Journal of Biology, Agriculture and Healthcare
ISSN 2224-3208 (Paper) ISSN 2225-093X (Online)
Vol.5, No.10, 2015

Impact of Psycho- Educational Training Program on Practice, Stress and Coping Strategies of Parents Having Children with Attention Deficit Hyperactivity Disorders

Rania. A. Zaki[1] GehanELNabawy Ahmed Moawad[2]
1.Lecturer of Psychiatric and Mental Health Nursing, Faculty of Nursing, Ain Shams University, Egypt
2.Lecturer of Pediatric Nursing , Faculty of Nursing, Mansoura University , Egypt

Abstract
Attention deficit hyperactivity disorders (ADHD) is a developmental condition that involves problems with inattention and hyperactivity- impulsivity inconsistent with the age of the child.. The affected child often has difficulty learning, giving rise to special educational needs that, combined with poor peer and family relationship. In fact, having a child with ADHD is correlated with significant increases in the amount of parent stress that is experienced.Parents of children with ADHD also report less helpful social support and having fewer outside resources may increase the family burden of effectively overcoming the child's disruptive behaviors. Therefore, parents' psycho-education programs must be carried out in groups to help children as well as their parents how to deal with their difficulties. Therefore, this study aimed to assess the effect of psycho-educational training program on practice, stress and coping strategies of parents having children with ADHD.Quasi-experimental design was selected for this study. Subjects were consists of (80) parents and their children with ADHD attended the out- patient clinic for child with ADHD at El Abassia mental healthhospital.The results denoted that there was a significant improvement in parent knowledge & practice as wellas were significant decrease in the stress levelafter pogrom implementation andthere was a siginificant differenceregarding coping strategies before and after programimplementation.So the study recommended that more education for health care professionals in particular is needed to enable appropriate guidance for parents about the best available treatment for this disorder so that outcomes for children with ADHD may be enhanced.
Keywords: Attention Deficit Hyperactivity Disorders, Psychological Intervention, Training Program, Parents, Children, Coping Strategies

Introduction

Attention deficit hyperactivity disorder (ADHD) is a neurobehavioral developmental disorder usually diagnosed in children, with appearance of the first symptoms before the age of seven years. The disorder is characterized by inattention and/or impulsivity and hyperactivity that can seriously affect many aspects of behavior and performance at school, these symptoms can make it difficult for a child with ADHD to get along with other children or adults, or finish tasks at home(Panevskaetal. ,2014).

ADHD has a great impact on the functioning of the child's family, especially their parents. It has been documented that parents of ADHD child have greater difficulties than other parents, parenting stress as, "a set of processes that lead them to aversive psychological and physiological reactions arising from attempts to adapt to the demands of parenthood. This is often experienced as negative feelings and beliefs toward the self and the child,when parents experience more frequent and more intense daily stressors in parenting relationships with their ADHD child may become frustrating ,challenging, hostile, and problematic life(Lynn,2008&Williams,2012).Also, it resulting in changes in parenting skills, relationships and parental emotional adjustment are also primary targets of parenting coping interventions,four factors have been shown to besignificantly involved in the adaptation of parents: characteristics of the child with namely, the severity of disorders and behavior problems; social support; perception of problems; and coping strategies(Zuckerman,2012).

Coping has been defined as a response aimed at diminishing the physical, emotional and psychological burden that is linked to stressful life events and daily hassles.It constitutes constantly changing cognitive, behavioral and emotional efforts to manage particular external and/or internal demands that are appraised as taxing or exceeding the resources of the individual(Morawska, 2013).Coping with the implications of ADHD children related problems could be a difficult and often lifelong process. Parents may cope by adjusting their social role to fit the demands and challenges associated with the illness, or they may cope by trying to reframe their experiences viewing the situation in a more positive light. Accepting the reality of the diagnosis and developing a positive attitude toward their children treatment is thought to be critical for successful coping (Folkman & Moskowitz,2000).

Maladaptive coping can adversely affect physical and emotional health .using of maladaptive coping strategies for challenging behavior constitutes a risk for parental stress. Maladaptive coping means that the coping resources are judged to be less than adequate for managing the demands of the situation, and

psychological stress experienced(Boyed,2009).

Providing training and psychological advice to parents are often seen as an important early step in the treatment of the child with ADHD and can help to improve treatment adherence, promote satisfaction with treatment and increase positive functioning outcomes. Psychologicalintervention can also be beneficial in helping parents caring ADHD child for recognition and management of the disorder, including skills for coping with troublesome events and improving parent–child relationships . This can also be combined with training those parent a behavioral interventions that support children with ADHD by helping to foster a therapeutic relationship between the parent and ADHD child to improve social behavior Furthermore, it provides a bidirectional source of information on ADHD that helps educate parents and their ADHD child on the condition (Montoya,2011).

Significance of the Study:

ADHD may significantly affect children through childhood as well as in adulthood, especially if it is not optimally managed. It affects not only the child who experiences the symptoms but also the child's family system and social networks.Families ofchildren with ADHD have to contend with a greater number of behavioral, developmental and educational disturbances.Parents of children with ADHD need support often they are frustrated that there are much stress, which make them feel emotionally ,physically, financially, and perhaps spiritually stressed and upsetting, therefore they can learn more about the disorder to help them to reduce their blame and guilt about the children problem and to cope ,accepted their children with ADHD. So, this psycho-educational training program designed to achieve long-term benefits through build upon appropriate practice for parent caring ADHD child, to reduce their psychological problems and to enhance their coping strategies.

Aim of the Study:

The aim of this study was to assess the effect of psycho-educational training program on practice, stress and coping strategiesof parents having children with ADHD.

This aim will be achieved through:

- Assess knowledge and practiceof parentshavingchild with ADHD.
- Assess psychological impact and stress of parents havingchild with ADHD.
- Implementing training program to enhance parent's practice and their coping strategies
- Evaluating the effect of this psychological and training programon practice,coping strategies and stress of parentshavingchild with ADHD.

Hypothesis:

Psychological training program have a positive effect on the coping strategies and practiceof parents havingchild with ADHD.

Methodology:

Sample

The study involved a purposive sample of 80 parentsaccompanying their school age children with attention deficit hyperactivity disorder(ADHD) with the following criteria:

- Educational level for parents (at least can read and write).
- Parents residing with their ADHD children's after diagnosis for at least 6 months at the time of the study.
- Parents who give direct care to the child.
- Child diagnosed withADHD.
- School age children from6-12 years.
- Sex: both sex (girls and boys)
- ADHD children without any other medical, psychiatric disorderor handicapped.

Setting

This study was conducted atthe out- patient clinic for child with ADHD at El Abassia mental health hospital.The study was implemented through three months during the period from beginning of August 2014 till the end of October 2014 for data collections and program implementation.

Research design

A quasi -experimental research design wasused to evaluate the effect of psycho-educational training program on practice,stress and coping strategies of parents having children with ADHD.

Tools of Data Collection

Data was collected by using the following tools:

The first tool an interview questionnaire that was developed by the researchers for collecting data regarding:

- **a-** Socio-demographic characteristics of the parentshaving child with ADHD as: age, sex, educational level, family size , income, marital status and occupation.
- **b-** Socio-demographic characteristics of the child with ADHD as: age, sex, and birth order.

The second tool was consist of two parts:

- **a-** The parent's knowledge regarding ADHD as (definition, causes, signs &symptoms, associated feature& disturbance and treatment).
- **b-** The parent's practice toward their ADHD child as daily living activities concerning inattention, hyperactivity and impulsivity through the following responses: helping the children by directing, guiding &encouraging or neglecting them and doing the right instead of the child and or punishing them by beating, depraving or humiliating.

The third tool was Parent Stress Index (PSI)scale:

It was created by **(Abidin,1990)**.The PSI is a 36-item self-reported questionnairedesigned to measure stress associated with parentingof children having AHDHfrom 6 to 12 years ofage .The scale has three subscales (parental distress, parent-child dysfunctional interaction, and difficult child).Each of the three subscale consisting of 12 items and its aim described as the following,parental distress sub-scale measures parents'perceptions of their own behavior including perceivedcompetence, marital conflict, views of socialsupport, and life restrictions because of the parentingdemands. The parent-child dysfunctional interaction sub-scale measuresthe parents' view of expectations and interactionswith their child. The difficult child sub-scalemeasures the parents' perceptions of their child'stemperament, demandingness, and compliance.The items of the scale range from 1 (stronglydisagree) to 5 (strongly agree) and has a 5th gradereading level.

Scoring System

Total score for parental stress and difficult child,above 33 indicatehigh level of stress, meanwhile forparent-child dysfunctional interaction, above 27indicatehigh level of stress. And the total scores for the total scale above 90 indicatessignificant high level of stress scores.

The fourth toolswasthe **COPE scale** which developed by **(Carver et al, 1989)**to assess a broad range of coping responses.This scalecontains 13 subscale in form of 60 statement which asks the parents to indicate what they generally do and feel when they experience stressful events. Two dimensions comprised the coping scale as the following:

- **a-** The adaptive coping dimension that included (active coping, planning, suppression, restraint, social support for instrumental reasons, social support for emotional reasons, reinterpretation, acceptance, and humor).
- **b-** The maladaptive coping included (denial, behavioral disengagement, mental disengagement, and drugs or alcohol).

Scoring System

The subscale items of adaptive coping were scored on a 4-point Likert scale ranging from one to four as the following:

1 = I usually don't do this at all

2 = I usually do this a little bit 3 = I usually do this a medium amount

4 = I usually do this a lot

While this score reversed in the subscale items of maladaptive coping .For all the scale, higher scores indicated that the parents were higher coping on the traitor attribute that was being measured.

Pilot study

A pilot trial was carried out on 10% of the studied sample to test the clarity and practicability of the tools in addition to the subjects and setting. Pilot subjects were later included in the study as there was no radical modifications in the study tools.

Designing phase:

According to implementation of assessment tools to collect data regarding to parents' knowledge , skills about caring child , stressors facing parents and impact of stressors on their psychological well being.The researhers desgin the programe sessions.

Implementing phase:

Psycho-Educational Training Program for parents was implemented in (20) sessions; each is different from each to another regarding its content.

The initial '1st ' session: Interviewing: Each parent was interviewed individually to collect pre- assessment data through the data collection tools that mentioned before. This data were obtained at the 1st session to obtain the baseline data. Each session was based on health education and counseling sessions .During the initial session the researchers explained the aim of the study, meeting time which was twice / week. This session aim to establish therapeutic relationship with theADHDparents, explaining objectivesand discuss the meaning ofADHD.

The '2nd' session: It was aimed to identify causes of ADHD.

The '3rd ' session: It was aimed to identify symptoms ofADHD.

The '4th' session: It was aimed to clarify how does the doctor diagnosis of ADHDand the treatment.

The 5th session: It was aimed toidentify methods of treatment, explain purpose of each types of the treatment and compare between the methods of treatment.

The '6th' session: It was aimed to describe side effect of treatment, parents apply methods to overcome side effect of treatment.

The '7th session: It was aimed to identifycomplication of treatment, methods to overcome it.

The '8th &'9th'session: It was aimed to determinewarnings and precautions when using ADHD medications in children

The 10th session: It was aimed to determine needs & problems of the parentshaving child with ADHD.

The 11th session: It was aimed to describe impact of ADHD on child (physical, psychological &social)

The '12th'session: It was aimed to the parents assess impact of ADHD on child design guidelines for lessen the impact the ADHDon child

The '13th' session: It was aimed to describe impact of ADHDon family as whole, determine needs & problems of the parents.

The '14th' session: It was aimed to discuss the parents coping with stress in general and way of coping with child illness particularly.

The '15th'&'16th' session: It was aimed toassess sings of stress among parent's caregivers and parents follow general guidelines for controlling their stress.

The '17th' session: It was aimed to parents' apply methods that overcome negative thoughtresulting from the maladaptive coping.

The '18th' &'19th'session: It was aimed to parents' practice the adaptive coping dimension that included (active coping, planning, suppression, restraint, social support for instrumental reasons, social support for emotional reasons, reinterpretation, acceptance, and humor)..

The '20th ' session: It was aimed to summarize the program and its objectives and do post program evaluation.

Methods of teaching: Group discussion, Role play, open discussion, Small groupactivity, Demonstrations, Practical work

Media :Hand out, Posters ,Pictures, Real situation, Real objects, Flipchart,Computer- assisted education.

Field Work:

The process of data collection was carried out in the period from the beginning of June 2014to the end of August 2014, the researchers attended the out- patient clinic from 9.00 am to 12.00 pm for three days/ week to collect data till the sample size reached the determined number through the three months.

Ethical considerations:

- Explanation of the aim of the study was done to parent of child with ADHD to obtain their permission to participate in this study.
- The research approval obtains before training program implementation
- Subjects were assured about confidentiality of the information gathered and its use only for their benefits and for only the purpose of the study.

Statistical analysis

Data collected were checked for accuracy and completeness and were coded and entered into statistical package for social science(SPSS)software version 16.Description of quantitative variables as mean and SD and for qualitative variables as number and percentage.Description of qualitative variable between pre& post program through chi- square , t-test and P value were used.P >0.05 insignificant, P<0.05 significant, P<0.01highly significant

Results

Table (1) Shows that, (70%) accompanying parent under the study were mothers, and (75%) of them were married, regarding to their level of education it was noticed that (52%) of them were secondary school and not

working and (56.2) of them from the families have 3 to 4 persons.

Table (2) It is observed from this table that, the mean age and stander deviation of ADHD children in this study were9.8±2.2 and(68.7%) of them were boys ,(56.3%) were ranked as the first child in their families, regarding their duration of illness it was found that, (58.7%) diagnosed their ADHD disease from less than one year.

Table (3) Clarifies that,there was a highly statistical significant difference between parents' knowledge related AHDHpre and post program implementation as revealed by P.<0.01. This means that there is improvement in parents' knowledge post program implementation compared with pre- program.

Table (4) This table indicates that there was statistical significant difference in parents' practice related to care of children with ADHD as evidence by $p < 0.05$. This means that there is improvement in parents' practice related to care of children with ADHD post program implementation.

Table (5) It was found that, there was highly statistically significant difference in total score of Parental Stress Index Scale for parents of children with ADHD as evidence by P<.005.

Table (6) Shows that,there was highly statistical significant difference in Parents' Adaptive coping patterns as evidence by P <.005.Meanwhile, there was statistical significant differencein maladaptive coping regarding parental coping of their children with ADHD as evidence by P <.05.

Table(1): Percentage Distribution of Parentsaccording to their Characteristics.

Items	No.80	%
Gender of accompanying parent		
• Mother	56	70
• Father	24	30
Marital Status of accompanying parent		
• Married	60	75
• Divorced	14	17.5
• Widowed	6	7.5
Level of education of accompanying parent		
• Illiterate	24	30
• Secondary	42	52.5
• University	14	17.5
Job of accompanying parent		
• Technical	9	11.2
• Administrative	4	5
• Worker	25	31.3
• Not working	42	52.5
Family Size		
• 3-4	45	56.2
• 5-6	25	31.3
• >6	10	12.5

Table(2):Percentage Distribution of ADHD' Children according to their characteristics

Items	No.80	%
Age(years)		
• 6 - <8 y	16	20
• 8 - <10 y	28	35
• 10 – 12 y	36	45
X±SD 9.8 ± 2.2		
Gender		
• Boys	55	68.7
• Girls	25	31.3
Birth Order		
• First	45	56.3
• Middle	20	25
• Last	15	18.7
Duration of Illness(years)		
• <1	47	58.7
• 1- <3	29	36.3
• More than 3	4	5

Table (3):Percentage Distribution of Parents' Knowledge related to AHDHPre/ Post Program Implementation.

Items	Before Program		After Program		Chi Square	P Value
	No	%	No	%		
Definition of ADHD						
• Correct answer	32	40	68	85	25.900	<0. 01
• Incorrect answer	48	60	12	15		
Causes of ADHD						
• Correct answer	29	30	66	82.5	19.800	<0. 01
• Incorrect answer	51	56.7	14	17.5		
Sign& Symptoms of ADHD						
• Correct answer	55	68.7	75	93.7	8.067	<0. 01
• Incorrect answer	25	31.3	5	6.3		
Associated Feature of ADHD						
• Correct answer	18	22.5	52	65	6.667	<0. 05
• Incorrect answer	62	77.5	28	35		
Associated Disturbance of ADHD						
• Correct answer	33	41.3	66	82.5	21.900	<0. 01
• Incorrect answer	47	58.7	14	17.5		
Treatment of ADHD						
• Correct answer	22	27.5	68	85	0.100	>0.05
• Incorrect answer	58	72.5	12	15		

Table (4): Mean and Stander Deviation of Parents' Practice related to ADHD Pre/ Post Program Implementation.

Items	Pre –Program X±SD	Post-Program X±SD	t-test	P value
Directing and guiding	1.41±0.7	2.87±0.4	12.5	p < 0.05
Neglecting the wrong action	1.39±0.7	2.77±0.5	10.8	p < 0.05
Punishing due to wrong action	1.85±0.8	2.89±0.4	11.9	p < 0.05

Table (5): Mean and Stander Deviation for Parental Stress Index Pre and PostProgramImplementation

Items	Pre - Program X± S.D	Post Program X± S.D	*t*- test	P value
Parental Distress Subscale	40.26 ± 10.47	34.68±5.94	1.16	P<.05
Difficult Child Subscale	39.95 ±7.58	30.26 ±6.31	2.04	P<.05
Parent-Child Dysfunctional Interaction	37.70± 8.73	38.05 ±7.92	3.36	P<.001
Total Score of the Total Scale	113.16± 12.4	102.47±14.46	3.22	P<.005

Table (6): Mean and Stander Deviation of Parents' Coping patterns regarding care of their children with ADHD Pre and PostProgram Implementation

Items	Mean ± S.D Pre Program	Mean ± S.D Post Program	t- test	P value
Adaptive coping				
▪ Active coping	70.25±4.77	75.00 ±4.85	2.814	0.005
▪ Planning	73.00 ±4.21	75.80± 4.23	2.827	0.005
▪ Suppression	71.70± 13.43	74.40 ±13.16	2.859	0.005
▪ Restraint	65.20 ±7.0	77.40 ±6.86	2.812	0.005
▪ Social support for instrumental reasons	73.00 ±4.83	75.90 ±4.45	2.913	0.005
▪ Social support for emotional reasons	73.50 ±2.41	75.40 ±2.22	2.850	0.005
▪ Reinterpretation	58.60 ±11.27	61.40 ±11.41	2.877	0.005
▪ Acceptance	73.00 ±4.21	75.80± 4.23	2.827	0.005
▪ Humor	58.60 ±11.27	61.40 ±11.41	2.877	0.005
Maladaptive coping				
▪ Denial	1.31±0.9	2.87±0.4	12.4	0.05
▪ Behavioral disengagement	1.56±0.8	2.84±0.4	9.7	0.05
▪ Mental disengagement	1.85±0.8	2.88±0.4	11.8	0.05
▪ Drugs	1.39±0.7	2.57±0.5	10.6	0.05

Significant at $p < 0.05$

Discussion

Attention deficit hyperactivity disorder (ADHD) is one of the most frequent psychiatric disorders of childhood. Children with Attention-Deficit/Hyperactivity Disorder (ADHD) experience significant difficulties in the domains of attention, hyperactivity, and impulsivity. This constellation of symptoms not only has a negative impact on the child's life by creating difficulties in school and with peer relations, but also is associated with difficulties in the home. In fact, having a child with ADHD is correlated with significant increases in the amount of parent stress that is experienced (Tajalli, 2011).Parents who experience extreme levels of parenting stress may be less able to implement interventions to help their children, which is especially relevant for children with a clinical diagnosis such as Attention-Deficit/ Hyperactivity Disorder (ADHD) (Theule, 2010). Parents of children with ADHD also report less helpful social support and having fewer outside resources may increase the family burden of effectively overcoming the child's disruptive behaviors(Al-Mahmoud,2013).Therefore, parents' education programs must be carried out in groups to help children as well as their parents how to deal with their difficulties (Firestone et al., 2002).So, the primary aim of this study was to assess the effect of psycho-educational training program on practice, stress and coping strategiesof parents having children with ADHD.

The results of present study shows that, more than half of parent accompanying their ADHD children are not working mothers.This could be due to the mothers traditionally takemore responsibility of care, spend more time withtheir children, show more interest in their childrensocial interaction, academic achievement and moreabout their children future. Also it reflects the strongemotional ties between mothers and their childrenbesides mothers are able to tolerate the responsibilityof caring those children especially during a childhoodperiod with more patiently to their ADHD children.This explanation supported by Ward,(2013) whostated that the mothers usually bear the brunt ofmanaging their children with ADHD than otherfamily members. Similar finding was found in thestudy of Mourad, (2004),who found that the highestpercentage of the parent accompanying their childrenwith ADHD were mothers. Regarding their level of education, the results show that, more than half of the parents under this study are in secondary school.This results is disagrees withLach,(2008)who studied the health and psychosocial functioning of caregivers of children with neurodevelopmental disorders and found that caregivers were least likely to have a high school education. Also, the present studyclarifies that ,more than half of parents under the study are living in families consist of 3 to4 persons. This results is disagreement withJamal ,(2008) who studied the prevalence andassociated factors of ADHD among Saudi children inDammam and found that the high prevalence ofADHD children founded in the larger family size more than 9 persons.

The results of present study denotes that, most of the ADHD children are boys . This result is support by Ivanovska, (2014)who studied prevalence, gender distribution and presence of attention deficit hyperactivity disorder by certain socio-demographic characteristicsand found that boys more often than girls have this kind of disorder.Also the result of the present study denote that, more than half of the ADHD children under the study are ranked as the first child in their families, and diagnosed their ADHD disease from less than one year.

The present study illustrate that, highly statistically significant relations betweenparents knowledge

regarding ADHD before and after the program intervention. This could be due tothe mothers were aware of attending seminars and workshops to enhance their knowledge and to deal with the problems of the child successfully and it reflects their curiosity of asking continuously about the recovery of their children from their ADHD illness. Besides, their desire to overcome the confusion and guilty feeling toward their ADHD children and their trail to be a good caregivers who offer praise, consequence feedback to care their children without obstacles depending on a scientific basis to be more equipped with knowledge which help them to play a more active role with their children. This explanation are agrees with Zarei, (2010) who found that there was adequate knowledge among families about their children ADHD and also found that they insisted on increase their knowledge about ADHD.

The results of the present study clarify that, there are significant improvements aredetected regarding parent practice to their children with ADHD before and after program implementaion. This results may be due to the challenges of growing up to help their ADHD children become a productive person in society. This result consistent with Glickman,(2004) & Zaki, (2013)who suggested that parents should avoid repetition of commands the child and follow a disciplinary actions with praise when the child adheres to the rules and behaves appropriately.

The results of the present study denote that, total score of Parental Stress index scale for parents of children with ADHD were highly statistically significant relation in pre and post program implementation. This may be due to understanding and learning how can deal with of children's bizarre behavior that can cause positive thoughts and emotions on their parents. This results supported by (Lynn,2008) whofound that Total Parent Stress scores at pretest and Total Parent Stress scores at posttest have significant positive impact on parents' experience of stress. Also this results isin accordance with (Deater,2004) who indicated that,there were significant correlations, or a trend toward significance, between Total Parent Stress scores at both pretest and posttest.

The present study illustrate that, highly statistical significant relations are in parents' adaptive coping patterns as (active coping, planning, suppression, restraint, social support for instrumental reasons, social support for emotional reasons, reinterpretation, acceptance, and humor).This results are agree with Elnabawy,(2012) who conducted a study to examine the coping strategies of the parents who have children with disabilities and found that, most of mothers frequently using a positive coping strategies. This finding also in congruent with Totiska& et al , (2011) who reported that when caregivers are supported, they are better able to cope with the challenges of providing care for a child with special needsand also in maladaptive coping the results reveals that, significant relation regarding parental coping of their children with ADHD before and after program intervention.

Conclusion:

In the light of the current study it can be concluded that ,the effect of psycho-educational training programhave positive effect on the practice,coping strategies and stress of parents having children with ADHD.

Recommendations:

From the results of the present study, it can be concluded that :

- The importance of increase the awareness of illness by health care professionals through counseling, family therapy, free workshops for parents because they are really in need.
- More education for healthcare professionals in particular is needed to enable appropriate guidance for parents about thebest available treatment for this disorder so that outcomes forchildren with ADHD may be enhanced.
- Furthermore, raisingthe awareness of nurses and healthcare professionals about mothers' experiences of parenting a child with ADHD has thepotential to guide practice and provide appropriate supportfor these mothers, thus minimizing the possible negativeimpact on their family life.

References

Abidin, R. (1990):Introduction to the special issue: The stresses of parenting. Journal of Clinical Child Psychology, 19(4), 298-301.

Al-Mahmoud,S. (2013):Effectiveness of Health Educational Program on Parents' Coping Strategies and their Children with Attention Deficit Hyperactivity Disorder. J Nov . Appl Sci., 2 (10): 461-472.

Carver C., Scheier. F., & Weintraub. K.., (1989): Assessing coping strategies: A theoretically based approach. Journal of Personality and Social Psychology, 56, 267-283.

Firestone P& et al. (2002):Differential effects of parents training and stimulant medication with hyperactive: a progress report. J AM Acad Child Psychiatry 20:135-147.

Folkman S, Moskowitz J, (2000): Positive affect and the other side of coping. American Psychologist;55:647–654.

Glickman R,(2004): Attention Deficit Hyperactivity Disorder.,

retrievedfrom,<http://mercy.winningit.com/ADAM/Alter nativeMedicine/conditions/attentiondeficithyperactivitydisorder.

Jamal H. Attia Z. Amr A. Hassan B, (2008): Attention Deficit Hyperactivity Disorder (ADHD) among primary school children in Dammam, Saudi Arabia: Prevalence and Associated Factors.J Egypt Public Health Assoc. 2008;83(3-4):165-82.

Lach L.,(2008) :The health and psychosocial functioning of caregivers of children with neuro developmental disorders, Disability and Rehabilitation, 31(8): 607–618.

Lynn j,(2008): Parent stress reduction through a psychosocial intervention for children diagnosed with attention-deficit/hyperactivity disorders,Doctorate thesis of Psychology,Indiana University of Pennsylvania.

MontoyaE ,(2011):Psychoeducational approaches in ADHD, Eur Psychiatry; Zug, Switzerland, 26: 166-175.

Morawska,(2013):Parenting and Family Adjustment Scales (PAFAS): Validation of a Brief Parent-Report Measure for Use in Assessment of Parenting Skills and Family Relationships, Child Psychiatry Hum Dev, Australia.

Mourad G.,(2004): Social and Technical coping skills for School age children with Attention Deficit Hyperactivity Disorder. Doctorate thesis. faculty of nursing. Ain Shams University.pp 114 -115.

Panevska A, Ivanovska B, Vasileva K, Isjanovska R, andKadri H.,(2014):Prevalence, Gender Distribution and Presence of Attention Deficit Hyperactivity Disorder by Certain Sociodemographic Characteristics, Journal of Materia Socio Medica Aug; 26(4): 253–255.

Tajalli,P., Ali Hooman,H.,Ali Afrooz,G.,&Bonab,B.G.(2011): A Comparison of Coping Strategies Used by Mothers of Children With/Without ADHD.IJFPSS, 1:(1): 11-13.

Totsika V., Hastings R., Emerson E., Lancaster G., &Berridge D. (2011): A population-based investigation of behavioral and emotional problems and maternal mental health: Associations with autism spectrum disorder and intellectual disability. Journal of Child Psychology and Psychiatry, 52(1), 91–99.

Theule, J. (2010): Predicting parenting stress in families of children with ADHD. Unpublished thesis for the degree of doctor of philosophy. University of Toronto.

Ward S., (2013): Parenting Difficulties with ADHD & ADHD and parental behavior,Journal of Consulting and Clinical Psychology, 65, 337-342.

Williams N,(2012): Genome-wide analysis of copy number variants in attention deficit hyperactivity disorder: the role of rare variants and duplications. Am J Psychiatry;169(2):195–204.

Zaki R.,(2013):Enhancement the Awareness of Family Care givers Caring their Children With Attention Deficit Hyperactivity Disorder of the General Administration of Intellectual Education Centers in the city of Abha, Journal of American Science 2013;9(8).http://www.jofamericanscience.org

Zarei N (2010): Are Gps adequately equipped with the knowledge for educating andcounseling of families with ADHD children?.Jof B M C family practice.pp5.

Zuckerman M, (2002):The cope revised: Proposing a 5-factor model4 of coping strategies,Journal of Research in Personality.USA.pp14.

The IISTE is a pioneer in the Open-Access hosting service and academic event management. The aim of the firm is Accelerating Global Knowledge Sharing.

More information about the firm can be found on the homepage:
http://www.iiste.org

CALL FOR JOURNAL PAPERS

There are more than 30 peer-reviewed academic journals hosted under the hosting platform.

Prospective authors of journals can find the submission instruction on the following page: http://www.iiste.org/journals/ All the journals articles are available online to the readers all over the world without financial, legal, or technical barriers other than those inseparable from gaining access to the internet itself. Paper version of the journals is also available upon request of readers and authors.

MORE RESOURCES

Book publication information: http://www.iiste.org/book/

Academic conference: http://www.iiste.org/conference/upcoming-conferences-call-for-paper/

IISTE Knowledge Sharing Partners

EBSCO, Index Copernicus, Ulrich's Periodicals Directory, JournalTOCS, PKP Open Archives Harvester, Bielefeld Academic Search Engine, Elektronische Zeitschriftenbibliothek EZB, Open J-Gate, OCLC WorldCat, Universe Digtial Library , NewJour, Google Scholar