

幼兒過動-衝動與不專注行為對父母教養態度 影響之研究

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中文摘要

研究顯示家庭的互動中，並非只是父母單方掌控兒童的發展方向，兒童的行為亦深刻地影響著父母的教養認知與方式。本研究目的在釐清父母（或主要照顧者）認為幼兒有無表現出不專注、過動-衝動行為之情形下，其教養信念或方式的差異。本研究對象為就讀於美國南達柯塔州啟蒙方案(Head Start Program at Vermillion, SD)之幼兒，其年齡介於 3 足歲至 6 足歲之間；研究中使用『學齡前注意力欠缺症評量問卷—家庭版(ECADDES-Home Version)』調查父母（或主要照顧者）對幼兒行為的看法，再使用『父母即教師(PAAT)』之問卷釐清參與本研究的 75 位父母之教養信念的差異；t 考驗及 SPSS 之統計軟體被用來統計回收之調查資料並分析結果。

重要之研究結果有二：當幼兒的父母（或主要照顧者）認為幼兒的行為表現非具有不專注、過動-衝動現象者，對於兒童的早期發展較為重視；反之，若父母（或主要照顧者）認為孩子的行為是不專注、過動-衝動時，對於兒童創造力的看法、父母的教養挫折度、對孩童的掌控、對兒童遊戲的信念及教育與學習等五種教養信念，都持較負面的態度。再者，單親家庭的父親或母親（或主要照顧者）對於兒童創造力採取鼓勵的態度，較願意提供幼兒嘗試解決問題的機會。本研究之各項結果及相關的具體建議，將提供親職教育專家作為親職教育工作的推動或相關研究的考量。

關鍵字：親職教養、注意力缺陷過動症、父母即教師、不專注、過動-衝動

Research indicates that not only do parenting behaviors influence their child's overall development, but also the child's behavior influences the parenting style of the parent(s) (Alizadeh & Andries, 2002; Grusec & Goodnow, 1994). Many inappropriate behaviors are considered typical for young children because of the wide developmental variation in young children. However, many young children exhibit problems of self-control, hyperactivity, inattention, impulsivity, lack of self-discipline, and aggression in early childhood (Barkley, 1982), which may continue throughout their lives. Also, children who are regarding difficulty with attention problems are often diagnosed with Attention Deficit/Hyperactivity Disorder (ADHD) in later years. Children with inattention, hyperactivity, and/or impulsivity tendencies are especially at-risk for challenging the parenting skills of even the most effective parent(s).

ADHD has been estimated to affect between 3% and 5% of school-age children (American Psychiatric Association, APA, 1994). The disorder frequently has a profound affect on a child's personal, social, and academic development, and is a risk factor in the development of other co-morbid disorders. In some cases, the failure to manage these behavioral difficulties may lead to behavioral problems in adulthood (e.g., criminal activities, alcoholism, and poor work adjustment) (Kazdin, Siegel, & Bass, 1993; Patterson, DeBaryshe, & Ramsey, 1989). Likewise, Barkley (1997) noted that 50% to 80% of children referred to clinics for ADHD continue to have symptoms of the disorders into adolescence.

Many factors have been implicated in the development of ADHD. Environmental factors,

such as poor parenting, do not cause ADHD but may contribute to the severity of the symptoms (Barkley, 1990). Studies have shown that the parent(s) of aggressive children also display a number of behavioral characteristics that differentiate them from the parent(s) of non-aggressive children (Patterson, 1982). For instance, parent(s) of aggressive children exhibited a considerably higher rate of aversive behavior directed toward their children. Their commands were poorly formulated and delivered. A significantly higher proportion of their commands were delivered in a threatening, angry, or nagging way. They criticized their children more frequently and supplied more negative and ineffective consequences to deviant as well as non deviant behavior (Patterson, 1982).

Statement of the Problem

There is a growing body of evidence supporting a causal connection between dysfunctional parenting and child aggression. Patterson (1982) indicated that aversive parent and child behaviors do not occur in isolation from one another, but are reciprocal and take place when the parent(s) attempt to overly control the child's behaviors. In particular, Patterson (1982) emphasized the dysfunctional nature of noncompliance, which is attributed to unskillful parental management. Loeber (1990) believed that a complex set of parenting dysfunctional behaviors was directly related to child aggression. Barkley (1998) summarized a series of studies that suggested familial stress is the result of an ADHD child's acting-out behavior. Thus, the prevention of behavior problems caused by ineffective parenting styles and the early intervention of behavior

management for children with inattention and/or hyperactivity-impulsivity behaviors has become a critical issue. The amiable parent-child interaction and the effective parenting skills play important roles in the appropriate behavioral and emotional development of children.

For children who exhibit high levels of attentional difficulties and are identified as having ADHD, stimulant medication therapy is commonly used to help manage their behavior (Barkley, 1990). However, 10% to 20% of those who take such medication do not show clinically significant improvements in their primary ADHD symptomatology (Taylor, 1986). In some cases, though, when a favorable response is obtained, some children experience side effects that are of sufficient frequency and severity to preclude continued use of stimulant medication. Independent of these issues, many parent(s) prefer not use any form of medication in treating their child. Thus, there are children with ADHD for whom stimulant or other medication therapies are not viable treatments. For these families an appropriate parenting perception and the effective parenting skills appears to be worthy of further consideration.

Parenting style has been found to predict the behavior of a young child in the domains of problem behavior, social competence, academic performance, and psychosocial development. Parent training has been used as a component of effective intervention for children with ADHD. Even children with ADHD who respond to medication may benefit if their parent(s) receives parent training (Anastopoulos, Smith, & Wien, 1998, in Barkley, 1998). There are numerous research studies that examine the effects of parental stress, marital discord, environmental characteristics, and

parenting self-esteem on young children with ADHD or behavior disorders (Auerbach, Lerner, Barasch, & Palti, 1991; Mash, & Johnston, 1983). Cousins and Weiss (1993) indicated that an important step in developing interventions for children with ADD/ADHD would be to assess the parenting used by their parent(s).

Purpose of the Study

The purpose of this study was to determine what differences exist in parenting beliefs between parents regarding the young children perceived as having inattention and/or hyperactivity-impulsivity behaviors and parent regarding the young children perceived as not having inattention and/or hyperactivity-impulsivity behaviors. The following questions define the scope of this study.

1. What differences exist in parenting beliefs about creativity, frustration, control, play, and teaching/learning between parents regarding a young child perceived as having and not having inattention and/or hyperactivity-impulsivity behaviors?
2. What differences exist in parenting beliefs about creativity, frustration, control, play, and teaching/learning between single parent families regarding a young child perceived as having and not having inattention and/or hyperactivity-impulsivity behaviors?
3. What differences exist in parenting beliefs about creativity, frustration, control, play, and teaching/learning between two parent families regarding a young child perceived as having and not having inattention and/or hyperactivity-impulsivity behaviors?
4. What differences exist in parenting beliefs about creativity, frustration, control, play,

- and teaching/learning between single parent families and two parent families regarding a young child perceived as having inattention and/or hyperactivity-impulsivity behaviors?
5. What differences exist in parenting beliefs about creativity, frustration, control, play, and teaching/learning between single parent families and two parent families regarding a young child perceived as not having inattention and/or hyperactivity-impulsivity behaviors?
 6. What differences exist in the amount of time the parent spends playing and talking with his/her young child each week between parents regarding a young child perceived as having and not having inattention and/or hyperactivity-impulsivity behaviors?
 7. What differences exist in the amount of time the parent spends playing and talking with his/her young child each week between single parent families regarding a young child perceived as having and not having inattention and/or hyperactivity-impulsivity behaviors?
 8. What differences exist in the amount of time the parent spends playing and talking with his/her young child each week between two parent families regarding a young child perceived as having and not having inattention and/or hyperactivity-impulsivity behaviors?
 9. What differences exist in the amount of time the parent spends playing and talking with his/her young child each week between single parent families and two parent families regarding a young child perceived as having inattention and/or

hyperactivity-impulsivity behaviors?

10. What differences exist in the amount of time the parent spends playing and talking with his/her young child each week between single parent families and two parent families regarding a young child perceived as not having inattention and/or hyperactivity-impulsivity behaviors?

Definition of Terms

The following definitions are provided to ensure uniformity and understanding of these terms throughout the study. All definitions not accompanied by a citation were developed by the researcher.

Attention-deficit/Hyperactive Disorder

(ADHD): Diagnostic criteria followed the Diagnostic and Statistic Manual of Mental Disorders: Fourth Edition, 1994, pp. 83-85 for Attention-deficit/Hyperactive Disorder (ADHD).

Early Childhood Attention Deficit Disorders

Evaluation Scale (ECADDES)-Home Version: a quantifiable behavior rating completed by parents to measure characteristics of ADHD, inattention and hyperactivity-impulsivity (McCarney, 1995).

Head Start Program

“A comprehensive program that provides educational, nutritional, health, and social services to pre-school children from low-income families. The program strengthens relationships within the family by encouraging parent involvement in all aspects of the program” (child Development Programs of South Dakota, 2000, p. 3).

Hyperactivity-impulsivity

see ADHD for Predominantly yperactivity-Impulsivity type A2.

Inattentive

See ADHD for Predominantly Inattention Type A1.

Parent: A father, a mother or a main caregiver who interacts directly with the child in the home environment.

Parent As A Teacher Inventory (PAAT): A survey completed by parents to describe the nature of their interactions with their children (Strom, 1995).

Parenting: "The predominant characteristic manner by which parents or parent surrogates provide the opportunities for their children's psychological and social development" (Baker, 1999, p. 61).

Young children: Children who are between the ages of three and six years old attending the Head Start Program at the time when their parents participated in this study in South Dakota, USA.

Young children perceived as with Inattentive and Hyperactivity-Impulsivity behaviors: For purpose of this study, children aged between three to six years of age who were perceived by his/her parent or caregiver as having Inattention and Hyperactivity-impulsivity based on the Early Children Attention Deficit Disorders Evaluation Scale (ECADES). The parent(s) rating for his/her child yielded a standard score of six or less points.

Review of Literature and Research

Young children with inattention and/or hyperactivity-impulsivity behaviors

Inattention and/or hyperactivity-impulsivity behaviors have been considered one of the most common chronic behavior disorders observed during childhood (Barkley, 1982). Campbell, Ewing, Breaux, and Szumowski (1986) stated that the nature of this disorder has been explored in the preschool child. It is often assumed that the disorder arises in the preschool years.

Attention-deficit/Hyperactivity Disorder (ADHD) is classified as a behavioral disorder in the Diagnostic and Statistical Manual of the American Psychiatric Association (DSM-IV, 1994). This manual is used by most medical personnel and psychologists for classifying disorders (Zentall, 1993).

Based on the classification criteria, the early estimated of the prevalence of children with ADHD varied between 1% and 23% (DuPaul, 1991; Barkley, 1990). Although its true prevalence cannot be accurately determined, most researchers have estimated that approximately 3% to 5% of the entire school-age population has ADHD (APA, 1994). Children with ADHD are commonly diagnosed in the early school ages, and about half of all children with ADHD are diagnosed before the age of four (Dowdy, Patton, Smith, & Polloway, 1995). Because academics and social functioning are more structured in the elementary school settings, the symptoms of ADHD become more problematic when the child enters a formal school setting. Children with ADHD may manifest more behavioral and social difficulties in school (Keenan & Shaw, 1997). Most of the reports indicate that six to nine times more male children demonstrated ADHD than do female children (APA, 1994; Bender, 1997; Kauffman, 1989). Bender (1997) reviewed the research on individuals with ADHD and concluded that the proportions range between 3:1 (Male: female) in the school and community-based settings, and 9:1 (male: female) in the clinical referrals.

Common characteristics of children with ADHD are serious and persistent difficulty in three specific areas: attention span, impulse control, and

hyperactivity. In 1994, the American Psychological Association defined the criteria for ADHD to include “a persistent pattern of inattention and/or hyperactivity-impulsivity behaviors that is more frequent and severe than is typically observed in individuals at a comparable level of development” in DSM-IV (APA, 1994, p.5). ADHD children are generally described as having the essential chronic characteristics of inattention and/or hyperactivity-impulsivity behaviors—the “holy trinity” of ADHD (Barkley, 1998, p.57). The three subtypes of ADHD make the diagnosis more specific to different symptom manifestations. The child may have inattention, hyperactivity-impulsivity, or a combination of both types. A high activity level is often the feature that is most noticeable and troublesome for preschoolers (Dunlap, 1997). A child with hyperactivity has difficulty playing alone, is constantly on the go, and may lack friends because of his or her aggression or inability to cooperate in play (Wheeler & Carlson, 1994).

Most children regarding been diagnosed with ADHD demonstrated hyperactivity, impulsivity, and inattention to some degree (APA, 1994). Yet, in some cases, children with ADHD manifest only one or two types of this disorder (Maag & Reid, 1994). Maag and Reid noted that some hyperactive children may physically move so frequently that they may not manifest inattention problems when they are under good behavior control. Alternatively, children regarding a short attention span as their primary symptom may manifest overtly better behaviors than the children with hyperactivity-impulsivity problems.

ADHD has negative effect on a child's life at home, at school, and within the community (Resnick & McEvoy, 1994). Children with ADHD

demonstrate many educational problems in school (Bender & Mathes, 1994). They may manifest deficits in impulse control, phonological awareness, verbal memory span, and storytelling (Korkman & Pesonen, 1994), social functioning (Keenan & Shaw, 1997), language ability (McGee, Partridge, Williams, & Silva, 1991), reading achievement (Fergusson & Horwood, 1992), and general academic achievement (APA, 1994). For example, Korkman and Pesonen (1994) examined the performance of eight-year-old children with ADHD ($n=21$), specific learning disorder (LD) ($n=12$), and both (ADHD + LD) ($n=27$) on a comprehensive set of neuropsychological measures which included 19 subtests on children's impulsive control, attention span, storytelling, memory, and various cognitive development areas. The results of study showed that the children with ADHD were specifically impaired in the control and inhibition of impulses, and children with both ADHD and LD were impaired in phonological awareness, verbal memory span, and storytelling. In another study, Love and Thompson (as cited in McGee et al., 1991) found a strong relationship between pervasive hyperactivity and language disorders, which supported the high prevalence of language problems of 2/3 of children with attention deficit disorder on previous research by Love and Thompson.

Although ADHD tends to be a lifelong disorder (Bender, 1997), some behavioral problems in childhood may change over time. In some cases, children with ADHD may learn the coping skills to control their hyperactive behavior as they grow older (Blackman, Westervelt, Stevenson, & Welch, 1991), but other aspects of the disorder tend to continue (e.g., inadequate organizational skills) (Szumowski, Ewing, & Campbell, 1986). In one study by Campbell (1985), only 30% of children with

hyperactivity at age three were diagnosed as having ADHD at age six. In contrast, preschoolers with true ADHD may develop more severe symptoms later in their lives. For example, Barkley, DuPaul, & McMurray (1990) indicated that 65% of teenagers with ADHD demonstrated a high rate of oppositional-defiant behavior. Those oppositional-defiant behaviors may include conduct disorders, learning disabilities, aggression, and/or other problems (DuPaul & Stoner, 1994).

Assessment related to young children with inattention and/or hyperactivity-impulsivity behaviors

The age of onset of ADHD is before age five (Blackman et al., 1991), though it may not be recognized or be severe enough to evaluate until the child reaches school age. In addition, there is no universal definition accepted on the constitution of ADHD. Therefore, Rosenberg, Wilson, and Legenhausen (1989) urged that the evaluation of a young child perceived as with hyperactivity should be multidimensional, to include health, behavioral, cognitive, and environmental components. The assessment methods used to diagnose ADHD are clinical interviews, behavior rating scales, behavioral observation, and psychological/psychoeducational assessment (Bradley & DuPaul, 1997). Multiple methods and multiple sources of information collected in several settings can minimize the limitations of each assessment method (Shelton & Barkley, 1994). The strengths of each assessment tool can contribute important information to the diagnosis.

Parenting beliefs regarding young children having and not having inattention and/or hyperactivity-impulsivity behaviors

Research on the relationship between the

family functions and children's behavior has been conducted for many decades. Fisher (1990) found that the problem behaviors of children with ADHD directly affect the interactions of the children with members of their entire family. These misbehaviors may influence the style of parenting (Grusec & Goodnow, 1994). Conversely, the children's behavior was also affected by the parenting beliefs of their parents. For example, Campbell, March, Pierce, Ewing, and Szumowski (1991) stated that mothers of preschoolers with hyperactive and/or aggressive behavior were more negative during interactions with their young children, and their families experienced more stress than the comparison families not having disorders. The results of their study were also supported by the research of Stormont-Spurgin and Zentall (1995) on families of preschoolers diagnosed with hyperactivity and aggression. Stormont-Spurgin and Zentall found that parents regarding preschoolers with hyperactivity and aggression were more restrictive in their child-rearing practices than parents of preschoolers with pure hyperactivity. These parents also exhibited more physical and verbal aggression toward their partners than the parents of preschoolers with pure hyperactivity.

Parenting Beliefs about Creativity

Creative abilities are important to the parent-child relationship. These abilities benefit not only the children but also the adults. Creative children and adults are able to avoid dullness, convert conflict, accept complexity and ambiguity, make independent judgments, use leisure, and adapt to new knowledge (Schwartz, 1991; Torrance, Weiner, Presbury, & Henderson, 1987).

Parents can directly influence the

development of creativity in their children in the early childhood years (Ellermeyer, 1993). Many researchers cited in the review by Ellermeyer (1993) revealed techniques for parents to enhance the development of creativity within their children. Parents who encouraged creativity in their children were likely to enhance imagination and curiosity in early childhood (Torrance), exhibit calm and be less authoritarian (Dreyer & Wells; Maw & Maw), be flexible to accept the different procedures in children's play, understand the children's perception and their needs (Bishop & Chance), and reduce the gender effect in relating to the children's play preferences (Torrance). In summation, Ellermeyer (1993) concluded that "parents of creative children afford their children the opportunity to express their creativity not having the penalty of judgment" (p.60).

Sigelbaum and Rotner (1983) defined the creatively gifted child as "the child who comes up with many, different, unusual, original, or detailed solutions to conventional tasks" (p.41). Shaw and Brown (1990) also implied that the definition of creativity involves the separate cognitive abilities of fluency and flexibility rather than the frequency of behavior and the length of attention span. Because the children with ADHD frequently do not finish tasks or rush through the tasks, it is possible that the behavioral and verbal creativity in them may not be adequately measured or may, in fact, be impaired. Only a few studies have actually examined the issue of creativity in ADHD. Shaw and Brown (1990), in their creativity research on children with attention problems, used nine domains of measurements that related to the three variables of laterality, creativity, and attention problems. To measure creativity, two subtests were administered, "one figural and one

verbal, from the Torrance Tests of Creative Thinking" (Shaw & Brown, 1990, p.46). They found that the 16 high-IQ ADHD children "gathered and used more diverse, nonverbal, and poorly focused information, and showed higher figural creativity than" (Shaw & Brown, 1990, p.39) the typical children of the compared group. However, Barkley (1998) argued that Shaw and Brown's study did not reliably predict creativity in ADHD because the study used too small a sample and used only bright ADHD children.

Parenting Beliefs about Parental Frustration

An environment of continual parental frustrations, upsets, and disappointments usually results when parents' expectations are too rigid or beyond the scope of a child's behavior and/or maturity. This may lead to parents' anger, emotional punishment, or violence upon the child (Strom, 1995). Furstenberg and Cherlin (1991) stated that the parental frustration, which is caused by the parents who lack self-control and have inappropriate expectations, could permanently damage a child. Research on the parental frustration about having children with inattention and/or hyperactivity-impulsivity behaviors has been seriously considered. Parents of children with ADHD experienced more parenting stress and distress, fewer feelings of parenting competence, lower self-esteem (Johnston, 1996; Mash & Johnston, 1983), and more parental marital discord (Mash & Johnston 1990; Stormont-Spurgin, & Zentall, 1995; Murphy & Barkley, 1996) than parents having children not having ADHD.

Mash and Johnston (1983) compared the parental perceptions of child behavior and parenting self-esteem. Forty families of a child with

hyperactivity and 51 families of a child not having hyperactivity were used to investigate the difference of parenting self-esteem and parenting stress between two groups. Ninety-one mothers and/or fathers completed three questionnaires: a hyperactivity rating scale, the Parenting Sense of Competence Scale, and the Parenting Stress index. They found that parents having children with hyperactivity had lower self-esteem than parents of children not having hyperactivity. Mothers and fathers of children with hyperactivity viewed themselves as less competent than parents of children not having hyperactivity in both skill or knowledge in being good parents and in valuing or gaining comfort derived from the parenting role. Mothers of children with hyperactivity, “especially younger hyperactivities, reported markedly higher levels of stress” (p.86). In addition, “the ratings of children’s behavior disturbance and maternal stress were positively correlated” (p.86).

Parenting Beliefs about Parental Control

Parental control refers to the parental domination of the child and decision-making strategies used by the parent. The term parental control, defined by Baumrind (1967), “refers to the socializing functions of the parent” (p.54). In other words, those parental acts that are intended to “shape the child’s goal-oriented activity, modify his expression of dependent, aggressive, and playful behavior, and promote internalization of parental standards” (p.54). According to Baumrind’s (1967, 1971) parenting theory, authoritarian parents are highly controlling, rely heavily on punitive discipline, and provide relatively little warmth. However, coercive discipline is linked to poorer outcomes of children’s behavior (Baumrind, 1971;

Patterson, 1982; Patterson et al., 1989). In contrast, the parent who reasons with children is associated with better and more compliant outcomes (Hoffman, 1970).

In the early studies examining parental control, Campbell (1973) stated that during a difficult task mothers of children with deviant behavior tended to use more direct physical help for the children, gave more suggestions and verbal encouragements, expressed more disapproval, and made more statements such as “stop that,” or reminders to be on-task. In the research of Cunningham and Barkley (1979), mothers of children with hyperactivity repeated commands or suggestions in order to keep their children on the task. MacDonald (1989) also stated that parents, especially mothers, of male preschoolers with ADHD were more controlling in their interactions with their children than the other two comparison groups of popular and neglected three- to five-year olds boys.

Befera and Barkley (1985) compared girls and boys with and not having hyperactivity in their interactions with their mothers. Mothers having a child with ADHD were more controlling as well as gave more commands to their children with ADHD during free play. Interestingly, they also found that the hyperactive children responded with less compliance, more off-task, and more negative behavior as their mothers presented more commands and negative reactions for problematic behaviors. In contrast, Mash and Johnston (1983) stated that mothers who reported lower self-rating of parenting efficacy have been associated with less use of active directions to their children with ADHD.

Parenting Beliefs about Play

Numerous definitions of play have been

offered in the literature. Based on the classic theories, a definition of play is the child's most natural activity. Research has shown that play encourages cognitive, or thinking skills (Ellermeyerm, 1993); social-emotional development (Smilansky & Shefatya, 1990); communication and language abilities (McGee et al., 1991); and developmental motor proficiency (Bundy, 1991). One researcher, Gottfried (1985), stated that play is easier to recognize by its effects on children than to define. McCarney (1995) noted that play is related to children's social and emotional development. Ellis (1975) also identified the three major purposes of play as being arousal seeking, learning, and the cognitive dynamics of development.

Regarding the parenting beliefs about play for young children, Nourot and VanHoorn (1991) stated that play is critical to support symbolic development, to improve problem solving abilities, and to facilitate perspective taking. They also indicated that play fosters creative behaviors, develops the literacy ability, and enhances the development of inner control. Children who engaged in make-believe play were likely to be happier and more flexible in new situations and were also more likely to practice complex cognitive abilities, such as creative thinking and problem solving.

Some studies examined the play behaviors of preschoolers with ADHD (Alessandri, 1992; Alessandri & Schramm, 1991) and compared the parent-child interaction in the free play and structured tasks for children with and not having hyperactivity (Cunningham & Barkley, 1979). Preschoolers with hyperactivity were observed to move away from structured activities and shift activities during free play more than comparison preschoolers (Alessandri, & Schramm, 1991;

Alessandri, 1992). Alessandri (1992) video taped the play behaviors of 40 four- to five-year-old children (20 DHD and 20 non-ADHD) in a psychiatric outpatient preschool program. The investigated behaviors were play and non-play activities which included shifting activities, engaging in conversations, using aggression, having unoccupied time, and watching others. The results indicated that preschoolers with ADHD engaged in less play behavior (57% vs. 70%) and more non-play activities (42% vs. 29%) activities than the comparison group of preschoolers.

In the early research, Cunningham and Barkley (1979) observed the interaction of forty 6- to 12- years old children (20 hyperactivity and 20 normal) and their mothers in both free play and structured tasks settings. The results indicated that mothers of children with hyperactivity responded to more disruptive behaviors of the child's play than did the mothers of normal children. In contrast, mothers of normal children expressed more interest and attention to child's play than the mothers of children with hyperactivity.

Parenting Beliefs about Teaching /Learning

Rubin and Mills (1992) video taped 122 mothers of four-year-old preschoolers regarding their beliefs about the children's development of social competence. The mothers were requested to choose the three most important developmental influences on their child's social development. When the mothers were given eight general strategies, they chose the child's personal experiences, imitation of parents and peers, explanations, and directive teaching as the four most important. The mothers believed that the preschoolers best learn the social skills through personal experiences with the explanations or

inductive techniques from adults.

Danforth, Barkley, and Stokes (1991) reviewed and summarized more than 80 research studies in different domains for possible reciprocal effects that happened between parents and their children with ADHD. They stated that parenting skills such as praise, ignoring, and physical punishment were responsible for some of the behavioral characteristics of the child. More specifically, they indicated that parents of children with ADHD were less responsive to their children's questions, more negative and directive, and less rewarding of their children's behavior. Negative parent-child interactions in childhood have been observed to be significantly predictive of continuing parent-child conflicts 8 to 10 years later in adolescence (Barkley, Fisher, Edelbrock, & Smallish, 1990).

Studies Related to the Effect of Marital Status on Children Having Inattention And/or Hyperactivity-Impulsivity Behaviors

Demo and Acock (1988) concluded in a review of the literature on divorce with the assertion, "It is simplistic and inaccurate to think of divorces as having uniform consequences for children" (p.642). Holloway and Machida (1992) highlighted the role of maternal appraisals on the divorced mother and child adjustment. The sample in this study included 58 divorced, single mothers and their four-year-old children. Mothers were asked to complete questionnaires and interviews in order to determine their control beliefs, attributions, guidance, and coping skills. Interviews with the children were conducted to assess kindergarten readiness and self-esteem. In the results, Holloway and Machida (1992) found that some mothers believed that the

divorce was a transitional experience. Those mother "perceived themselves as having a great deal of control over the child's behavior, as being responsible for the child's misbehavior, and as being responsible for guiding the child's learning and development" (p.259). Other mothers who appeared devastated by the divorce for themselves or their children seemed to "perceive themselves as out of control" of their children's behaviors (pp.259-260).

Regarding the factor of parental marital discord, research has examined the influence of children with ADHD on their parents' marital status. In an initial research and eight-year follow-up study, Barkley et al. (1990b) studied 158 hyperactive children and 81 normal children between 4 and 12 years of age. This study conducted interviews, and administered parental self-report measures. For the eight-year follow-up study, the participants (then adolescents) were administered a battery of psychological and neuropsychological tests. In the results, Barkley et al. (1990b) found the biological parents of children with ADHD three times more likely to experience separation or divorce (54% vs. 15%) than parents of normal children. Furthermore, families of children with hyperactivity were twice as likely to have received family therapy. Their findings support Mash and Johnston's (1990) conclusion that the major source of parenting stress was due to the primary characteristics of ADHD in the children and the children's disruptiveness to others rather than to other family characteristics.

Studies Related to Parent As A Teacher

The Parent As A Teacher Inventory (PAAT) has been widely used in research regarding parenting (Strom, 1995). More than 49 studies used the

PAAT as a means to investigate the child-rearing beliefs of parents of typical and atypical children of a variety of children's age. For example, Achuthan (1992) recruited 350 low-income parents and used the PAAT to examine effective parental interventions for rural families with primary-grade children in Uttat Pradesh and Karnataka, India. Strom and McCalla (1988) used the PAAT to develop and install a parent education program for immigrants and refugees from Vietnam and Central/South America who moved to Canada.

Studies Related to Parent Training Program of Children Having Inattention and/or Hyperactivity-Impulsivity Behaviors

Current research studies noted the importance of parents in treating the behavior problems of children. Barkley (1990) indicated that parent training and parent counseling are two of the most commonly recommended treatments for individual families or groups of families having children with ADHD. Furthermore, the related research demonstrated that the parent training/counseling interventions not only produced changes in child behavior but also led to improvements in various aspects of parental and family functioning including decreased parenting stress and increasing parenting self-esteem (Anastopoulos, Shelton, DuPaul, & Guveremont, 1993; Erhardt & Baker, 1990; Pisterman et al., 1989).

Weinberg (1999) examined the use of social learning principles that are widely accepted among parents and teachers to treat childhood behavioral problems. Leading professionals in the field have used these social learning principles to develop several parent-training programs. Common elements of these programs are through assessments

of parenting skills and children's problem behaviors; the reinforcement approaches for the children's positive behaviors; punishment procedures for decreasing the inappropriate behaviors of children; and coping, modeling, and problem-solving approaches for solutions for specific child-management problems (Anastopoulos, DuPaul, & Barkley, 1991; Barkley, 1990; Forehand & McMahon, 1981; Newby, Fisher, & Roman, 1991; Patterson, Cobb, & Ray, 1972). Three of the most popular parent training programs for empowering parents of children with ADHD that have been presented and used in the last two to three decades follow.

The first parent training program is known as the Patterson's Parent Training Program. This program focused on the interruption of the negative coercive interaction between parent and child. Children under age 12, who exhibit misbehaviors, such as inattention, impulsivity, hyperactivity, and aggression, responded best this program (Newby et al., 1991; Patterson et al., 1972). The core program consisted of a monitoring phase, a reward program, and the use of time-out. In this program, the goal was to teach parents to use more effective management techniques (Newby, et al., 1991).

The second parent training program frequently used was described by Forehand and McMahon (1981). They reported on a treatment program developed by Connie Hanf in 1969 for use with parents of children aged two and a half- to eight-years-old. This was a highly structured behavioral training program. It focused on changing the moment-to-moment, day-to-day interactions between parents and children around compliance situations. Parents were trained to focus on the children's appropriate behavior and to

ignore minor inappropriate behaviors. The parents were also taught to use a time-out procedure for major inappropriate behaviors. This program was found successful in reducing young children's potential deviant behaviors, aggressiveness, and conduct problems (Forehand & McMahon, 1981).

This program is divided into two phases. First, parents learn a specific set of skills for improving their child's pro-social behaviors. They learn to describe and to pay attention to the child's appropriate, pro-social behavior as well as to reduce their use of commands, questions, and criticisms directed to the child. Furthermore, they learn to ignore minor inappropriate behavior. All of these skills are taught with modeling, behavior rehearsal, and feedback from the therapist. In the second phase, parents learn to decrease noncompliance displayed by their child. For example, time-out is administered in a very straight-forward manner designed to decrease the rate of the noncompliance behavior. This technique is commonly used as a consistent strategy for both child-rearing at home and the discipline in the school setting.

The third parent training was developed by Barkley (1981, 1987, 1990). He described a training program for parents of children with ADHD based on theoretical and empirical findings. Barkley (1998) recognized that family systems theory emphasized the family needs in order to strengthen the family function for parents of a child with ADHD. Similarly, cognitive therapy strategies Patterson's parent-child interactions have been used to help family members understand the child with ADHD in a more positive manner. By helping parents become more accepting and tolerant, parents can provide a more positive home environment (Barkley, 1998).

Several parenting interventions for young children with ADHD have been effectively used with Barkley's Parent Training Program (Barkley, 1990; Anastopoulos et al., 1991; Anastopoulos et al., 1993; Erhardt & Baker 1990; Pisternam et al., 1992). Most of these programs trained parents in the use of specialized contingency management techniques, such as positive reinforcement, response cost, and/or time-out strategies. Some training program enhanced the good child behavior, decreased parenting stress, and increased parenting self-esteem. Anastopoulos et al. (1993) and Pisterman et al. (1992), however, combined contingency management training with academic counseling to increase parental knowledge and understanding of ADHD.

These three parent training programs present several interesting contrasts and overlapping elements. The main remedial objective for young children with ADHD and their parents was not to cure or eliminate their ADHD problem itself, "but to learn methods of coping with and compensating for this ongoing learning and behavioral disability" (Anastopoulos et al., 1991, p.214). Likewise, Forehand and McMahon (1981) cautioned "our goal should not be to develop quiet, docile children but rather to enhance the pleasure and significance of family interactions for all members of the family" (p.5).

Bender (1997) made several suggestions to increase the effectiveness of parent training. He noted that for parent training programs to be effective, parents first must be willing to examine the various interactions occurring within their family. This allows the parents to recognize and understand the characteristics of their parenting styles. Then, they must be open to suggestions regarding their

parenting styles.

When parents recognized that parent training/counseling programs could assist them with effective parenting skills, the parents could increase the amount and quality of positive parent-child interactions with his/her ADHD child (Knight, 1997). Even though there are many ways to conduct Parent Training/ Counseling programs (Barkley, 1981; Forehand & McMahon, 1981; Patterson, 1982; Webster-Stratton, 1994), which improve the child's behavior and the family functions, these programs do not cure or eliminate the ADHD problem. Parents who learned methods of coping with the child's ongoing learning and behavioral disability enhanced the chances of typical development for their children.

Clearly, the different styles of parenting, in part, affect the developmental changes in children's behavior with either positive or negative outcomes. Specifically, good parenting plays a critical role as a foundation of a child's development during the period of early childhood. However, parents may not use effective parenting strategies when the child's problem behavior is demonstrated but instead respond to the problem behavior physically or emotionally. Kendziora and O'Leary (1993) stated that punitive parenting is associated with negative child behavior and outcomes. They found that children with over-activity and under-activity were a predictor of parenting practices that evoked severe punishment. Therefore, by identifying the parenting beliefs of parents with children perceived as ADHD, professionals may provide appropriate parent training programs. These programs may have a direct influence on the quality of the parent-child interaction.

Research Method

The parents of the young children ages three to six were divided into two groups based on whether or not the parent rated his/her child as demonstrating either inattention and/or hyperactivity-impulsivity behaviors or not demonstrating inattention and/or hyperactivity-impulsivity behaviors. A survey design was used to determine if there were differences in parenting beliefs (dependent variables) based on the young child's behavior (Independent variable).

Population and Sample

The population for this study included the parents of young children ages three to six perceived as having and not having inattention and/or hyperactivity-impulsivity behaviors in the two Head Start districts located in South Dakota. The sample was a convenience sample of parents from two selected Head Start Programs in South Dakota, who were willing to participate in this study. The Head Start Programs represented two of eight possible Head Start districts in South Dakota.

Instrumentation-- Early Childhood Attention Deficit Disorders Evaluation Scale-Home Version

The Early Childhood Attention Deficit Disorders Evaluation Scale (ECADDES)-Home Version Rating Form was developed by McCarney in 1995. It was designed to provide a measure of the most common characteristics of inattention and hyperactivity-impulsivity of children with Attention-Deficit/Hyperactivity Disorder. The ECADDES quantifies the parents' observation of the child's behavior in the home. By using the ECADDES, the parents can rate how often the child

engaged in the behaviors described, using a five-option continuum “(0 = does not engage in the behavior, 1 = one to several times per month, 2 = one to several times per week, 3 = one to several times per day, 4 = one to several times per hour)” (McCarney 1995, p. 10). The ECADDES takes parents approximately 15 to 20 minutes to complete. The frequency count of the behaviors was used to determine if there were persistent patterns of inattention and/or hyperactivity-impulsivity behaviors as required by the DSM-IV. The 50 items of ECADDES-Home Version corresponded to the DSM-IV criteria of ADHD. “It is not just the existence or severity of behavior, but the DSM-IV specifically refers to frequency as an essential feature’ of Attention-Deficit/Hyperactivity Disorder” (McCarney, 1995, p.9). The 50 items were keyed to measuring inattention and hyperactivity-impulsivity. A child could be rated by his/her parents as either inattentive or hyperactive or hyperactive-impulsive or both. Any of the measures could be used as one measure in determining if the child meets the DSM-IV guidelines for ADHD.

The subscale standard score represents a mean of 10 and a standard deviation of 3. The subscale standard scores at 6 or below or above 13 are considered statistically atypical while subscale standard score of 7 through 13 are considered statistically average. In the other words, the rating of a child at the subscale standard score of six or below indicated a certain level of concern about his or her behavioral characters: inattention and/or hyperactivity-impulsivity behaviors (McCarney, 1995). “The ECADDES-Home Version was normed on a total of 1,896 children” (McCarney, 1995, p.9), aged two to six years, in 28 states across the country, including Midwestern states. Different

norming tables were established for males and females of each age.

The reliability and validity of the ECADDES-Home Version as cited as in the manual of ECADDES-Home Version (McCarney 1995) has been analyzed. The test-retest reliability, a degree of the consistency of an instrument to measure the same construct from one time to another, exceeded “.82 on 67 randomly selected children” (p.15). The inter-rater reliability, on the consistency of similar behaviors rated by more than one observer, ranged “from .70 to .72 coefficients for all age levels based on the Pearson Product Moment Correlation Coefficients” (p.12). Additionally, “the internal consistency of the value of inattention and hyperactivity-impulsivity subscales exceeded .90 according to the method of Cronbach’s alpha” (p.12). This indicates that the children with behavior problems in one area tended to also have problems in the other area.

Potential items for the ECADDES were gathered from over 56 professionals. These items were refined and field tested in 10 school districts in Missouri. After field-testing, the 50 items were chosen to be included in the ECADDES. In addition, the test developers used the DSM-IV for ADHD as a reference for validating each item.

The ECADDES was compared to two test frequently used for diagnosing ADHD, the Connors’ Parent Rating Scale-48 and the Attention Deficit Hyperactivity Disorders Test (Gilliam, 1995). Each subscale reached $p < .01$ level of confidence when compared with the other scales (McCarney, 1995). This information supports the use of the ECADDES-Home Version as a valid and reliable instrument to document young children with inattention and hyperactivity-impulsivity (McCarney,

1995). It was chosen as the most appropriate instrument for this study because it is a valid and reliable test, and the ratings are based on actual frequency of behaviors.

Parent As A Teacher Inventory

The Parent as a Teacher Inventory (PAAT) (Strom 1995) was designed to determine how parents perceive their relationships during parent-child interactions. The PAAT, developed by Strom in 1984, was chosen so parents could rate their perceptions of their child-parent interactions.

The subscales of the PAAT were grouped into five areas (creativity, frustration, control, play, and teaching/learning) which were used to identify areas of strengths and weaknesses in the parent's beliefs related to the child-parent interactions. This 50-item self-report questionnaire was designed to help mothers and fathers of preschool and primary grade children (age three to nine) recognize their favorable qualities. The parents rated their interactions by using a four-point Likert scale questionnaire. Parents circled how strongly they agreed with the descriptive statements, using a four-option continuum (strong yes, yes, no, strong no) (Strom, 1995).

The manual provides explicit scoring directions. The manual states that one must assign a numeric value of 4, 3, 2, or 1 to each of the 50 responses. The most desired responses based on child development research are valued 4 with diminishing values assigned to other responses. One was the least favorable response. Twenty-three items required reverse scoring while the rest of the items did not. In the other words, PAAT is constructed with 27 items having "Strong No" as the desired response and 23 items having

"Strong Yes" as the desired response. The 23 reversal scoring items are "2-6, 8, 11, 15-16, 19, 24, 27, 29-30, 32, 35-38, 45-46, and 48-49" (Strom, 1995, p.15). The higher the raw score for each area, the more the parent rated their interactions with their child in accordance with the child development experts. The manual stated that scores of 2.5 and higher are considered favorable scores and those below 2.5 are considered unfavorable. Likewise, total scores of 125 or greater are favorable (Strom, 1995).

Initially, Slaughter and Strom (1978), as cited as in the PAAT manual, field-tested the PAAT on 124 low-income Hispanic, Native American, and African-American parents of preschool children in the Tucson, Arizona Public Schools. By using a test-retest study design, the researches found measurable gains were evident after eight months of family interventions. The test-retest reliability showed significant gains on all five subtests ($p < .05$) as well as the total inventory ($p < .001$). The authors believed these gains confirmed that the PAAT can be used as an evaluation tool.

Several validity studies have been conducted. Johnson, as cited in the Strom, 1995, examined the validity of the self-report scores on the PAAT by comparing these scores with observations of parental behavior at home. By using the rating of 60 Hispanic parents in Phoenix, Arizona, he found consistent results 70% of the time. Panetta, as cited in Strom, 1995, found similar results (75-85% consistency) for low income Hispanic and Caucasian mothers. Other validity study by Papadales also cited in Strom (1995) compared scores on the creativity, play and teaching/learning subtests with children's pre-reading scores. The higher parent ratings of the selected PAAT subtests corresponded

to higher pre-reading scores. The manual did not mention how the individual items were chosen or grouped or discussed how the favorable or unfavorable ratings were determined (Strom, 1995).

Since the initial study, the PAAT has been used as a valid and reliable instrument in more than 47 research studies involving parenting (Johnson, Strom, Strom, & Daniels, 1992; Slaughter, & Strom, 1978), as cited in Strom (1995). The PAAT has been found to be an effective evaluation instrument to measure the parent's/caregiver's perceptions of a young child's behaviors in many aspects of parenting (Strom, 1995). It was chosen as the most appropriate instrument for this study because it appears to measure parenting attitudes that are correlated with parenting behaviors.

Data Collection

The process of collecting data began by first obtaining the necessary permissions to conduct the study. The Head Start teachers/Family Service staffs played the role of communicator between researcher and parents of the young children in the selected Head Start Programs in South Dakota. Phone calls were made, and letters were sent to obtain permission to use the ECADDES and PAAT for this study. After the parents completed the survey package, they returned the package to the Head Start teacher/Family Service staff. The Head Start teacher/Family Service staff mailed the completed packages to the researcher via US mail or USD campus exchange. The research was conducted during the period from November 7 to December 18, 2000.

Survey Procedure

The survey package contained the

demographic sheet, the ECADDES and the PAAT. The ECADDES contained 22 items measuring inattention behavior and 28 items measuring hyperactivity-impulsivity. The parents rated each behavior 1 (one to several times per month) to 4 (one to several times per hour) depending on the frequency of the behavior. The raw scores were calculated by adding the item ratings. These raw scores were converted to subscale standard scores. The parents of the children were divided into two groups based on the subscale standard scores. The parents of the children who received subscale standard scores of 7 to 13 for both inattention and/or hyperactivity-impulsivity behaviors were considered as parents of the children perceived as not having inattention and/or hyperactivity-impulsivity behaviors. The parents of the children who received subscale standard scores of six or less in either or both areas were considered as parents of the children perceived as having inattention and/or hyperactivity-impulsivity behaviors.

The PAAT contained five sections regarding parenting beliefs about creativity, frustration, control, play, and teaching/learning. Each section had 10 items. The parent rated their agreement with each item. Each of the 50 items on the PAAT inventory was given a numerical rating from 1 (strong yes) to four (strong no) based on the directions of the manual. The scores of each sections were added for a total score.

Data Analysis

The responses to the survey items were coded and entered into a computer data file for analysis by using the Statistical Package for the Social Sciences (SPSS). Descriptive statistics were used to analyze demographic information related to parent's

relationship to their child, their marital status, gender, age, ethnic group, and the amount of time spent with the child. The findings were reported in terms of frequencies and percentages. For question one a series of t tests for independent means was used to compare parenting beliefs based about the parent's rating of the child's behavior.

A series of t tests for independent means was used to compare parenting beliefs based about parents' marital status and parent rating of child's behavior on research questions two to five.

A series of t tests for independent means was used to compare the amount of time spent playing and talking with his/her child each week based on the parents' rating of the child's behavior and marital status on research question six to ten. All t tests used the .05 level of significance.

Response Rate of the Survey Instrument

Parents from two of eight districts in the South Dakota Head Start Program participated in the research. The parent permission letters were distributed to 344 parents/main caregivers who had at least one child in South Dakota Head Start Programs. Two hundred four parent permissions were returned and 122 packages given to parents, 75(61.5%) completed surveys were received by the deadline of December 31,2000. There were 47 parents that did not complete the survey. Three parents moved out of district, six parents were not able to be located, 10 unopened packages were returned, eight missed the deadline, and the remainder were not returned.

Demographic Characteristics of Participants

This section provides the descriptive statistics that describe the characteristics of the participants

comprising the survey population. The demographic information of participants presented in this section includes the parent's relationship to their child, their marital status, gender, age, and ethnic group, the amount of time spent with the child.

The demographic data for the participants are summarized in Table 1. The results shown in the percentages column may not add up to 100.0% due to rounding.

The majority of the parents participating in the study that female (93.3%), of which 88.0% were mothers and 4.0% were grandmothers. There were five fathers (6.7%) participating in this study. Regarding marital status, the number of respondents reporting two parents at home (56.0%) was higher than the number of single parent families at home(44.0%). Most of the respondents (56.0%) were in the 21-30 year old age bracket. Most of the respondents (82.7%) were Caucasian, while 6.7% were Native American and Alaskan Native, 5.3% were Asian, 2.7% were African American, and 1.3% Others.

In terms of the amount of time spent playing and talking with their child each week, 76.0% of respondents spent more than 10 hours and no one reported playing and talking with their child less than one hour per week, The rest of the respondents (18.7%) spent five to 10 hours and 4.0% of respondents spent one to five hours to talking and play with their children per week.

Results for Research Questions

Independent samples t tests were used to analyze the data for all the research questions. The differences between the means of each of the five of the parenting beliefs for the young child perceived as having and not having inattention and/or

hyperactivity-impulsivity behaviors were used in an independent-Samples t test.

The following findings emerged from the results of data analysis and are presented in the order of the research questions. What differences exist in parenting beliefs about creativity, frustration, control, play, and teaching/learning between parents regarding a young child perceived as having and not having inattention and/or hyperactivity-impulsivity behaviors?

Question1. What differences exist in parenting beliefs about creativity, frustration, control, play, and teaching/learning between parents regarding a young child perceived as having and not having inattention and/or hyperactivity-impulsivity behaviors?

Overall, parents of a young child perceived as not having inattention and/or hyperactivity-impulsivity behaviors had significantly higher ratings in parenting beliefs regarding creativity, frustration, control, play, and teaching/learning than parents of a young child perceived as having inattention and/or hyperactivity-impulsivity behaviors. The individual items on which they scored significantly higher were encouraged their children more to ask questions and to guess at answers and solutions to problems, were more tolerant of their children's appeal for observation, were more willing to share control and to let their children reasonably disagree with them, allowed their children to talk more, and to make more decisions and preferences in the home than the parents with a young child perceived as having inattention and/or hyperactivity-impulsivity behaviors. These parents also recognized more the needs of young children to play with parents, understood more that play leads to good behavior of children, stayed more interested in playing with their

children, more able to identify children's learning, than the parent with a young child perceived as having inattention and/or hyperactivity-impulsivity behaviors.

Question2. What differences exist in parenting beliefs about creativity, frustration, control, play, and teaching/learning between single parent families regarding a young child perceived as having and not having inattention and/or hyperactivity-impulsivity behaviors?

Single parent families of a young child perceived as not having inattention and/or hyperactivity-impulsivity behaviors encouraged their children more to make up stories than the single parent families of a young child perceived as having inattention and/or hyperactivity behaviors.

Question3. What differences exist in parenting beliefs about creativity, frustration, control, play, and teaching/learning between two parent families regarding a young child perceived as having inattention and/or hyperactivity-impulsivity behaviors?

Two parent families regarding a young child perceived as not having inattention and/or hyperactivity-impulsivity behaviors encouraged their children more to ask questions and to make solutions to problems, tolerated a child's appeals for observation, stayed interested in playing with their children, identified when children learned, talked during play, and tolerated children's lack of progress more than two parent families regarding a young child perceived as having inattention and/or hyperactivity-impulsivity behaviors.

Question4. What differences exist in parenting beliefs about creativity, frustration, control, play, and teaching/learning between single and two parent families regarding a young child perceived as having

inattention and/or hyperactivity-impulsivity behaviors?

The results showed that single parent families of a young child perceived as having inattention and/or hyperactivity-impulsivity behaviors tolerated their children's guessing answers and solutions to problems, tolerated a child's appeals for observation and to play than two parent families with a young child perceived as having inattention and/or hyperactivity.

Question5. What differences exist in parenting beliefs about creativity, frustration, control, play, and teaching/learning between single and two parent families regarding a young child perceived as not having inattention and/or hyperactivity-impulsivity behaviors?

Single parent families of a young child perceived as not having inattention and/or hyperactivity-impulsivity behaviors encouraged their children to guess at answers and solutions to problems, allowed children's preference, understood that play leads children to learn new words, and identified when learning occurred at home more than two parent families of a young child perceived as not having inattention and/or hyperactivity-impulsivity behaviors.

No significant differences were found for research questions six, seven, eight, nine, and ten regarding the amount of time the parents spent playing and talking with the young child.

Conclusion

The following conclusions are based on the findings and results of the data analysis of this study.

1. The first noteworthy conclusion of the study

is that there are significant differences in the rating of parents of children perceived as not having inattention and/or hyperactivity-impulsivity behaviors and parents of young children perceived as having inattention and/or hyperactivity-impulsivity behaviors on all of issues of parenting beliefs (creativity, frustration, control, play, and learning/teaching) as measured by the PAAT.

2. The second conclusion was that when all two parent families were compared to all single parent families on measures of creativity, the researcher found that the single parent families encouraged their children to guess more at answers and solutions to problems.

Discussion

1. In the areas of child's play and early learning, parents of a child perceived as not having inattention and/or hyperactivity-impulsivity behaviors were more tolerant of their child's play, recognized the value of play, and understood the relationships of play with learning and creativity. These parents may understand that play encourages cognitive, or thinking skills (Ellermeyer, 1993); social-emotional development (Smilansky, Shefatya, 1990); communication and language abilities (McGee et al., 1991); and children's needs to play with parents. However, parents of young children perceived as having inattention and/or hyperactivity-impulsivity behaviors rated themselves less capable of these behaviors. Perhaps these parents do not have enough energy to follow the child's high activity level. They may also be too tired to interact with anyone else due to their increased physical and/or emotional demands of child-rearing and their heavy child care workload. Parents having a child having

inattention and/or hyperactivity-impulsivity behaviors may need to seek the extended family's or community's network supports. They may also need to learn the specific child-management skills (Anastopoulos et al., 1991; Barkley, 1990; Forehand & McMahon, 1981; Newby et al., 1991; Patterson et al., 1972) or become more understanding and accepting of their children's special needs (Barkley, 1998). Consequently, parent training may enhance the ability of the parents to use parenting techniques that early childhood educators advocate in order to fulfill their children's developments through play.

While parents of children without inattention and/or hyperactivity-impulsivity behaviors were more aware of the importance of the early learning period, and felt more competent to teach their children efficiently and effectively, parents of young children perceived as having inattention and/or hyperactivity-impulsivity behaviors were less responsive to their questions, more negative and directive, and rewarded their children's behavior less. These findings concur with the findings of Danforth, Barkley, and Stokes (1991).

Possible reasons for this difference between the parents may be due to low parenting self-esteem. This may be caused by the reciprocal negative interaction from young children having inattention and/or hyperactivity-impulsivity behaviors or their behavior problems (Auerbach et al., 1991; Mash & Johnston, 1983). They may also be overwhelmed by the child's inappropriate behaviors which are more likely to attract parents'/caregivers attention. Therefore, it is difficult for parents to have a chance "to think of things to say to his/her child during play" or "to tell when his/her child has learned something." In other cases, parents may not observe learning taking place when their young

children are more likely to shift activities during free play (Alessandri, 1992). These parents may need to be trained to focus on the children's appropriate behavior and to ignore minor inappropriate behaviors, such as recommended in Forehand and McMahon's (1981) parent training program.

In summary, parents of children having inattention and/or hyperactivity-impulsivity behaviors did not perceive themselves as having positive parenting traits in the areas of creativity, frustration, control, play, and teaching/learning to the same extent as parents of children who did not display these behaviors. They may also need appropriate parenting techniques that can be used to foster their child's development.

2. Single parent families may exhibit less authoritarian (Weisberg & Spring, 1961) parenting styles and may be more flexible in accepting different approaches used in children's play. However, both single parent families and two parent families with children not having inattention and/or hyperactivity-impulsivity behaviors presented more awareness of the child's developmental needs regarding creativity and provided their children more "opportunity to express their creativity without penalty of judgment" (Ellermeyer, 1993, p. 60) than the parents and single parent families who had a young child perceived as having inattention and/or hyperactivity-impulsivity behaviors. These findings were consistent the primary findings of the current study.

Possible reasons for this difference between single and two parent families may be due to the single parent seeing his/her child as a partner rather than a dependent child. The single parent families may rely on the child for emotional support and, therefore, seek means to positively interact with the

child. These parents may find allowing the child choice in problem-solving situations is important for maintaining positive relationships. They may also be able to pay more attention or give more time to their young child because there is no spouse with whom to interact. In addition, these single parent families may have believed the divorce was a transitional experience perceived themselves as having a great deal of control over and responsibility for the child's learning and development (Holloway & Machida, 1992).

Recommendations for practice

The following recommendations for practice emerged from findings of the current study.

1. Parents may need more effective parenting skills for children perceived as having ADHD beginning in the early childhood years. More effective parenting skills can help the parents interact with their children in a manner, which is more conducive to developing the child's abilities. Training parents to use contingency management techniques and to cooperate with the school in a school-home daily report card and point/token response cost system may be needed (Forehand & McMahon, 1981).
2. Parents may need more child development information regarding attention deficit disorder behaviors during the early childhood years. Knowing the characteristics of young children having or perceived as having ADHD is critical for not only enhancing a greater tolerance and understanding but also for developing better parent-child interactions while the children's inappropriate behaviors take place.
3. More appropriate family/community support

should be available for parent(s) having a child having or perceived as having ADHD. In Abidin's (1990) review of the literature on parenting stress, he noted that when children had special needs, there was an increased childcare workload for the parents. These situations created more parental stress, marital crisis, and dysfunctional family management. Parenting a child having or perceived as having ADHD within a family or community network, permits physical and emotional supports for parents.

Recommendations for future study

In order to extend the usefulness of the present study, the following recommendations are made for further study.

1. A similar study should be done using a larger population of parents regarding a young child between three and six years old who is perceived as having and not having inattention and/or hyperactivity-impulsivity behaviors throughout the United States to increase the reliability, validity, and generalize of this study.
2. A study should also be conducted that includes the young child's perspective of parenting behaviors to determine their perceptions of the effectiveness of parenting styles.
3. The study should be replicated to include parents from various demographic characteristics including the location in which families live, and the educational level, the social economic status, and the employment status of parents.
4. The study should also be replicated to include young children assessed as having various subtypes of ADHD. This may reveal the differences in parenting beliefs regarding the various subtypes of

ADHD.

5. An expansion of the study should be conducted to compare the parenting beliefs of parents regarding the children perceived as having ADHD in different age groups.

6. A longitudinal study should be conducted to compare the parenting beliefs of parents whose children are perceived as or actually have ADHD and formally identified as having ADHD. This may show the development of the parenting beliefs regarding their children with ADHD.

Although this study is premature because some other aspects of parenting perceptions and demographics characteristics of parents have not been investigated, it has provided some information on parenting beliefs regarding young children perceived as having inattention and/or hyperactivity-impulsivity behaviors. This research may add to the knowledge available to professionals regarding behavioral characteristics associated having ADHD, parenting beliefs of children with ADHD, and parents training programs needed by parents. As parents and professional necessarily focus more attention on parenting skills to remediate or tolerate the observed performance problems of young children, the benefits of effective parenting styles on young children's development may become apparent.

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What Parent's Perceptions Were for Their Preschoolers with Inattention and/or Hyperactivity-Impulsivity Behaviors

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Abstract

Research indicated significant relationships between child's behavior and parenting styles. Determined what differences exist between the parenting beliefs of parent(s) of young children identified by their parent(s) or main caregivers as having or not having inattention and/or hyperactivity-impulsivity behavior. The study used the Early Childhood Attention Deficit Disorders Evaluation Scale (ECADDES)-Home Version and a Parent As A Teacher (PAAT) questionnaire as the survey instruments. Seventy-five survey packages were completed by parent(s)/caregiver(s) each of whom had at least one child 3- to 6-years-old with or without inattention, hyperactivity-impulsivity behaviors attending one of two Head Start programs located in South Dakota. The SPSS statistical package was used to analyze the data collected. Descriptive statistics and t tests were used to analyze the results of the study. The study found that while parent(s)/caregiver(s) of young children perceived as not having inattention and/or hyperactivity-impulsivity behaviors were more aware of the importance of children's early development, parent(s) of young children having inattention and/or hyperactivity behaviors scored more negatively on parenting beliefs in the areas of creativity, frustration, control, play, and teaching/learning. The second result was that when two parent(s)/caregiver(s) families were compared to single parent(s)/caregiver(s) on measures of creativity, the single parent(s)/caregiver(s) encouraged their young children to guess more at answers and solutions to the problems. These findings have implications for professionals who work with parent(s) of young children. Recommendations for practice and further study were made in this study.

Key words: parenting, Attention Deficit Hyperactivity Disorder (ADHD), Parent As A Teacher (PAAT), inattention, hyperactivity-impulsivity

