

## Abstract

**Objective:** Attention deficit hyperactivity disorder (ADHD) begins in childhood and is characterized by attention deficits, hyperactivity, or impulsiveness which is not appropriate for a person's age. The effects of ADHD are not limited to the subject alone, but can affect their familiar context, and particularly to parenting styles. **Design:** Using sixty-eight parents of 6-11 years-old ADHD-diagnosed children data we attempted to identify predictive variables of two parenting styles: criticism-rejection and permissiveness-indulgence. **Results:** Data show that child's ADHD is only indirectly related with the parenting styles, while child's behavior problems have a direct path. The results stress the central role of the impact of child's behavior on family social life, parents' marital relations and parents' feelings about their children. These variables mediate the relations between children's disorders and parenting styles. On the other hand, perceived social support reduces that negative impact, and it even had relevant indirect effects on criticism and permissiveness. **Conclusions:** These findings have practical implications highlighting the importance of parent education programs that help them to improve their parenting styles by reducing the impact of child's ADHD in parent-child interactions and different areas of family life.

*Keywords:* Family Impact; Parenting Styles; Child's ADHD; Child's Behavior problems; Social Support.

## Family Impact and Parenting Styles in Families of Children with ADHD

Attention deficit hyperactivity disorder (ADHD) is characterized by attention deficits, hyperactivity, or impulsiveness which is not appropriate for a person's age (American Psychiatric Association, 2013). Because of it, many children and adolescents with ADHD have trouble controlling their behavior and following the norms expected for their age, which in turn is a source of problems for adapting to their development settings. In this sense, it should be underlined that the effects of ADHD are not limited to the subject alone, but go beyond (Johnston & Mash, 2001), and can affect their closest social context, and of course, their family context.

Although it is true that family dynamics are not considered an original cause of ADHD, its influence through two-way parent-child processes does seem to be key to the disorder's course (Johnston & Jassy, 2007; Presentación, García, Miranda, Siegenthaler, & Jara, 2006). Thus, behavior of children with ADHD poses strong challenges for parents, generating high levels of anxiety and family stress (Donenberg & Baker, 1993; Roselló, García, Tárraga, & Mulas, 2003). But family dysfunctions or maladaptive parenting styles can also aggravate the ADHD symptoms of children (Grau, 2007; Johnston & Mash, 2001).

Since Baumrind (1971) formulated her parenting styles classification (democratic, authoritarian and permissive), many studies have associated these styles with the children's psychological and social development. The scientific literature shows that children of democratic parents have been found to be better adjusted in adolescence than children of authoritarian parents (Baumrind, Larzelere, & Owens, 2010). Furthermore, the children of permissive parents have a higher probability of having adjustment problems in later stages of their development (Uji, Sakamoto, Adachi, & Kitamura, 2014) and have more conduct problems than the children of democratic parents (Akhter, Hanif, Tariq, & Atta, 2011).

## **Parenting Style and Children Variables: ADHD and Behavior Problems**

González, Bakker, and Rubiales (2014) recently reported that both parents and children with ADHD perceived more frequency of inadequate parenting styles in their families than in a control group, especially emphasizing criticism and rejection of the behavior of children with ADHD. The repercussions of excessive criticism by parents has already been demonstrated in longitudinal studies which relate it to a diversity of development problems in boys and girls (Johnston, Hommersen, & Seipp, 2009), and particularly with ADHD symptoms (Peris & Baker, 2002). In contrast, several studies (see Modesto-Lowe, Dansforth, & Brooks, 2008, for a review) have clearly shown that the children of democratic parents usually show better ADHD course.

However, as several other authors have mentioned (Johnston & Jassy, 2007; Miranda, Grau, Marco, & Roselló, 2007), the usual disciplinary methods are not as efficient in children with ADHD, increasing the probability of recurring to maladaptive parenting patterns, such as permissiveness or emotional overreaction. Some studies leading to similar conclusions have shown an increase in parental permissiveness (Keown & Woodward, 2002) and greater use of emotional discipline related to parental frustration, irritability and anger (Keown & Woodward, 2002; Miranda et al., 2007) in parents of children with ADHD.

Furthermore, recourse to such inappropriate disciplinary techniques is more frequent when, in addition, children with ADHD present associated behavior problems (Johnston & Jassy, 2007). In view of the above, it seems unquestionable that both ADHD symptoms themselves and comorbid problems negatively influence family functioning on a whole, and in particular, parenting styles. But it is advisable to separate the effects of the two problems, as shown in studies which reported that the mothers' parenting style was predicted by the comorbid behavior problems of their children, but not by the severity of ADHD (Johnston, Murray, Hinshaw, Pelham & Hoza, 2002; McLaughlin & Harrison, 2006).

## **Parenting Style and Family Variables: Impact on Family Life and Social Support**

The measures of affectation of family dynamics that break down the impact of children's ADHD into different areas of the family context, such as parent's feelings, marital relations or family social life (Bauermeister, Puente, Martínez, Cumba, Scandar, & Bauermeister, 2010; Donenberg & Baker, 1993; Presentación et al., 2006), should also be considered. Some of these measures, such as the impact on family social life and negative feelings of parents, are used as indicators of perceived stress (see Baker, Neece, Fenning, Crnic, & Blacher, 2010). Parental stress and family problems are in turn closely related to parenting styles (Anthony, Anthony, Glanville, Naiman, Wanders & Shaffer, 2005; Jiménez & Muñoz, 2005).

On the other hand, the family social support is a variable closely related to parenting, either directly or indirectly through its repercussion on the psychological well-being of the parents (DeGarmo & Forgatch, 1997; McLaughlin & Harrison, 2006). Bringing up a child with ADHD is usually a real challenge, mostly if there is no help from the family or closest relations. Unfortunately, several studies (Gau, 2007; Lange et al., 2005) have shown that families with children with ADHD perceive less social support and experience more social isolation than control families. This feeling of being alone and lacking social and family support is in turn related to less effective parenting (Abidin, Jenkins & McGaughey, 1992).

### **The Current Study**

Given the importance of the issue, in this study we attempted to identify the variables most related to the parenting styles used by a sample of families with children with ADHD. We concentrated on two parenting styles, authoritarian and permissive, which have been shown to be associated with negative child outcomes. We therefore analyzed the contribution of these variables to criticism by parents -given the high presence of this manifestation of

authoritarian style in research with families of children with ADHD- and to overindulgence in interaction with children -the typical expression of a permissive style-. We further considered the separate contribution of ADHD symptom severity of children and comorbid behavior problems they could have.

The hypotheses of this study are shown in Figure 1, which specifies the possible relationships among the variables analyzed which were derived from the review of the scientific literature. Although it is a single illustration, two models are shown in it, one for the authoritarian style (criticism) and the other for the permissive style (indulgence). The hypothesized relationships of the variables are:

H1: Criticism (or indulgence) levels are directly related to 1) the child's ADHD severity; 2) the child's behavior problems; and 3) the impact of the child's conducts and problems on (a) the parents' marital relations, (b) the family social life, and (c) the feelings and attitudes of parents with regard to their son/daughter.

H2: Child's behavior problems and ADHD severity cause a negative impact on marital relations, social family life, and parents' feeling toward their children. Perceived social support would reduce that negative impact.

H3: Child's ADHD severity, child's behavior problems, and social support have indirect effects on criticism (or indulgence) levels, through the negative impact on marital relations, social family life, and parents' feeling toward their children.

H4: Child's ADHD severity predicts the child's behavior problems

H5: There is a close relationship between child's ADHD severity and perceived social support.

**[Please insert Figure 1 about here]**

## **Method**

### **Participants**

Sixty-eight families with girls or boys 6 to 11 years of age diagnosed with ADHD accepted to participate in this study. Table 1 shows the main characteristics of the children and their families.

**[Please insert Table 1 about here]**

As observed in the table, most of the children had been diagnosed with the combined or inattentive subtype. Table 1 shows the most important comorbid problems, although all the families were asked about different types of associated problems, such as substance use or anxiety. Specifically, problems related to learning appeared in 32% of the cases studied.

### **Procedure**

To recruit families the research team visited the centers for educational assistance of children with ADHD and the associations of families with children and adolescents with ADHD in Huelva (Spain).

Professionals working with children and families requested the voluntary collaboration of the parents in the study. Mothers and fathers providing all the information completing self-report questionnaires about sociodemographic variables, children characteristics, diseases and comorbid problems, and their own diseases. The child's ADHD and associated problems were based in a previous professional diagnosis (usually pediatrics (60%) or psychologists (40%) who work in the family associations).

Out of the 90 families contacted to participate in the study 68 completed the questionnaires, for a 75% rate of response. The families completed the questionnaires at home and sent us back through the associations and educational centers.

The characteristics of the children participating in this study largely coincide with those of other studies carried out with Spanish children (Catalá-López et al., 2012; Informe PANDAH, 2015), specially in the boys/girl ratio, or most common comorbid problems.

## **Measures**

**CRIT. Criticism-Rejection Scale.** (Bersabé, Fuentes, & Motrico, 2001). This scale is comprised of 10 five-point Likert-type items (from 1 “Never” to 5 “Always”). High scores are interpreted as symptoms of criticism, rejection, anger, lack of confidence, and general lack of acceptance of the child’s behavior (as authoritarian parenting style). Example of items would be: “I criticize him/her for anything”. In this study Cronbach’s alpha was .77.

**INDUL. Indulgent Educational Style Scale.** (Bersabé et al., 2001). It is comprised of 10 five-point Likert-type items (from 1 “Never” to 5 “Always”) which measure parental permissiveness. Example could be: “As long as he/she is happy, I let him/her do whatever he/she wants.” In this study, we found Cronbach alpha of .76.

**BHVR. Behavior problems of children.** It was used the behavior problems scale of Strengths and Difficulties Questionnaire (SDQ-CAS) (Goodman, 1997, Spanish version <http://www.sdqinfo.org/py/sdqinfo/f0.py>), comprised of five Likert-type items (from 0 “False” to 2 “Absolutely true”). In this study Cronbach’s alpha was .68.

**ADHD. Child’s ADHD Symptoms.** It was explored using the Conners’ Hyperactivity Index for parents (Conners, 1997; Spanish version by Farre-Riba & Narbona, 1989). It consists of 10 items with answer choices from 0 “Not at all” to 3 “A lot”. In this study Cronbach’s alpha was .83.

**FEEL. Impact on Parent Feelings and Attitudes Scale.** (Donenberg & Baker, 1993, Spanish adaptation by Presentación et al., 2006), made up of 15 items where high points show negative feelings and attitudes of parents toward their child. The answer choices on the

items go from 0 “Not at all” to 3 “Very much” although the items are coded as 0 “No impact” or 1 “Impact”, following the recommendations of the authors of the Spanish version. In this study Cronbach’s alpha was .84.

**SOC. Impact on Social Family Life Scale.** (Donenberg & Baker, 1993, Spanish adaptation by Presentación et al., 2006), made up of 10 items which are coded as 0 “No impact” or 1 “Impact”. It shows the degree to which the child’s behavior negatively affects the relations and participation of the family in social events. The Cronbach’s alpha was .79 in the current study.

**MARI. Impact on Marital Relations Scale.** (Donenberg & Baker, 1993, Spanish adaptation by Presentación et al., 2006), comprised of seven items (0 “No impact” or 1 “Impact”) which measures the extent of distancing or disagreement between the members of the couple with regard to the behavior of their child. The Cronbach’s alpha was .78 in this sample.

**SUPP. Perceived Social Support:** The Multidimensional Perceived Social Support Scale (Zimet, Dahlem, Zimet, & Farley, 1988; Spanish version by Landeta & Calvete, 2002). This scale is made up of 12 seven-point Likert-type items, from 1 “Very Strongly Disagree” to 7 “Very Strongly Agree”. It evaluates the perception of social support the person has with respect to family, friends and especially relevant persons. The reliability of the composite SUPP score ( $\alpha = .91$ ) was high.

## **Data Analysis**

The descriptive analyses of the sample, the analyses of the relationships among all the variables included in the structural equation models (SEM), and the relationships between each variable of the models and the socio-demographic variables were performed with SPSS, version 19.

The CRIT and INDUL structural equation models were analyzed using EQS 6.1 (Bentler, 2006). To determine the overall model fit, along with the  $\chi^2$  we used the non-normed fit index (NNFI > 0.90), the comparative fit index (CFI > 0.90), and the root mean square error of approximation (RMSEA < 0.08) (Kline, 2005). In addition to the overall adjustment measures described above, EQS provides the statistical significance (normal z-test) of the estimated parameters (direct effects). Furthermore, it also provides information concerning the statistical significance of mediation effects based on the Sobel's test (1982).

## **Results**

### **Descriptive Statistics**

Table 2 shows the means, standard deviations and correlations of the variables analyzed in this study.

**[Please insert Table 2 about here]**

We should mention that the mean for child's behavior problems in this sample was on the borderline between normality-abnormality (41% of children had scores of 4 or higher, which is abnormal or clinical). Low scores predominated in the measurements of impact, for example, on the social life impact scale only 23% of parents had scores of at or above 3.

Correlations and their signs were as expected from theory. Most of the variables have statistically significant high correlations to each other. The CRIT variable is highly correlated to almost all the variables, while INDUL is more moderately correlated. The impact measurements are associated with each other, with the dependent variables and with SUPP, BHVR and ADHD. Furthermore, these two variables are closely related.

## **Prediction Models**

Based on the theoretical relationships specified in Figure 1, the fit indices and parameters of two different models were estimated, one for CRIT and the other for INDUL. Although both models showed acceptable indices of fit, we found non-significant parameters and high modification indices which suggest the inclusion of new direct paths. However, before making any modification in the original model, we considered whether these changes were theoretically acceptable, occurred in both the CRIT and INDUL prediction models. Otherwise, to control the capitalization on chance, the statistical significance level of dropped parameters was higher than .20, and the added parameters had a significance level lower than .001.

Firstly, the model modification indices propose adding one new parameter relating MARI to FEEL. After adding this new relationship, we proceeded to eliminate non-significant parameters appearing in both models. After these modifications, the models were as shown in Figure 2 (A and B, for CRIT and INDUL, respectively) fits satisfactorily and are explained in detail below.

**[Please insert Figure 2 about here]**

**Prediction of impact measurements.** Since the data for the parameters analyzed in this section are the same in both models, they are analyzed as if there were only one, and the analysis is applicable to both the CRIT and INDUL prediction models (Figure 2).

The model explains up to 54% of the variability in scores for FEEL. BHVR is positively and significantly related to FEEL. To a lesser extent, MARI influences FEEL. This variable is in turn indirectly affected by SUPP ( $\beta = -.13$ ;  $p < .05$ ) and ADHD ( $\beta = .40$ ;  $p < .001$ ).

The model further explains 47% of the variance in scores on impact on social life (SOC). Behavior problems (BHVR) increase, while social support (SUPP) diminishes the impact of children problems on family social life. Child's ADHD severity is indirectly related to SOC (standardized indirect parameter = .25;  $p < .001$ ) through BHVR.

MARI is in turn influenced by SUPP and ADHD (although for the last variable  $p = .11$ ), Thus, the higher the score on the Conners' scale, the higher the score on impact on marital relations. In contrast, SUPP significantly reduces MARI. The model explains 24% of variance of MARI.

As shown in the correlation matrix, significant ADHD correlation with perceived social support (-.41) appear in both models. Furthermore, child's ADHD severity is strongly related to child's behavior problems.

**Prediction of criticism-rejection.** The CRIT model explains 58% of the dependent variable. The variability of scores on criticism-rejection is explained, primarily, by SOC (Figure 2A). Significant direct paths of FEEL, BHVR and MARI also appear. SUPP has a significant overall indirect effect on CRIT ( $\beta = -.26$ ;  $p < .001$ ). This indirect effect is especially manifested through SOC ( $\beta = -.15$ ;  $p < .05$ ): social support reduces the negative effects on family social life and this reduction in turn becomes a reduction in rejection or criticism of the child. The indirect effect of SUPP through MARI is not significant. Similarly, child's ADHD severity has a relevant indirect effect ( $\beta = .34$ ;  $p < .001$ ) on CRIT through MARI and BHVR.

Finally, the possible effects of mediation by SOC and FEEL on the relationship existing between BHVR and CRIT should be emphasized. To test the hypothesis of mediation we verified that it fulfilled the following criteria (Judd, Kenny, & McClelland, 2001; MacKinnon & Dwyer, 1993): (a) a direct effect of the predictive variable (BHVR) on

the predicted variable (CRIT) ( $\beta=.23$ ;  $p<.05$ ), (b) a direct effect of the predictor (BHVR) on the mediating variables: SOC ( $\beta=.43$ ;  $p<.001$ ) and FEEL ( $\beta=.60$ ;  $p<.001$ ), (c) a direct effect of mediating variables SOC ( $\beta=.35$ ;  $p<.001$ ) and FEEL ( $\beta=.23$ ;  $p<.05$ ) on the predicted variable (CRIT), and (d) an indirect effect of the predictor (BHVR) on the predicted variable (CRIT) through the mediating variables ( $\beta=.29$ ;  $p<.001$ ). We therefore conclude that there is a mediating effect: SOC and FEEL mediate in the relationship between BHVR and CRIT.

**Prediction of indulgence.** The model specified explains 24% of the variance in INDUL (Figure 2B). The predictive variable with the most weight is MARI, followed by BHVR. The weights of SOC and FEEL are non-significant. Both SUPP ( $\beta=-.15$ ;  $p = .06$ ) and ADHD ( $\beta=.18$ ;  $p < .05$ ) have important indirect effects through MARI. To verify the extent to which MARI explains the relationship between SUPP (and ADHD) and INDUL, we divided the matrix into two groups based on the median of the MARI scores. One group was made up of the families who said they experienced little or no impact on their marital relations and another of those with medium-to-high impact. In each group we analyzed the relationship between SUPP (and ADHD) and INDUL (see Figure 3).

**[Please insert Figure 3 about here]**

Figure 3 shows that in those families who perceive a low impact or change in their marital relations, there is no relationship between the levels of ADHD symptoms of their children and the scores on indulgent parenting style. Whereas, when the impact perceived is high, there is a high direct relationship between children's ADHD and indulgent style. It is also observed that at low levels of perceived social support, permissiveness is high, but only in those families with strong impact on marital life. The families with low levels of impact show low levels of permissiveness, regardless of perceived social support.

## **Discussion**

Our purpose was to identify predictive variables of parenting styles, specifically of two maladaptive parenting styles, criticism-rejection and permissiveness-indulgence. Although other studies have already established some of the relationships analyzed in this study, as far as we know, no previous study had proposed such complex models for predicting parenting styles in the context of families with children with ADHD. We should also highlight the high percentages of variance explained. The results of our research offer a complex panorama in which parenting practices are influenced by both characteristics of the children and the familiar context in which the parent-child relationships take place.

### **Parenting Style and Children Variables**

While the parenting style is only indirectly affected by the child's ADHD, it is directly related to their behavior problems. In both models, this last variable has a significant direct positive effect, increasing permissiveness and rejection or criticism of the child. These data coincide with other studies (Johnston & Jassy, 2007) which emphasize the role of behavior problems comorbid with ADHD in the use of inappropriate parenting practices.

### **Parenting Style and Family Variables**

We would like to stress the central role of the family impact between parents' and children's disorders and parenting styles. As described in previous studies (Bauermeister et al., 2010, Johnston & Mash, 2001), the child's ADHD and behavior problems cause a severe negative impact on the parents' marital and social life and negatively influence their attitudes and feelings with respect to their children (Lambek et al, 2014). Such feelings are much more influenced by the child's behavior problems than by ADHD symptoms itself, consistent with other research in the same subject (Johnston et al., 2002; McLaughlin & Harrison, 2006).

However, the degree of perceived social support seems to reduce that negative impact on the parents' marital and social relations, and indirectly, positively influences their feelings and attitudes. These results agree with other in which social support is said to be a family resilience factor (Bozo, Anahar, Ateş, & Etel, 2010) and reduces the parental stress (Weiss, 2002).

The three measurements of family impact determine criticism-rejection. However, permissiveness was related primarily to the impact on marital relations. In a similar way, some studies (e.g., Aunos, Feldman, & Goupil, 2008; Park & Walton-Moss, 2012) relate permissive and authoritarian styles to high levels of parental stress from their children's behavior problems.

More interesting is the mediating role exerted by the family impact variables. The child's behavior problems generate criticism of parents, especially because they generate negative feelings and alter the family's social life. On the other hand, ADHD symptomatology is closely related to parental permissiveness, but only in families where the child's ADHD impacts very negatively on the parents as a couple. So, parenting styles are more determined by the effects of child's behavior in family and marital life than by the child's disorders themselves. Since we do not know any studies in which these relationships have been analyzed, we think it would be desirable for future research to verify this mediating role in other contexts and populations.

Perceived social support, although without direct effects, is in the same direction of others works that show its close relationship with parenting styles (DeGarmo & Forgatch, 1997; McLaughlin & Harrison, 2006). Our data also coincide with those of other authors (Gau, 2007; Lange et al., 2005; Mash & Johnston, 1983) in showing an inverse relationship between perceived social support and child's ADHD or behavior problems. In our case, social support reduced the negative impact that parents' and children's problems have on the

family dynamics. And it even had relevant indirect effects on criticism (reducing the negative effect on family social life) and permissiveness (mitigating the effects of child's problems on parents' marital relations). In this last case our data show that for families in which the parents' relations are severely altered by children's problems, social support reduces the parental permissiveness.

## **Conclusions**

From the viewpoint of intervention in families with children with ADHD, we agree with other authors (Presentación, Pinto, Meliá & Miranda, 2009) who underscore that interventions with families should include a continued counseling for parents in the affective dimensions of their behavior with their children, providing them not only with techniques for managing child behavior, but also problem-solving, cognitive restructuring and relaxation skills to reduce their psychological and emotional stress, and enabling them to use effective discipline and appropriate communication with their children. The effectiveness of such behavioral parent training programs (e.g., Chronis, Chacko, Fabiano, Wymbs, & Pelham, 2004) has been demonstrated (Chacko et al., 2008; Fabiano et al., 2012). Some of these studies refer to clinically significant changes in various dimensions of family functioning, such as those related to educational strategies or parental stress, and even going from clinical to normal levels (Gerdes, Haack & Schneider, 2012).

## **Limitations**

In spite of the relevance of our findings, they should be interpreted keeping in mind some limitations of our study. In the first place, we are aware that a cross-sectional study such as ours cannot extract definitive conclusions with respect to cause-and-effect relationships among the variables analyzed. However, having proven and rejected alternative

models to the one proposed, we do in some way provide evidence supporting the hypothesized models. Second, the sample size did not allow us to make a separate analysis by gender of child and/or parents. Other studies have highlighted the role of parent and child gender as sources of variability in parent-child relationships (e.g., Sturge-Apple, Davies, Boker, & Cummings, 2004). For example, mothers seem to be more observant and responsive to their children's behavior than fathers (Calzada, Eyberg, Brendan, & Querido, 2004), so their lives would presumably be altered to a greater extent. Also that ADHD symptoms affect family functioning more in boys than in girls (Bauermeister et al., 2010), or that ADHD symptoms in sons are treated more harshly than in girls (Maniadaki, Sonuga-Barke, & Kakouros, 2005), which would lead to more negative feelings for such behavior. Third, this work does not discuss the role of culture in moderating the relationship between parenting styles and child or family variables. Some research literature suggest these parent-child relations might not have the same meanings (e.g., Bornstein, 2012; Rudy & Grusec, 2006) in families with different racial, ethnic or cultural contexts. Lastly, we think that in future studies it would be of interest to test the extent to which the interesting findings of this study would yield different results based on the gender of parents or children, or their sociocultural contexts.

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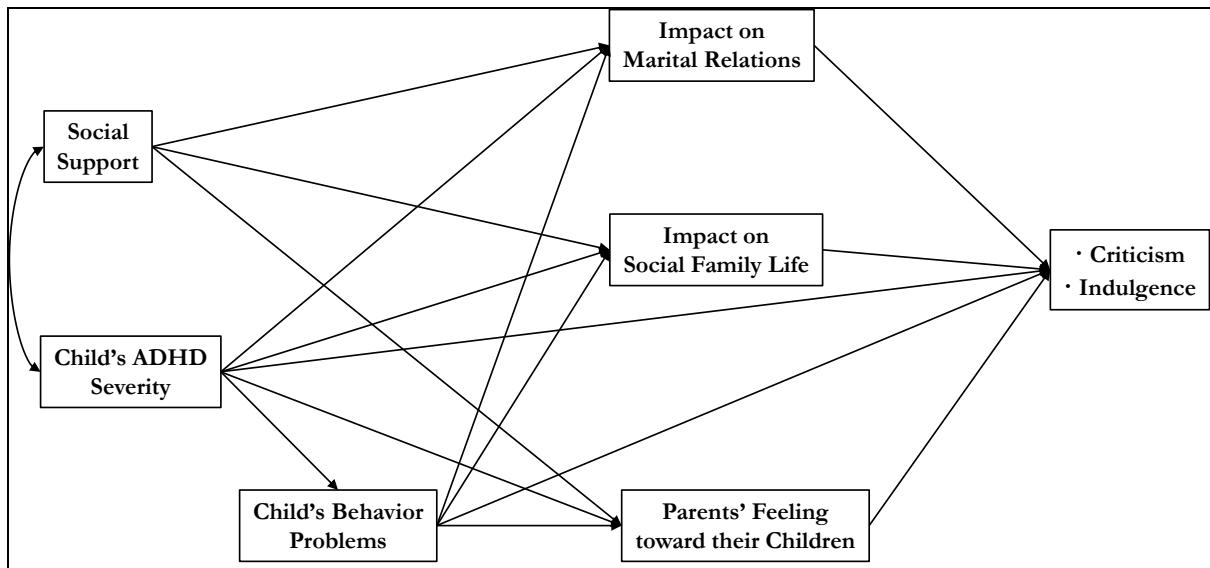
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**Figure 1.** Theoretical model of parental criticism/authoritarianism and indulgence/permissiveness.

**Table 1.** Socio-demographic variables

Variable	M	SD	N	%
<b>Children</b>				
1. Age	8.94	1.54		
2. Gender:boys			48	71
3. Subtype or presentation of ADHD				
Combined			27	40
Inattentive			22	32
Hyperactive/Impulsive			6	9
Not answer			14	19
<u>Comorbidity: associated problems</u>				
4. Learning disorders			22	32
5. Oppositional defiant disorder			12	18
6. Speech or expression disorders			12	18
<b>Family</b>				
7. Mother's education				
Low			23	34
Medium			24	35
High			20	29
8. Father's education				
Low			25	37
Medium			22	32
High			13	19
9. Father's age	43.59	7.28		
10. Mother's age	40.44	6.45		

*Note.* ADHD = Attention Deficit Hyperactivity Disorder

**Table 2.** Correlations, means and standard deviations

	1	2	3	4	5	6	7	8
1. CRIT	--							
2. INDUL	.304*	--						
3. BHVR	.589***	.248*	--					
4. ADHD	.490***	.304*	.575***	--				
5. FEEL	.633***	.192	.651***	.465***	--			
6. SOC	.665***	.234	.542***	.520***	.531***	--		
7. MARI	.457***	.423***	.157	.335**	.425***	.397**	--	
8. SUPP	-.441***	-.242*	-.261*	-.406**	-.279*	-.550***	-.462***	--
Mean	20.29	16.53	3.53	17.11	6.35	2.01	2.31	63.76
S.D.	4.77	4.92	2.37	5.55	3.78	2.37	2.11	14.51

*Note.* CRIT = criticism-rejection of the child's behavior/problems, INDUL = parents'

indulgence-permissiveness, BHVR = child's behavior problems, ADHD = child's Attention

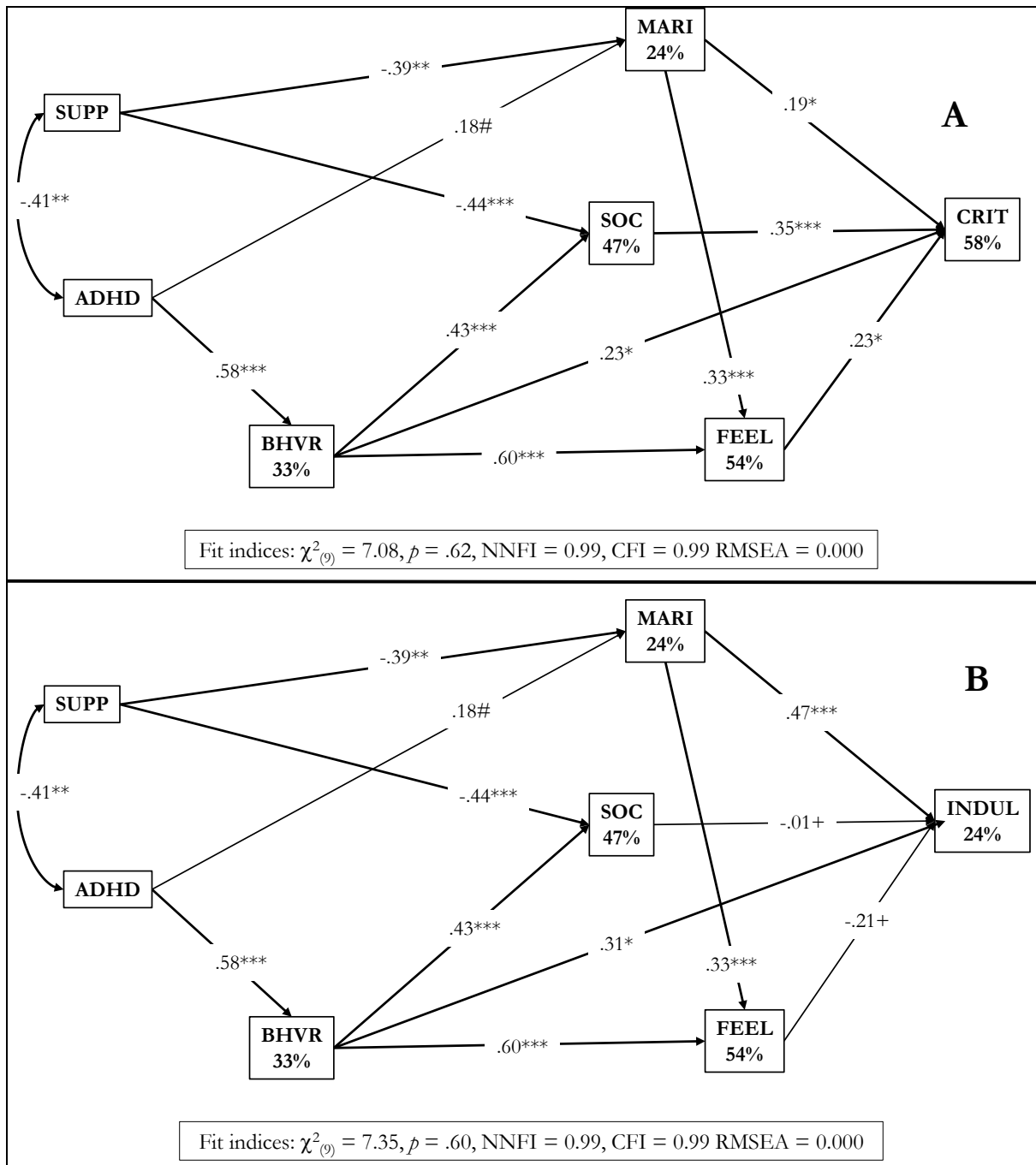
Deficit Hyperactivity Disorder symptoms; FEEL = parents' feelings and attitudes toward

their child, SOC = impact of child's problems and behavior in family social relations, MARI

= impact of child's problems and behavior on parents' marital relations, SUPP = perceived

social support.

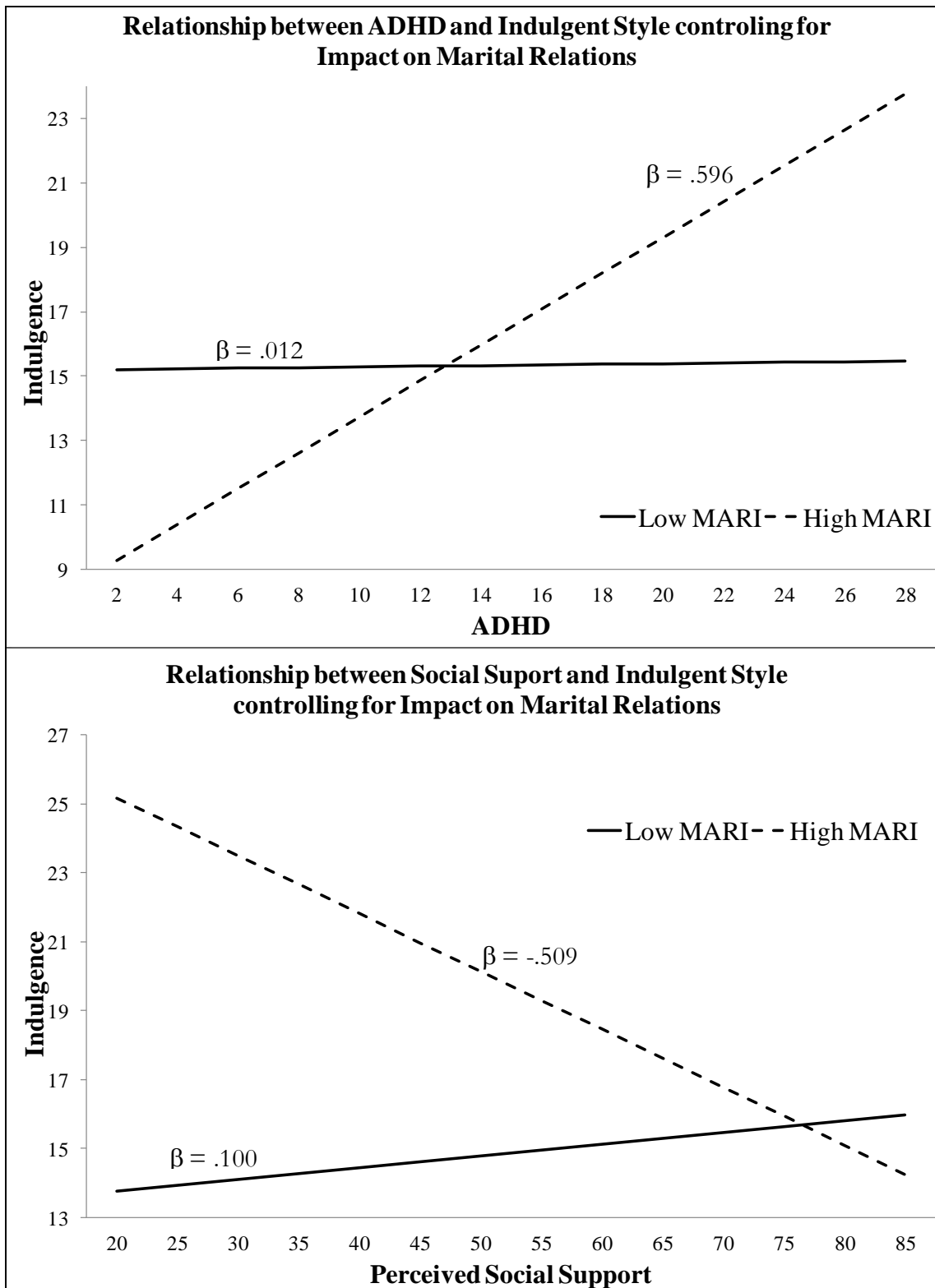
\*  $p < 0.05$ ; \*\*  $p < 0.01$ ; \*\*\*  $p < .001$ .



**Figure 2.** Standardized parameters for CRIT (top) and INDUL (bottom) model.

CRIT = criticism-rejection of the child’s behavior/problems; INDUL = parents’ indulgence-permissiveness; MARI = impact of child’s problems and behavior on parents’ marital relations; SOC = impact of child’s problems and behavior in family social relations; FEEL = parents’ feelings and attitudes toward their child; BHVR = child’s behavior problems; ADHD = child’s Attention Deficit Hyperactivity Disorder symptoms; SUPP = perceived social support.

+  $p > .20$ ; #  $p = .11$ ; \*  $p < .05$ ; \*\*  $p < .01$ ; \*\*\*  $p < .001$ .



**Figure 3.** Relationship between child’s ADHD symptoms (top), perceived social support (bottom) and indulgent style controlling for Impact on Marital Relations.

Low MARI = families who said they experienced little or no impact on their marital relations; High MARI = families with medium-to-high impact on their marital relations.