



شبكة المعلومات الجامعية
التوثيق الإلكتروني والميكروفيلم

بسم الله الرحمن الرحيم



MONA MAGHRABY



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التوثيق الإلكتروني والميكروفيلم



شبكة المعلومات الجامعية التوثيق الإلكتروني والميكروفيلم



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جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

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The Impact of Behavioral Parent Training on Quality of Life and Parenting Stress in Mothers of Children with ADHD

Thesis

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List of Abbreviations

Abb.	Full term
ADHD.....	Attention Deficit Hyperactivity Disorder
ASD.....	Autism Spectrum Disorder
BPT.....	Behavioral Parent Training
CBCL.....	Children's Behavioral Checklist
CPRS.....	Conners' Parent Rating Scale
DA.....	Dopamine
DBSI.....	Disruptive Behaviors Stress Inventory
DEA.....	Drug enforcement administration
DSM-5.....	Multimodal Treatment Study of ADHD
DSM-V	Diagnostic and statistical manual of mental disorders, 5 th Edition
EEG.....	Electroencephalogram
HPA.....	Hypothalamic pituitary Adrenal
HrQOL.....	Health related Quality of Life
IQ.....	Intelligence Quotient
IYPT.....	Incredible Years Parent Training
MPOA.....	Medical Preoptic area
MTA.....	Cannabis withdrawal assessment scale
NFPP.....	New Forest Parenting Program
NICE	National Institute of Health and Clinical Excellence
ODD.....	Oppositional Defiance Disorder
Oxytocin.....	Oxytocin
PAQ.....	Parent Authority Questioner
PCIT.....	Parent Child Interactive Therapy
PET.....	Positron Emission Tomography
PMT.....	Parent management program
PSI.....	Parent Stress Index

List of Abbreviations cont...

Abb.	Full term
<i>QOL</i>	<i>Quality of Life</i>
<i>SES</i>	<i>Socioeconomic Status Scale</i>
<i>WFIRS</i>	<i>Weiss Functional Impairment Rating Scale</i>
<i>WHO</i>	<i>World Health Organization</i>
<i>WHOQOL</i>	<i>World Health Life Quality of Life</i>

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INTRODUCTION

Attention deficit hyperactivity disorder (ADHD) is a mental disorder of the neurodevelopmental type (*Sroubek et al., 2013*). It is characterized by an ongoing pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development. (*National Institute of Mental Health, 2020*). The symptoms appear before a person is 12 years old, are present for more than six months, and cause problems in at least two settings (such as school, home, or recreational activities). Symptoms are grouped into three categories; inattention, hyperactivity and impulsivity (*Dulcan et al., 2011*).

Comorbidity with other childhood behavioral and developmental disorders, such as oppositional defiant disorder, conduct disorder, and learning disorders, is frequent (*Shaw et al., 2012*). In the past ADHD was assumed to resolve after puberty, but recent longitudinal studies have suggested that about 30–50% of people diagnosed ADHD in childhood continue to have symptoms into adulthood (*Ginsberg et al., 2014*).

Observational studies of children with ADHD and their parents found conflicted parent–child interaction patterns and less positive parenting practice (*Deault, 2010*). Participation in daily activities might be challenging for children with ADHD

and their parents and adversely affect their parent–child relationships (*Segal and Hinojosa, 2006*). There is ample correlational evidence to suggest that this disruption in the normal parenting process may adversely affect parental functioning in many ways. For example, studies have shown that parents of children with ADHD commonly experience considerable stress in their parenting roles (*Muñoz-Silva et al., 2017*).

In recent years quality of life (QOL) has emerged as an important outcome measure in guiding health care (*Bullinger, 2014*). The World Health Organization (WHO) defined QOL as ‘an individual’s perception of his/her position in life, in the context of the culture and value system in which s/he lives, and in relation to goals, expectations, standards and concerns’ (*Fitzgerald et al., 2001*).

Sawyer and his colleagues found that not only did children with psychiatric disorders including ADHD have a significantly poorer QOL than the healthy controls, their mental problems also interfered with the daily lives of their parents and families (*Sawyer et al., 2002*).

In relation to the treatment of children with ADHD, Pharmacotherapy alone often does not sufficiently address these problems. In addition, pharmaco-therapy has limitations,

including side effects, low compliance, and insufficient efficacy (*Charach et al., 2004*). There is increasing evidence for nonpharmacologic interventions, including parental education, school-based behavioral therapy, and cognitive training in ADHD (*Richardson et al., 2015*).

Behavioral parent training (BPT) is an intervention to help parents stop stressful patterns of parent–child interaction. BPT primarily emphasizes social contingencies in which the parent provides positive reinforcement for the child’s prosocial behavior and ignores or punishes negative behavior by non-physical discipline techniques such as removal of privileges or time out (*Antshel and Barkley, 2008*). These changes in parenting style presumably create better fit among parent–child interactions thus reducing disruptive behaviors and ADHD symptoms, and improving parenting skills (*Charach et al., 2013*).