

Compare of social desirability between parents of ADHD and normal children

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ABSTRACT: and severe neglect and behavior of other children there. Parents' contact with the children due to the influence of behavioral interventions can have a significant role in the child's natural environment. Living with a child with a disorder or disability, are often perceived as stressful for families and can affect all aspects of the family. In this study, all parents of children with ADHD disorder in the Qaemshahr city referred to psychiatric clinics, treatment of behavioral disorders in the children studied had been and they were given 2 questionnaires to gather information: socio-demographic and social desirability questionnaire. The data analysis was performed with an independent t test. The results showed that the average, minimum and maximum compatibility score obtained from the parents of children with attention deficit hyperactivity were higher than those of normal children and the mean score obtained from the questionnaire the love of parents with children with attention deficit hyperactivity than children of parents normal; Mean, minimum and maximum of the normal for parents with children of parents with children with attention deficit hyperactivity and also show a higher average. It is suggested that the mental health of parents of children with attention deficit hyperactivity attention and support should to the children and their parents should be able to live in better conditions.

Keywords: ADHD, Social Desirability.

INTRODUCTION

Attention deficit hyperactivity disorder is a particularly serious, problem because youngsters with the core difficulties of inattention, overactivity and impulsivity may develop a wide range of secondary academic and relationship problem. Attentional difficulties may lead to poor attainment in school. Impulsivity and aggression may lead to difficulties making and maintaining appropriate peer relationship and developing a supportive peer group. Inattention, impulsivity and over activity make it difficult for youngsters with these attributes to conform to parental expectations, and so children with ADHD often become embroiled in chronic conflictual relationships with their parents (Carr, 1999). Last psychosocial theoris have focused largely on the role of the family system or the social context in aetiology and maintenance of ADHD. With respect to family problems such as depression, aggression or alcohol abuse, exposure to marital discord, over intrusive parenting during infancy and coercive parent- child interactions in childhood and adolescence have all been discovered to have relations with ADHD (Anastopoulos, 1996; Hinshaw, 1994). Children with ADHD can have adverse effects on parents' mental health (e.g., Harrison and Sofronoff, 2002; Pelham, 1997, 1998). Dealing with children with behavior problems may exacerbate parenting inadequacies and social difficulties. Parents of children with ADHD rate their family environments as less supportive and more stressful, romantic relationships to be more problematic, and parental coping abilities to be lower than parent comparison groups (e.g., Brown and Pacini, 1989; Johnston, 1996; Mash and Johnston, 1983). Thus, aversive parenting behaviors may not only result from parents' own symptoms of distress, but also the characteristics of their children. This notion is supported by findings that the quality of parent-child relationships improves when children

are treated with medication, behavioral, and combined treatments (e.g., Humphries, Kinsbourne, and Swanson, 1978; Wells, 2000). Findings suggest that both parental depression and childhood ADHD affect the quality of parent-child relationships and general social adjustment (see Cummings and Davies, 1994, for review). Although parents of ADHD children report less marital satisfaction and more conflict than parents of nonproblem children (Murphy and Brkley, 1996; Shelton, 1998), some researchers didn't find this result (e.g., Johnston and Mash, 2001). In this study, we examined the social adjustment of ADHD parents.

MATERIALS AND METHODS

Method

Participants in this study were parents of 60 children (5 to 12 years of age). Thirty of these children diagnosed with ADHD by a child and adolescent psychiatrist in an outpatient clinic and have met the DSM-IV (APA, 1994) criteria for ADHD and 30 were children who had no history of learning and behavior problems. All of the subjects have failed for some control variables and were matched for some moderator variables.

2 evaluation devices were used in this study.

First a demographic questionnaire, which evaluates psycho-socio situation, some family factors and a history of life events and life cycles of the family. Some of these items were age, sex, parenting and sibling information, academic, economic, and social condition.

Social desirability was measured with the MCSDS. The MCSDS is a 33-item self-report questionnaire which uses a forced choice, true – false format for responding to items. Total scores range from zero (low) to 33 (high social desirability). The MCSDS has two factors: Attribution and Denial. Eighteen items make up the Attribution subscale, which addresses an individual's propensity to endorse items depicting socially approved, but uncommon, behaviors. A sample Attribution item is "I never hesitate to go out of my way to help someone in trouble." Fifteen items make up the Denial subscale, which addresses the tendency to deny socially disapproved, but common, behaviors. A sample Denial item is "There have been times when I was quite jealous of the good fortune of others." Crowne and Marlowe (1960) revealed an internal consistency coefficient of .88, and one month test-retest correlation of .89.

Subsequent research found the MCSDS to have adequate reliability and validity (Beretvas, 2002; Loo and Thorpe, 2000). One study was identified that indicated that the MCSDS has adequate internal consistency with a sample of sex offenders (.77; Cortoni and Marshall, 2001).

Between clients who referred to child and adolescent behavioral problems center in Qaemshahr outpatient clinic, 30 children diagnosed with ADHD in a limit of time. Parents of these children were invited to participate in the study. They filled the questionnaires of the study. 30 comparison children were selected from a primary school in Qaemshahr in a simple random sampling, and they had no history of learning or behavior problems. Their parents filled the questionnaires and gave back them to the searcher. Obtained data then was processed in SPSS software for statistical output, the data analysis was performed with an independent t test.

RESULTS AND DISCUSSION

Results

Table 1 shows age characteristics of the participants.

Results showed that minimum, maximum and mean of age of parents of normal children (control group) are 27, 61 and 41.7 years, respectively, and for parents of ADHD children are 21, 48 and 32.3 years respectively. These results showed higher age mean in control parents (Table 1).

Table 1. Age characteristics of the participants

variable	Parents of normal children			Parents of ADHD children		
	Min	Max	Mean	Min	Max	Mean
Age	27	61	41.7	21	48	32.3

23.3% of parents of normal children have high school and lower education degree, while 25, 51.7% has Associate and bachelor degree, respectively. Parents of ADHD children have 36.7, 16.7 and 46.6 percent high school and lower, Associate and bachelor degree, respectively (Table 2).

Table 2. Educational characteristics of understudy parents

Education	Parents of normal children (%)	Parents of ADHD children (%)
High school and lower	23.3	36.7
Associate degree	25	16.7
bachelor	51.7	46.6
Masters and higher	0	0

In normal group, 53.3 percent of families are single child, 31.7 has two child and 15 percent has three child. While in parents of ADHD children, single, two and three child families are 63.4, 30 and 6.6 percent, respectively (Table 3).

Table 3. The number of children in families of parents of normal children and parents of ADHD children

variable	Parents of normal children		Parents of ADHD children	
	N	%	N	%
Single child	32	53.3	38	63.4
Tow child	19	31.7	18	30
Three child	9	15	4	6.6

Mean of social desirability is 20 in parents of normal children, while is 10.2 in parents of ADHD children, that showed higher score of social desirability for parents of normal children (Table 4).

Table 4. Descriptive data of social desirability between groups

	N	Min	Max	M	S.E mean
Mean score of social desirability in parents of normal children	60	8	25	20	0.39
Mean score of social desirability in parents of ADHD children	60	4	19	10.2	0.43

Comparison between social desirability in parents of normal children and parents of ADHD children showed significance differences. Table 5 showed statistical analysis of social desirability between groups.

Table 5. Comparisons of social desirability between parents of normal children and parents of ADHD children

Variable		N	M	SD	T	df	sig
social desirability	parents of normal children	60	20.03	2.99	1.98	118	0.000
	parents of ADHD children	60	10.2	3.32			

Discussion

Descriptive analysis showed that min, max and mean of social desirability score are higher for parents of normal children compare with parents of ADHD children, variance analysis showed significance differences between two groups. Based on definitions, answer of subjects with higher social desirability to questions showed that their behaviour and norms is correspondent with social norms. Scores indicate that parents of hyperactive children groups are defined as the average social desirability, and the average social desirability due to their actual behaviour that is likely to be in total compliance with the rules and social norms. Based on our findings, mental health of parents of children with ADHD and should be attention support. The educational programs for parents of children with ADHD and social support should be used for this population.

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