may be related to children's problems (attention deficit and hyperactivity versus hearing impairment).

In this line, Rubio in the United States studied 235 caregivers with children who had behavioral problems. The participants answered to DOCS Parenting Stress Measure (DOCS PSM). The caregivers received six sessions of the training program. The findings revealed a significant reduction in parenting stress in parents who completed the program (27). This finding supports our results in reducing parenting stress in mothers who received positive parenting programs.

A positive parenting program is a multi-level strategic program about parenting with a preventive and supportive approach toward families. This program teaches parents practical and effective strategies for developing children's social and language skills, emotional self-regulation, independence, and problem-solving ability. These skills also improve family harmony, reduce child-parent conflict, develop successful relationships with peers, and prepare the child for academic success. Positive parenting is an approach that aims to promote child development and manage child behavior in a constructive and non-harmful way. Positive parenting is built on good communication and positive attention. Children who grow up with positive parenting are more likely to develop positive skills and feelings

about themselves. Also, they have fewer behavioral problems (19). The scores of the experimental group showed a significant difference between pre-test and post-test compared to the controls. This finding is consistent with the studies conducted by Bron et al. (28) and Salmon et al. (29).

Distress tolerance is an emerging construct in psychology that has been conceptualized in several ways. However, it broadly refers to the capacity to understand the negative feeling of people's resistance or other annoying states (such as physical discomfort) and behavioral actions caused by resilience and tolerance against various types of stressors (30). Some definitions of distress tolerance have also specified that the tolerance of these negative states occurs in contexts where there are methods to escape distressed (31).

There is evidence that positive parenting programs can impact the psychiatric symptoms of children and adolescents who have ADHD. For example, Khademi et al. evaluated the effect of a positive parenting program on ADHD symptoms in 94 preschool children. Through the Conners questionnaire, ADHD symptoms decreased in the experimental group. At the same time, the findings related to the parent depression index indicated a significant reduction in mothers who received the intervention compared to those in the control group (32). These findings are in line with the present study. Although we did not assess the symptoms and severity of ADHD in children, the score of the depression subscale in the experimental group decreased significantly in the post-test compared to the controls. So, it seems this intervention effectively improves parenting stress and emotional disturbance tolerance in parents with ADHD children.

Considering the small sample size, and some mothers were not careful enough in reporting their children's behavior and interpersonal problems and did not cooperate in regular attendance at the training sessions, it is difficult to generalize the results to all mothers with ADHD children. In addition, due to the lack of follow-up, whether the results will be maintained in the long term needs to be clarified. Therefore, it is suggested that future research should be conducted on a wider number of parents, both fathers, and mothers, and in different cities. Future research with long-term follow-up should be conducted to assess the stability of the intervention. By

comparing the positive parenting training program with other psychological interventions, the best intervention to reduce parenting stress and increase the tolerance of emotional disturbance should be identified. Also, research on the effectiveness of the positive parenting program (Triple P) on other neurodevelopmental disorders can confirm and expand the current research results.

Conclusion

Positive parenting program improves parenting stress and emotional disturbance tolerance in mothers with ADHD children.

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