

ABSTRACT

Title of Document: MOTHERS OF CHILDREN WITH ADHD:
DOES EMPLOYMENT HELP?

Erica Shawn Merson, Doctor of Philosophy,
2012

Directed By: Dr. Karen O'Brien, Psychology Department

The current study examined the experiences of a sample of mothers of children with ADHD. Differences between the single and partnered, employed, and unemployed women on the variables of interest were investigated. The contributions of maternal psychological health, employment characteristics, and the marital relationship to the prediction of parenting behaviors were explored. Moreover, the moderating role of employment characteristics on the relationship between maternal psychological health and parenting behaviors was examined. Results showed differences between the single and partnered women on employment characteristics. Maternal psychological health was found to be predictive of poor monitoring and supervision and inconsistent discipline behaviors. Last, flexibility-benefits used was found to moderate the relationship between maternal psychological health and poor

monitoring and supervision behaviors. Implications for clinical work and future research directions are discussed.

MOTHERS OF CHILDREN WITH ADHD: DOES EMPLOYMENT HELP?

By

Erica Shawn Merson

Dissertation submitted to the Faculty of the Graduate School of the
University of Maryland, College Park, in partial fulfillment
of the requirements for the degree of
Doctor of Philosophy
2012

Advisory Committee:
Professor Dr. Karen O'Brien, Chair
Dr. Andrea Chronis-Tuscano
Dr. Laura MacPherson
Dr. Margaretha Lucas
Dr. Mary Ann Hoffman

© Copyright by
Erica Shawn Merson
2012

Acknowledgements

I want to thank my committee members, Dr. Karen O'Brien, Dr. Andrea Chronis-Tuscano, Dr. Mary Ann Hoffman, Dr. Laura MacPherson, and Dr. Margaretha Lucas for their support, patience, and helpful suggestions throughout the dissertation process. Their contributions have helped make me a better researcher.

Special thanks to my research assistants Miriam Brand and Aliya Mann for their help along the way. Without their help with data collection, this project would not have gone so smoothly.

I cannot thank Dr. Karen O'Brien enough for being the best advisor a graduate student could ask for. Completing this dissertation feels bittersweet, as it marks the end of our formal work together as a graduate student/advisor pair. But I also see it as the beginning of a working relationship in which we can collaborate as colleagues, making contributions to the field of counseling psychology together. Her support, gentle nudging, humor, and patience have allowed me to improve on my research self-efficacy. I could not have completed this dissertation, let alone graduate school in general, without her in my life. It is a real gift to have been able to work under her guiding light.

Thank you to my family, who were proud of me, before I even started this process and are only prouder now that it is almost finished. To my mom, dad, sister, and aunt who do not completely get what I do, but think I am pretty smart regardless. I love you guys. Now it's time to be a doctah (but not a doctah, doctah).

To Ben, who has put up with late nights, long weekends, and too much crankiness than I would like to admit. Thank you for always believing that this would

get done, eventually, even when it felt like I was still a ways off. Thank you for helping me both emotionally, but also by distracting me from the difficult moments and celebrating the great ones. Thank you for loving me always and forever. While it may be the end of the graduate school era, it feels like a new beginning for us.

Thank you to the mothers of children with ADHD who volunteered their time to participate in this study. Their contributions will help make a difference in the lives of the ADHD community.

Table of Contents

Acknowledgments	ii
Table of Contents	iv
List of Tables	vi
List of Figures	vii
Chapter 1: Introduction	1
Background	4
Proposed Model	5
Overview of Resilience Theory	5
Overview of Work-Family Enrichment Theory	6
Overview of Self-Complexity Theory	7
Maternal Psychological Health	8
Maternal Depression	9
Maternal Anxiety	10
Employment Characteristics	10
Family Supportive Organization Perceptions	10
Flexibility	12
Income	13
Marital Relationship	13
Marital Quality	14
Spousal Support	15
Parenting Behaviors	16
Statement of the Problem	17
Chapter 2: Review of the Literature	19
ADHD Diagnostic Criteria and Prevalence Rates	19
Resilience Theory	21
Work-Family Enrichment Theory	23
ADHD and Maternal Employment	26
Self-Complexity Theory	28
Psychological Health	29
Maternal Depression	31
Maternal Anxiety	33
Family Supportive Organization Perceptions	35
Flexibility	37
Income	39
Marital Quality	41
Spousal Support	44
Parenting Behaviors	46
Research Questions, Hypotheses, Purposes, and Analyses	50
Chapter 3: Method	59
Participants	59
Procedures	59
Measures	60

Maternal Psychological Health	61
Brief Symptom Inventory	61
Employment Characteristics	62
Family Supportive Organizations Perceptions	63
Flexibility	64
Income	64
Marital Relationship	65
Dyadic Adjustment Scale	65
Spousal Support	67
Parenting	68
Alabama Parenting Scale	68
Chapter 4: Results	71
Preliminary Analyses	71
Descriptive Statistics	72
MANOVA analyses	77
Correlation Analyses	79
Regression Analyses	80
Moderation Analyses	81
Post-Hoc Analyses	84
Chapter 5: Discussion	95
Implications for Practitioners	108
Future Research Directions	113
Limitations	117
APPENDIX A: Consent Form	143
APPENDIX B: Inclusion Questions	146
APPENDIX C: Demographic Questionnaire	147
APPENDIX D: Brief Symptom Inventory	153
APPENDIX E: Family Supportive Organization Perceptions	156
APPENDIX F: Flexibility-Benefits and Usage	158
APPENDIX G: Dyadic Adjustment	159
APPENDIX H: The Spousal Support Scale	163
APPENDIX I: Alabama Parenting Questionnaire	164
References	167

List of Tables

Table 1. Demographic characteristics of total sample	123
Table 2. Descriptive statistics for total sample	124
Table 3. Correlation table for partnered/employed mothers	125
Table 4. Summary of hierarchical regression analysis of partnered/employed mothers' psychological health, employment characteristics, and the marital relationship as predictors of positive parenting behaviors	126
Table 5. Summary of hierarchical regression analysis of partnered/employed mothers' psychological health, employment characteristics, and the marital relationship as predictors of poor monitoring and supervision behaviors	127
Table 6. Summary of hierarchical regression analysis of partnered/employed mothers' psychological health, employment characteristics, and the marital relationship as predictors of inconsistent discipline behaviors	128
Table 7. Summary of hierarchical regression analysis of partnered/employed mothers' mental health, employment characteristics, and the moderator of maternal psychological health multiplied by employment characteristics as predictors of positive parenting	129
Table 8. Summary of hierarchical regression analysis of partnered/employed mothers' mental health, employment characteristics, and the moderator of maternal psychological health multiplied by employment characteristics as predictors of poor monitoring and supervision	130
Table 9. Summary of hierarchical regression analysis of partnered/employed mothers' mental health, employment characteristics, and the moderator of maternal psychological health multiplied by employment characteristics as predictors of inconsistent discipline	131
Table 10. Correlation table for items of new flexibility-benefits used subscale with total sample	132
Table 11. Summary of hierarchical regression analysis of employment status and flexibility-benefits used as predictors of mothers' psychological health	133
Table 12. Summary of hierarchical regression analysis of employment status, flexibility-benefits used, and the moderator of employment status multiplied by flexibility-benefits used as predictors of maternal psychological health	134

List of Figures

Figure 1. Three Regression Analyses Predicting Parenting Behaviors	
1a. Regression analysis for the prediction of positive parenting	135
1b. Regression analysis for the prediction of poor monitoring/supervision	136
1c. Regression analysis for the prediction of inconsistent discipline	137
Figure 2. Moderator effects for the relationship between maternal psychological health and parenting behaviors	
2a. Moderation effects for the prediction of positive parenting	138
2b. Moderation effects for the prediction of poor monitoring and supervision	139
2c. Moderation effects for the prediction of inconsistent discipline	140
Figure 3. Plotted interaction effect of maternal psychological health x flexibility-benefits used	141
Figure 4. Flow-chart of participant enrollment and eligibility	142

CHAPTER I

Introduction

Children with attention-deficit/hyperactivity disorder (ADHD), characterized by developmentally inappropriate levels of hyperactivity, inattention, and impulsivity first noticeable before the age of 7 (4th ed.; *DSM-IV*; American Psychiatric Association, 2000), are at risk for adverse outcomes (e.g., Biederman et al., 1997; Biederman, Faraone, & Lapey, 1992; Lahey, McBurnett, & Loeber, 2000). ADHD has been associated with higher prevalence rates of conduct disorder, oppositional defiant disorder (ODD), and antisocial personality disorder, as well as mood and anxiety disorders and substance abuse disorders, compared to those children without ADHD (Biederman, Newcorn, & Sprich, 1991). The primary purpose of this study was to investigate the experiences of employed and non-employed mothers of children with ADHD. Specifically, it was hoped that this study would advance knowledge regarding maternal psychological health, employment characteristics, the quality of the marital relationship, and parenting behaviors of a sample of mothers of children who have ADHD. Differences among the employed and non-employed, single and partnered mothers in the variables of interest were investigated. The second purpose was to examine the contributions of maternal psychological health, employment characteristics, and the marital relationship on the prediction of parenting behaviors among a sample of employed mothers. The aim was to elucidate the employment characteristics that could provide benefits to employed mothers of children with ADHD. Finally, the third purpose was to test the moderating effect of employment characteristics (family supportive organization perceptions and

flexibility-benefits available and benefits used) on the relationship between maternal psychological health (depressive and anxiety symptoms) and parenting behaviors (positive parenting, poor monitoring and supervision, and inconsistent discipline).

Parents of children with ADHD experience high levels of stress (Fischer, 1990) and have high rates of depression (Chronis et al., 2003), self-blame and social isolation (Mash & Johnston, 1990), physiological disorders (Fischer, 1990; Johnston & Mash, 2001), and alcohol use (Molina, Pelham, & Lang, 1997). Maternal depression is related to internalizing and externalizing behavior in children, including hyperactivity and conduct problems (Elgar, McGrath, Waschbusch, Stewart, & Curtis, 2004). Both maternal depression and negative parenting have been associated with negative treatment outcomes and conduct problems among children with ADHD (Chronis et al., 2007; Owens et al., 2003).

Research demonstrated that maternal employment has both a buffering effect against depression and a positive effect on parenting (e.g., Aryee, 1992; Perry-Jenkins, Repetti, & Crouter, 2000; Wayne, Randel, & Stevens, 2006). Another study reported that the economic, psychological, and social benefits of employment for mothers of disabled children rivaled those for employed mothers with non-disabled children (Lewis, Kagan, Heaton, & Cranshaw, 1999). Thus, this study contributed to the literature by exploring the benefits of employment for mothers of children with ADHD, who like children with disabilities, elicit increased parenting responsibilities (LaForett, Murray, & Kollins, 2008).

Employment has been shown to grant women several benefits (Barnett & Hyde, 2001; Greenhaus & Powell, 2006; Parasuraman & Greenhaus, 2002).

Greenhaus and Powell (2006) suggested three ways in which employment can enrich the lives of individuals. Participation in both work and family roles can have enhancing effects on a person's overall well-being, protect an individual from distress in one of the roles, and positively affect experiences and outcomes in the other role. Income serves as an additional benefit of maternal employment, as some of the risk factors associated with poverty and negative child outcomes, including poor parenting and parenting stress, can be alleviated (Bigelow, 2006; Jackson, Bentler & Franke, 2008; Lewis et al., 1999).

Parents of children with ADHD also report lower marital satisfaction, have more conflict in their relationship, and tend to use more negative talk in their parenting than parents of children without ADHD (Barkley, Fischer, Edelbrock, & Smallish, 1991; Johnston & Behrenz, 1993; Lindahl, 1998; Wymbs, Pelham, Molina, & Gnagy, 2008). Children, particularly adolescents, with ADHD are more likely to have conflictual parent-child interactions (e.g., Barkley, Anastopoulos, Guevremont, & Fletcher, 1992), thus placing their parents at an increased risk for marital discord (Wymbs et al., 2008). Moreover, children tend to respond to conflict between their parents and marital discord with heightened emotional and disruptive behavior (Davies & Windle, 2001).

Thus, the current study sought to advance knowledge regarding the experiences of mothers of children with ADHD. Using a model proposed by Masten (2001) and grounded in the works of Greenhaus and Powell's (2006) theory of work-family enrichment and Linville's (1985, 1987) theory of self-complexity as a protective factor against depression, this study tested the contributions of maternal

psychological health (i.e., depressive and anxiety symptoms), employment characteristics (i.e., family supportive organization perceptions, flexibility-benefits available and benefits used, and household income), and the marital relationship (i.e., marital quality and spousal support) in predicting parenting behaviors (see Figure 1) with a sample of employed mothers. This study contributed to the literature by using theories consistent with counseling psychology's focus on assets, strengths, and challenges (Gelso & Fretz, 2001) that examined the benefits of combining multiple roles to understand how potential risks and protective factors relate to the parenting behaviors of employed mothers of children who are at risk for negative outcomes.

Background

The most common emotional, cognitive, and behavioral disorder treated in youth (Goldman, Genel, Bezman, & Slanetz, 1998; Jensen et al., 1999), prevalence estimates of ADHD among children range from 5% to 8% (American Psychiatric Association, 2000). In a recent meta-analysis, Polanczyk, de Lima, Horta, Biederman, and Rohde (2007) reported that ADHD has a worldwide-pooled prevalence rate of 5.29%. Risky sexual behavior, substance use, driving risks, and delinquency are common outcomes among those children with ADHD (Biederman et al., 1997; Faraone, 2000; Fischer, Barkley, Smallish, & Fletcher, 2007; Flory, Molina, Pelham, Gnagy, & Smith, 2006; Thompson, Riggs, Mikulich, & Crowley, 1996). Those children with ADHD also are at increased risk for the development of conduct disorder (e.g., Hinshaw, Lahey, & Hart, 1993; Mannuzza, Klein, Bessler, Mallory, & LaPadula, 1993) and ODD (Biederman et al., 2006). A comorbid diagnosis of ADHD with ODD and/or conduct disorder places individuals at an elevated risk for negative

outcomes, more than a diagnosis of ADHD alone (Lavigne, LeBailly, Hopkins, Gouze, & Binns, 2009; Satterfield & Schell, 1997).

Proposed Model

In her seminal work on resilience theory, Masten (2001) proposed a direct model of risk and resilience, where risks and assets were directly related to desired outcomes. Specifically the model theorized that the presence of more assets or protective factors could counterbalance the negative effects of risks on outcomes. In this study of employed mothers of children with ADHD (see Figure 1), the risks and protective factors identified to predict healthy parenting behaviors included maternal psychological health (operationalized as depressive and anxiety symptoms), employment characteristics (operationalized as family-supportive organization perceptions, flexibility-benefits available and benefits used, and household income), and the marital relationship (operationalized as marital quality and spousal support). Parenting behaviors (operationalized as positive parenting, poor monitoring and supervision, and inconsistent discipline) were included in the model as the outcome variable.

Overview of Resilience Theory

Developmental psychopathology looks at adaptation throughout development, specifically the processes through which maladaptive patterns arise and may be either prevented or ameliorated (Masten & Curtis, 2000). By identifying potential risks and protective factors within the child, family, or community, the child's adjustment over time can be better understood (Luther & Zelazo, 2003). Risk factors for negative child outcomes can include poverty (Rutter, 1999), parental psychopathology (Tebes,

Kaufman, Adnopo, & Racusin, 2001), poor parenting (Tebes et al., 2001), and marital conflict (Deater-Deckard & Dunn, 1999), while protective factors in the presence of adversity or risk for maladjustment can include mild child temperament, intelligence, and a close relationship with a well-adjusted adult (Luthar, Cicchetti, & Becker, 2000). Parents, in many cases, are believed to be the first, most constant and proximal influences on their children's development (Luthar & Zelazo, 2003). This theory applied to the current study, as the contributions of mothers' psychological health, employment characteristics, and marital relationship on her parenting were examined.

Overview of Work-Family Enrichment Theory

Over the past several years, research on the intersection between work and family lives has shifted towards recognizing the positive effects of combining both roles, using such terms as enrichment (Greenhaus & Powell, 2006; Rothbard, 2001), positive spillover (Grzywacz, 2000; Grzywacz, Almeida, & McDonald, 2002), enhancement (Ruderman, Ohlott, Panzer, & King, 2002), and facilitation (Frone, 2003; Wayne, Musisca, & Fleeson, 2004) to refer to the general construct of work-family enrichment. According to the theory proposed by Greenhaus and Powell (2006), work-family enrichment refers to "the extent to which experiences in one role improve the quality of life in the other role" (p. 73). The relationship between work-family enrichment is bidirectional, such that work experiences can improve the quality of family life and vice versa.

Employment can be beneficial for many reasons (Barnett & Hyde, 2001; Frone, 2003; Greenhaus & Powell, 2006; Parasuraman & Greenhaus, 2002). Work-

family enrichment relates to myriad positive outcomes, including low levels of depression (Hammer, Cullen, Neal, Sinclair, & Shafiro, 2005), low levels of problematic drinking (Grzywacz & Bass, 2003), and positive mental and physical well-being (Grzywacz & Marks, 2000; Härenstam & Bejerot, 2001). Moreover, those individuals with a rich combination of work, marital, and parental roles report greater overall life satisfaction than those focusing on only one role (Perrone, 2000; Perrone, Ægisdóttir, Webb, Blalock, 2006).

Several studies also have supported the enhancing effects of maternal employment on parenting practices (Barnett & Hyde, 2001; Byron, 2005; Ford, Heinen, & Langkamer, 2007; Kossek & Ozeki, 1998; Perry-Jenkins et al., 2000) through the psychological, social, and economic benefits that come as a result of their employment (Lewis et al., 1999). In this study, maternal employment was conceptualized as a protective factor that influences parenting among employed mothers of children with ADHD. Specifically, family-supportive organization perceptions, flexibility-benefits available and benefits used, and household income were examined to study how these variables relate to parenting. In Greenhaus and Powell's (2006) work-family enrichment model, resources generated at work, including flexibility (i.e., family supportive organization perceptions and flexibility-benefits available and benefits used), and material resources (i.e., income) are variables thought to relate positively to family functioning (i.e., parenting).

Overview of Self Complexity Theory

Linville (1985) posited a theory suggesting that those individuals with highly complex self-representations are likely to be protected against depression, as they

maintain more distinct aspects of self from which to draw self-appraisal or positive affect. This theory bases itself on four assumptions: the self is cognitively represented in terms of multiple aspects, self-aspects vary in the affect associated with them, people differ in the degree of complexity of their self-representation, and overall affect and self-appraisal are a function of the affect and self-appraisal associated with different aspects of the self. Linville (1987) further suggested that a complex cognitive representation of self helps buffer an individual against the adverse physical and mental health effects of stressful events. When a negative event occurs, the self-concept directly related to the event is activated and then activation spreads to related self-aspects. Therefore, multiple distinct aspects of self protect against spillover effects, fewer self-aspects are affected by negative events, and more self-aspects remain inactivated.

In this study, Linville's (1985, 1987) self-complexity theory was used to conceptualize how employment may buffer mothers of children with ADHD from depression. Research suggested that participation in multiple roles, such as work and family, increases the chance of positive outcomes (Voydanoff, 2001), such as increased self-complexity, similarity of experience between couples, and success in one role buffering failure in another role (Barnett & Hyde, 2001). Thus, by having several self-representations from which to draw self-appraisal, self esteem, and/or positive affect (Lewis et al., 1999; Wayne et al., 2006), employed women may be protected from depression which research shows influences parenting and developmental outcomes for children with ADHD (Johnston & Mash, 2001).

Maternal Psychological Health

The interface between work and family and its effects on psychological outcomes is of great interest to researchers (e.g., Erdwins, Buffardi, Casper, & O'Brien, 2001; Frone, 2000; Grzywacz & Bass, 2003; Parasuraman, Purohit, Godshalk, & Beutell, 1996; Pearson, 2008). In the current study, maternal psychological health was assessed using measures of depressive and anxiety symptoms.

Work to family conflict has been found to relate positively to psychological distress (Grant-Vallone & Donaldson, 2001), including mood disorder, anxiety disorder, and substance abuse disorder (Frone, 2000). Physical health also has been shown to be affected by work-family conflict, relating to health problems such as obesity (Grzywacz, 2000) and hypertension (Frone, Russell, & Cooper, 1997). On a more positive note, combining multiple roles, such as family and work roles, can have beneficial effects on physical and psychological well-being (Barnett & Hyde, 2001). Work to family enrichment related positively to better mental and physical health (Grzywacz, & Marks, 2000) and fewer depressive symptoms (Hammer et al., 2005). Work to family facilitation also related negatively to problem drinking and depression (Grzywacz & Bass, 2003).

Maternal depression. Maternal depression in this study referred to depressive symptoms, such as depressed mood, loss of appetite, or feelings of worthlessness. Research has demonstrated that parental psychological health can influence parenting, which in turn affects developmental outcomes for children with ADHD (Johnston & Mash, 2001). Understanding depression among parents is important because of the potential effects of parental depression on child outcomes, such as behavioral, social-

emotional, and cognitive problems (Johnson & Flake, 2007). Maternal depression has been identified as a risk factor for later conduct problems among children with ADHD (Chronis et al., 2007). Maternal depression not only affects child outcomes directly, but also can distort mothers' perceptions of their negative parenting, biases in their reports of their child's ADHD symptoms, and assessment of their child's general behavior problems (Chi & Hinshaw, 2002).

Maternal anxiety. Maternal anxiety in this study referred to symptoms commonly associated with anxiety distress. Johnson, Cohen, Kasen, Ehrensaft, and Crawford (2006) found associations between parental anxiety disorders and child rearing behavior, specifically, high parental possessiveness. Increased maternal anxiety has been reported among children with ADHD-combined Inattentive and Hyperactive type comorbid with Major Depressive Disorder, with first degree relatives of children with ADHD reporting a higher rate (23.5%) of anxiety disorders than their non-ADHD controls (16.3%) (Turner, Beidel, & Costello, 1987).

Employment Characteristics

Family supportive organization perceptions. Family supportive organization perceptions referred to the belief that employees view their place of employment as supportive of family responsibilities and practices. Supportive work environments, including supportive co-workers and supervisors, can provide positive benefits in the family domain (Wayne, Grzywacz, Carlson, & Kacmar, 2007). Work-family conflict has been found to contribute significantly to poor physical and psychological health, with those experiencing conflict at an increased risk of developing mood disorders, anxiety disorder, and dependence disorder (Frone, 2000), obesity (Grzywacz, 2000),

and hypertension (Frone et al., 1997a). Work-related support can help reduce conflict by reducing work distress and work overload (Frone, Yardley, & Markel, 1997; Voydanoff, 2001). Instrumental support from work, such as family-supportive policies, helped employees feel comfortable balancing non-work roles (Grandey, Cordeiro, & Michael, 2007).

Research has shown that employees who receive support at work for their participation in family life experience positive benefits, including positive employee attitudes and well-being (Thomas & Ganster, 1995) as well as reduced work-family conflict (Allen, 2001; Goff, Mount & Jamison, 1990). Family supportive organization perceptions were found to correlate negatively with psychological strain (O'Driscoll et al., 2003). A recent meta-analysis found that perceived organizational support had positive effects on employees' job satisfaction and organizational commitment, moderately positive effects on employee performance, and a strong negative effect on intention to leave (Riggle, Edmondson, & Hanson, 2009). Another meta-analysis found that less supportive supervisors and co-workers contributed to greater work-to-family conflict (Byron, 2005). Family supportive organizations also have been found to mediate the relationship between a variety of predictors, including availability of benefits, job satisfaction, affective commitment to work, and work-family conflict (Allen, 2001). Family-supportive organizations are valued by parents and nonparents, single and married, employees, with organizational support relating to both work family conflict and job satisfaction regardless of outside family demands (Grandey et al., 2007).

Flexibility. Flexibility in this study referred to the availability of and the employees' use of family friendly benefits in their workplace and how adaptable organizations are to employees' family responsibilities. Employers can help reduce work-family conflict and role-strain by offering flexible work policies and programs, such as part-time and contingent work, home-based employment, flextime, paid or unpaid family leave, dependent care assistance, and shorter, standard work weeks that make managing work and family roles easier on working mothers (Haas, 1999). Consistent with Greenhaus and Powell's (2006) theory of work-family enrichment, family-friendly and/or flexible work environments can have positive effects on family functioning. One study found that for full-time workers, compensation for overtime work, the ability to take a day off, and a decrease in hours at one's own request were related to less work-home interference and for part-time workers, compensation for overtime, flexible work hours and the ability to take a day off protected against work-home interference (Jansen, Kant, Nijhuis, Swaen, & Kristensen, 2004). A meta-analysis examining the effects of flexible and compressed workweek schedules found that flexibility at work influenced such work-related criteria including absenteeism, job satisfaction and work-productivity (Baltes, Briggs, Huff, Wright & Neuman, 1999).

A focus group study looking at parents of children with ADHD found that the parents adapted their work responsibilities and day care arrangements to accommodate the needs of their children, took less demanding jobs that required fewer hours of work, and tended to rely on their own social networks for help with childcare instead of daycare (Rosenzweig, Brennan, & Ogilvie, 2002), thus

highlighting the particular need for and importance of flexible work environments for parents of children with ADHD. This study examined the importance of flexible work arrangements, particularly for parents of children with ADHD. Flexibility at work was assessed in this study because it is one of the most important employee benefits offered and has been related to family supportive work policies (Allen, 2001).

Income. One of the benefits derived from work discussed in Greenhaus and Powell's (2006) model of work enrichment was income. Income has related to a number of positive outcomes including marital happiness and psychological well-being (Rogers & DeBoer, 2001), marital stability (Haas, 1999), and positive feelings about one's career (Judge, Cable, Boudreau, & Bretz, 1995).

In addition, poverty and unemployment have been found to correlate with parenting problems and as a result, negative child outcomes (Jackson et al., 2008). Children with ADHD have a heightened vulnerability to the negative effects of economic struggle (Bigelow, 2006). In line with work-family enrichment theory, access to an income also may reduce financial difficulties associated with parenting a child with ADHD, as well as reduce risks associated with poverty including poor parenting, parenting stress and negative child outcomes (Bigelow, 2006; Jackson et al., 2008; Lewis et al., 1999). Financial resources have related to positive child outcomes, such as cognitive stimulation (Votruba-Drzal, 2003). The relationship between poverty and child functioning has been found to be mediated by inconsistent parenting and chronic stress (McLoyd, 1998), suggesting that poverty can have both direct and indirect effects on both maternal and child well-being.

Marital Relationship

Marital quality. Marital quality in this study referred to the mothers' assessment of her relationship with her partner. Marital quality served as an important component of family functioning in this study, in line with work-family enrichment theory (Greenhaus & Powell, 2006). The level of satisfaction and the functioning of the marital relationship can predict how well a family as a whole may function (Lindahl, Clements, & Markman, 1997), yet research suggests that the interface between work and family life also can influence family functioning (Carlson & Kacmar, 2000; Ford et al., 2007; Greenhaus & Powell, 2006; Perrone et al., 2006). One study found that negative spillover at work and from home correlated negatively with relationship satisfaction, while positive spillover from work and home related positively to relationship satisfaction (Sumer & Knight, 2001).

Marriage has been found to have a protective quality against psychological distress by providing spouses' with a strong sense of meaning in life, allowing individuals to fill multiple social roles, and ensuring that there is someone to provide a consistent source of emotional and social support (Waite & Gallagher, 2000). Thus, the role of spouse may serve as an additional opportunity for one to develop more self-complexity. Marital functioning influences a variety of health outcomes indirectly through depression and directly through physiological distress (Kiecolt-Glaser & Newton, 2001). High levels of trust, love and liking of partners are all characteristic of healthy and happy marriages (Kurdek, 2002). Moreover, a meta-analysis of the relationship between marital quality and personal well-being found that high levels of marital quality were related to high levels of personal well-being (Proulx, Helms, & Buehler, 2007). Many parents of children with ADHD experience

high levels of marital distress (Fischer, 1990; Johnston & Mash, 2001). Moreover, marital satisfaction was not found to have improved following a cognitive-behavioral depression treatment for mothers of children with ADHD, suggesting that maternal depression can moderate the effects of treatment on marital satisfaction (Chronis, Gamble, Roberts, & Pelham, 2006). In a sample of parents of children with disabilities, greater marital quality predicted lower parenting stress, fewer depressive symptoms, and parenting efficacy for the mothers (Kersh, Hedvat, Hauser-Cram, & Warfield, 2006). Thus, research has supported the importance of understanding how the marital relationship relates to parenting and child functioning.

Spousal support. In this study, spousal support was operationalized as emotional support and support with instrumental tasks, such as child care support and support with household tasks. Social support is considered a social capital resource (Greenhaus & Powell, 2006) that has been found to correlate with decreased work-family conflict (Adams, King, & King, 1996; Erdwins et al., 2001). In a recent meta-analysis, family support, an integral form of social support, was found to relate negatively to family to work conflict (Ford et al., 2007). Family support also influences work to family conflict (Byron, 2005; Ford et al., 2007; van Daalen, Willemsen, & Sanders, 2006). Spousal support is considered a particularly important resource for women (Roxburgh, 1999), that has been found to mediate the relationship between economic strain and marital quality and stability, parenting behavior, and depression (Conger et al., 1990; Lorenz, Conger, Montague, & Wickrama, 1993; Simons, Lorenz, Conger, & Wu, 1992). Partner support also provided a buffer for parental overload on family to work conflict (Aryee, Luk,

Leung, & Lo, 1999) and weakened the relationship between parental demands, such as family stress, and work-family conflicts (Matsui, Ohsawa, & Onglatco, 1995). Correlations also were found between marital quality and co-parenting alliances, which also related to parenting practices (Morrill, Hines, Mahmood, & Cordova, 2010). Studies using the same definition of spousal support used in the current study found that instrumental and emotional support from spouse correlated negatively with work-family conflict and role overload among married, employed mothers (Erdwins et al., 2001). Thus, in line with resilience theory, marital quality and spousal support, may serve as protective factors against negative parenting practices.

Parenting Behaviors

Parenting behaviors are considered an important environmental risk or protective factor for developmental outcomes of children with ADHD (Johnston & Mash, 2001). High levels of harsh and inconsistent discipline and low levels of warmth and involvement are predictive of conduct problems (Frick et al., 1992; Haapsalo & Tremblay, 1994). The difficulties associated with ADHD in children evoke negative reactions, such as poor parenting, which contribute to the later development of conduct problems (Patterson, DeGarmo, & Knutson, 2000). Elgar and colleagues (2004) proposed that the relationship between poor parenting and child behavior is bidirectional, contributing to the exacerbation of problems over time. Chronis and colleagues (2007) identified positive parenting as a buffer against the development of conduct problems among children with ADHD. Moreover, Wells and colleagues (2006) posited that parents who use a planned and proactive approach to managing the difficult behaviors exhibited by their child are likely to display low

negative emotional reactivity and greater consistency in response to the problematic behaviors, thus highlighting the importance of parenting as an important point of intervention. Thus in this study, parenting behavior was selected as the outcome variable because of its association with child functioning.

Statement of the Problem

Children with ADHD are at risk for the development of myriad negative outcomes, including psychopathology, criminality, and delinquency (e.g., Biederman et al., 1992; Lahey et al., 2000). As a result of the increased challenges associated with parenting a child with ADHD, parents experience more parenting stress, marital distress, and are more likely to be depressed than parents without children with ADHD (Chronis et al., 2003; Fischer, 1990; Johnston & Mash, 2001). Recent attention has focused on the enriching effects of combining family and work roles. Thus, the first purpose of this study was to learn more about the experiences of employed and non-employed mothers of children with ADHD. Specifically, the goal was to advance knowledge regarding the psychological health, employment characteristics, the marital relationship, and parenting behaviors of a sample of mothers of children with unique challenges. In addition, differences among the employed and non-employed, single and partnered mothers in the variables of interest were investigated. A second purpose was to investigate the degree to which parenting behaviors were predicted by maternal psychological health, employment characteristics, and the marital relationship based on Masten's (2001) model of risk and resilience (Figure 1) among a sample of employed mothers. Grounded in Greenhaus and Powell's (2006) theory of work-family enrichment and Linville's

(1985, 1987) theory of self-complexity, employment characteristics were explored as a potential protective factor that positively influences a mother's ability to effectively parent her child with ADHD.

Finally, the third purpose was to test the moderating effect of employment characteristics (family supportive organization perceptions and flexibility-benefits available and benefits used) on the relationship between maternal psychological health (depressive and anxiety symptoms) and parenting behaviors (positive parenting, poor monitoring and supervision, and inconsistent discipline). See Figure 2.

This study added to the literature in several ways. First, this study provided an opportunity to better understand the experiences of mothers of children with ADHD, specifically their psychological health, marital relationships and parenting behaviors. Moreover, this study allowed for the examination of the effects of maternal psychological health, employment characteristics, and the marital relationship on parenting behaviors for a specific population (i.e., mothers of children with ADHD). Masten's (2001) model of risk and resilience, Greenhaus and Powell's (2006) theory of work-family enrichment, and Linville's (1985, 1987) theory of self-complexity were extended by applying the theories to a specific at-risk population. By applying a more positive, strength-focused approach to understanding a population at risk, counseling psychologists can help focus on ways in which mothers can have enriching lives, while combining their roles as employees and parents and increasing the probability of healthy child functioning.

CHAPTER II

Literature Review

This review of the literature is organized into subsections. The first section is a summary of ADHD including diagnostic criteria and prevalence rates. The second section provides an overview of resilience theory, work-family enrichment theory, and self-complexity theory, which will serve as the theoretical foundations of this study. The following sections focus on past research concerning risks and assets associated with the parenting behaviors of mothers of children with ADHD, including maternal psychological health, employment characteristics, and the marital relationship.

ADHD Diagnostic Criteria and Prevalence Rates

According to the DSM-IV, ADHD is diagnosed along two domains, inattentiveness and hyperactivity-impulsivity. Six or more symptoms must be present and noticeable for at least six months prior to the age of seven, in either or both of the domains. To receive a diagnosis, the symptoms must not be associated with or accounted for by another mental health illness. The symptoms also must cause clinically significant problems across multiple settings. Subtypes of the diagnosis according to the DSM-IV include ADHD-inattentive type, ADHD-hyperactive, impulsive type, ADHD-combined type, and ADHD-not otherwise specified.

Clinicians and researchers have warned about treating ADHD as a heterogeneous disorder (e.g., Barkley, 2001), as the symptoms associated with each subtype are distinctly different. According to the DSM-IV, the inattentive subtype is characterized by difficulty in sustaining attention in activities such as organization or

play activities, while the hyperactive-impulsive subtype is defined by difficulty sitting still, waiting or playing quietly. Research suggests that those with the combined subtype, when compared to the inattentive subtype, are likely to be male, have an earlier age of symptom onset, face social rejection from peers, and have comorbid externalizing disorders (Milch, Balentine, & Lynam, 2001). Those with the inattentive subtype, when compared to the combined subtype, are likely to have problems with math, internalizing problems and a family history of internalizing problems. Inattentive types also are likely to be shy and withdrawn when interacting with peers and less responsive to stimulant medication (Milch et al., 2001). One study examining the correlations between ADHD symptom severity and quality of life, academic performance and time from onset of symptoms to diagnosis among the different subtypes found that those with the ADHD-combined type and inattentive type had lower quality of life ratings, than did the hyperactivity/impulsivity type (Escobar et al., 2008).

ADHD has been identified as the most widespread emotional, cognitive, and behavioral disorder treated in children (e.g., Goldman et al., 1998; Jensen et al., 1999). According to the Center for Disease Control and Prevention (CDC; 2010), 5.4 million children between the ages of 4 and 17 had received a diagnosis of ADHD as of 2007, with prevalence rates ranging from 3% to 7% among school-aged children (Bloom & Cohen, 2007). Some studies estimated the rates in community samples to be as high as 18% (Rowland, Lesene, & Abramowitz, 2002). Prevalence rates are on the rise, with the diagnosis of ADHD having increased an average of 3% from 1997 to 2006 (Bloom & Cohen, 2007). Polanczyk et al.'s (2007) recent meta-analysis

reviewed 102 studies comprised of 171,756 subjects from all over the world, and reported that ADHD had a worldwide-pooled prevalence rate of 5.29%. Children given a fair or poor health status are almost three times as likely to also have a diagnosis of ADHD (Bloom & Cohen, 2007). Boys have a greater likelihood than girls of being diagnosed with ADHD and the diagnosis is significantly higher among English-speaking, non-Hispanic, and insured children (Bloom & Cohen, 2007). This last finding is particularly important, given that those in less privileged circumstances may not be receiving the diagnosis and/or treatment needed to avert the negative outcomes associated with ADHD (Klein & Manuzza, 1991). Another important identified barrier to the diagnosis of ADHD was the limited presentation of ADHD problems to a primary care doctor (Sayal, Goodman, & Ford, 2006). Rey and Sawyer (2003) also expressed concern regarding the substantial number of children misdiagnosed with ADHD and taking stimulant medication unnecessarily.

Resilience Theory

Since research has demonstrated that children with ADHD are at risk for adverse outcomes (e.g., Barkley, 1998; Biederman et al., 1992; Klein & Manuzza, 1991), understanding the developmental trajectories of children who do well despite obstacles related to their disorder will help serve as a useful tool for formulating studies, designing interventions, and preventing negative outcomes in unfavorable conditions (Von Eye & Schuster, 2000). Elgar et al. (2004) pointed out that an understanding of the dynamics and influences between maternal and child health can help clarify important aspects of risk and resilience. Moreover, resiliency models have been used to understand how children with ADHD fare well symptomatically

and functionally (Modesto-Lowe, Yelunina, & Hanjan, 2011), even in the face of adversity. Resilience theory (Masten, 2001) may provide a useful framework for understanding the experiences of mothers and their children with ADHD because of the adversities experienced by these populations across the lifespan. This study used Masten's direct effects model of risk and resilience to assess factors related to the parenting behaviors of employed mothers with children with ADHD.

Masten (2001) described resilience as a normal, innate human response to negative life events or adversity. Flores, Cicchetti, and Rogosch (2005) complemented this definition by adding that resiliency is a dynamic process that shapes an individual's capacity to adapt and functioning optimally in spite of obstacles and barriers. A body of research dedicated to understanding the families of children with ADHD has used a developmental psychopathology framework (e.g., Rutter & Sroufe, 2000), in which the process through which maladaptive patterns arise are examined so that they can either be prevented or ameliorated (Masten & Curtis, 2000). By identifying potential risks and protective factors within the child, family, or community, the child's adjustment over time can be better understood (Luther & Zelazo, 2003). Because parents of children with ADHD, particularly mothers, tend to have the most consistent and proximal influences on their child's development (Luthar & Zelazo, 2003), understanding the ways in which their functioning relates to their child's functioning is important.

Resilient individuals may be characterized by their "ability to withstand and rebound from disruptive life challenges" (Walsh, 2003, p. 1). Patterson (2002) also added that resilience can be used to account for the reason why some people

successfully stay psychologically grounded and healthy when faced with risk and adversity, while others do not. Various positive outcomes have been associated with resilience, including high self-esteem and the ability to regulate thoughts and emotions and feel connections with others (Masten, 2001). Therefore, employment could serve as a way of promoting resilience because employed mothers of children with ADHD who gain benefits from work may be able to provide healthy and positive environments in which their children can thrive.

Masten (2001) proposed a direct effects model of risk and resilience, in which risks and assets directly relate to desired outcomes. In this study, risks and protective factors examined to predict parenting behaviors (operationalized as positive parenting, poor monitoring and supervision, and inconsistent discipline) included maternal psychological health (operationalized as depressive and anxiety symptoms), employment characteristics (operationalized as family-supportive organization perceptions, flexibility-benefits available and benefits used, and household income), and the marital relationship (operationalized as marital quality and spousal support).

Work-Family Enrichment Theory

The majority of research on the intersection of work and family over the years has focused on the stress, conflict, and impaired well-being associated with engagement in multiple roles (Greenhaus & Powell, 2006). However, in line with the positive psychology movement (Seligman & Csikszentmihalyi, 2000), psychologists have begun examining the positive effects of combining family and work roles (Barnett, 1998; Frone, 2003; Greenhaus & Parasuraman, 1999; Greenhaus & Powell, 2006). Recently, Greenhaus and Powell (2006) proposed a bidirectional model of

work-family enrichment in which work and family experiences are thought of as “allies” of each other. As part of the model, experiences in one domain improve the quality of life in the other, both affectively and through enhanced performance.

Greenhaus and Powell (2006) identified five types of resources that can be generated in either of the roles: skills and perspectives (i.e., task-related cognitive and interpersonal skills, coping skills, multitasking skills, and knowledge and wisdom stemming from the role experiences), psychological and physical resources (i.e., self-efficacy, self-esteem, personal hardiness, optimism, and hope), social capital (i.e., influence and information from interpersonal relationships help in goal achievement), flexibility (i.e., discretion to determine timing, pace, and location of role responsibilities), and material resources (i.e., money and gifts obtained through roles). Two paths were identified from which resources in one role affect the other. The instrumental path refers to the direct influence that resources in one role have on the other, while the affective path refers to the influence that positive affect derived from one role has on the affect and performance of the other role. Lastly, Greenhaus and Powell identified moderators that impact both the instrumental and affective pathways. Role salience, the perceived relevance of a resource derived from one role to the other, and the consistency of a resource derived from one role with the requirements and norms of the other role moderate the instrumental pathway, while role salience moderates the affective pathway.

Combining work and family is believed to be beneficial for three reasons (Greenhaus & Powell, 2006). Work and family experiences can have additive effects on well-being, participation in both roles can protect individuals from distress in one

of the roles, and experiences in one role can create positive experiences and outcomes in the other role. Recently, research has demonstrated that work-family enrichment is associated with many positive outcomes. Hammer and colleagues' (2005) longitudinal and cross-sectional study of 309 dual-earner couples found that positive spillover had a stronger impact on depression than did work-family conflict. A study using a sample of employed adults participating in the National Survey of Midlife Development in the United States (N = 1986) found that family-to-work facilitation was associated with a lower risk of depression and problem drinking (Grzywacz & Bass, 2003). Another study using the same sample found that work and family variables that facilitated development, such as decision latitude and family support, were associated with less negative and more positive spillover between work and family.

Research and theory suggest that individuals who have a rich combination of life roles, such as parental, marital, and work roles, gain satisfaction from their lives (Perrone, 2000). Supporting this idea, Perrone and colleagues (2006) studied married, employed college graduates to gain a better understanding of the relationships between work and family commitment, work-family conflict, coping, and satisfaction with work and family roles. They found that commitment to both family and work roles had more of a positive influence than a negative influence on role satisfaction, thus supporting the idea that work and family can enrich each other. A number of meta-analyses and reviews have suggested that employment also can positively impact parenting practices (Barnett & Hyde, 2001; Ford et al., 2007; Kossek & Ozeki, 1998; Perry-Jenkins et al., 2000) through the psychological, social, and

economic benefits stemming from their employment (Lewis et al., 1999). Specifically related to ADHD, one study found that mother' time in employment related to lighter child care workload, which was linked to mothers' greater parenting well-being and fewer child conduct problems (Harvey, 1998). Moreover, a weak direct path was discovered between mothers' employment and fewer child conduct problems. The current study explored the potential protective factors derived from maternal employment for a sample of employed mothers with children with ADHD. Family-supportive organization perceptions, flexibility-benefits available and benefits used, and household income were examined to see how the variables related to maternal psychological health, the marital relationship, and parenting behaviors.

ADHD and Maternal Employment

Much of the research that focuses on the positive and negative aspects of parental employment has focused on families with healthy children who do not have special needs or circumstances. Parents of children with ADHD experience heightened parenting stress (Baker & McCal, 1995; Fischer, 1990). Parenting stress is associated with time demands to help children with ADHD overcome some of their problematic symptoms. For instance, children with ADHD benefit from close parental supervision to complete homework and protect against behavioral problems (Ragg, Chronis-Tuscano, Fishbein, & Groomes, 2009).

Children with special health care needs also require more health services and specialized or adaptive care than healthier children, often without warning (Perrin et al., 2007). Mothers of children with ADHD experienced more difficulties in performing both their jobs and unpaid work, when compared to mothers of children

with behavioral and non-behavioral problems (Hakkaart-van Roijen, Zwirs, Bouwmans, Tan, Schulpen, Vlasveld, & Buitelaar, 2007). Mothers of children with ADHD have many time demands and often need to miss work to care for their children with ADHD (i.e., attending physician visits or IEP appointments at schools). These mothers have been found to use mental health, social, and special education services that take them away from their jobs at high rates (Leibson, Katusic, Barbaresi, Ransom, & O'Brien, 2001), more so than those mothers without children with ADHD (Gilberg, Carlstrom, & Rasmussen, 1983). One report indicated that children with ADHD have over 10 times the likelihood of self-inflicted injury and double the risk of serious injury than those without ADHD (Discala, Lescohier, Barthel, & Li, 1998), suggesting that parental supervision is of high priority.

However, work-family enrichment theory (Greenhaus & Powell, 2006) has outlined the potential benefits that employment can have for individuals, including those with children. Harvey (1998) posited that parents with ADHD also would benefit from employment because time spent in employment would be associated with a decrease in child care workload. She further suggested that the decreased child care workload would be associated with an increase in parenting well-being and a decrease in children's conduct problems. Her results revealed that mothers' time spent at work was associated with greater parenting well-being and fewer conduct problems in their children, through the mother's lighter child care workload. Lewis and colleagues (1999) also discussed the economic, psychological, and social benefits of employment for mothers of disabled children who may exhibit similar demands to a child with ADHD. A recent study that examined the direct (medical and

prescription drug) and indirect (work loss) costs of children with ADHD and their families found that the direct costs of parenting a child with ADHD was \$1,574 compared to \$541 for their counterparts without ADHD (Swensen, Birnbaum, Secnik, Marynchenko, Greenberg, & Claxton, 2003). The direct medical costs were assessed as reimbursements from the employer to health care providers for inpatient, outpatient, physician, prescription drug services and other services such as physical therapy on a per-family-member basis. The indirect costs were calculated based on the employer payments for disability claims and imputed wages for medically related work absence days. Moreover, the direct plus indirect cost per family member of a child with ADHD was \$2,728, compared to the \$1,440 for family members of children without ADHD. In this regard, maternal employment may provide an additional source of income to help cover such costs. It could be that for mothers of children with ADHD, employment provides not only an additional source of income to help support the increased costs of their child's ADHD, but also an escape for the increased parenting stress and demands, a chance for the mother to interact with other adults and an opportunity to form their own identity, outside of that of a mother.

Self Complexity Theory

Linville (1985, 1985) proposed a theory that suggested that those individuals with highly complex self-representations are more likely to be protected against depression, as they maintain more distinct aspects of self from which to draw self-appraisal and/or positive affect. Based on four assumptions (i.e., the self is cognitively represented in terms of multiple aspects, self-aspects vary in the affect associated with them, people differ in the degree of complexity of their self-

representation, and overall affect and self-appraisal are a function of the affect and self-appraisal associated with different aspects of the self), Linville proposed that the more complex a person's cognitive self-representation, the more that individual will be protected from the deleterious effects of negative and stressful life events. Self-complexity will therefore protect a person from the depression they might have otherwise experienced as a result of the negative events. The self-concept directly related to a negative event that occurs is activated, which in turn activates other related self-aspects creating a spillover event. The more distinct aspects of self a person has, the more they are protected from the negative spillover effects and the more self-aspects remain inactivated.

Barnett and Hyde (2001) posited that self-complexity theory could apply to understanding the intersection between work and family. In addition to other processes thought to contribute to the beneficial effects of multiple roles (e.g., expanded frame of reference, added income, similarity of experiences, and gender-role ideology), the authors thought that participation in more than one domain would serve to increase the number of self-aspects and thus, increase self-complexity. The multiple self-representations may provide increased opportunities from which to draw self-appraisal, self esteem, and/or positive affect (Lewis et al., 1999; Wayne et al., 2006). Because of the participation in both work and family roles, employed mothers of children with ADHD may be buffered from the stress and negative events associated with parenting a child with ADHD (Fischer, 1990).

Psychological Health

Much of the research on work family conflict has focused on the harmful effects of stress on personal and organizational outcomes (e.g., Frone et al., 1997a; Frone et al., 1997b; Grant-Vallone & Donaldson, 2001). For example, Frone et al. (1997b) found that for their sample of employees, family-to-work conflict related longitudinally to high levels of depression, poor physical health and hypertension and that work-family conflict related longitudinally to heavy alcohol use. A survey of 2,700 employees who were either married or a parent of a young child showed that work-to-family conflict and family-to work conflict related positively to having a mood, anxiety, and substance abuse disorder (Frone, 2000). This study also suggested that those employees who experienced work-family conflict were 1.99 to 29.66 times more likely than employees without work-family conflict to experience a clinically significant mental health problem. The range of likelihood depended on the type of conflict experienced and type of disorder.

However, Barnett and Hyde (2001) highlighted the beneficial effects that combining multiple roles can have on physical and psychological well-being. Specifically, work-family enrichment has frequently related to positive psychological well-being in the growing literature on the benefits of multiple role involvement (e.g., Grzywacz & Bass, 2003; Grzywacz & Marks, 2000). Work family enrichment related positively to fewer depressive symptoms (Hammer et al., 2005) and negatively to problem drinking and depression (Grzywacz & Bass, 2003). A number of recent meta-analyses have corroborated the positive, enhancing effects that employment can have on psychological well-being and thus parenting behaviors of women (e.g., Barnett & Hyde, 2001; Byron, 2005; Ford et al., 2007; Kossek & Ozeki, 1998; Perry-

Jenkins et al., 2000). Mothers who work outside of the home have more opportunities and sources from which to draw positive affect and self-appraisal (Barnett & Hyde, 2001; Lewis et al., 1999; Wayne et al., 2006), which aligns with Linville's (1985) theory of self-complexity in which an individual who is high in self-complexity may be buffered against the negative effects of stressful situations and ensuing effects of depression.

Mother of children with ADHD report particularly high rates of psychological problems (Fischer, 1990; Johnston & Mash, 2001). Depression, self-blame social isolation, and high rates of alcohol consumption are common problems reported by mothers of children with ADHD (Mash & Johnston, 1990; Molina et al., 1997). These findings are important, as they emphasize the importance of not just addressing the psychological functioning of the child with ADHD, but also that of the child's parents. Parental psychological health is a strong predictor of parenting, which in turn influences the developmental outcomes of children with ADHD (Johnston & Mash, 2001).

Maternal Depression

Mothers of children with ADHD are particularly susceptible to depression (Chronis et al., 2003). Chronis and colleagues (2003) compared the psychological health of parents of young children with and without ADHD and found the parents of children with ADHD had more mental health concerns than did the control group. Specifically, parents of children with ADHD alone had higher rates of adult ADHD, while those with ADHD comorbid with ODD or conduct disorder had higher rates of mood disorders, anxiety disorders, childhood disruptive behavior, and

stimulant/cocaine dependence. The authors also noted that the prevalence rate of mood and anxiety disorders was two to three times greater for children with comorbid ADHD and ODD or conduct disorder than for controls.

Another study aiming to identify depression levels and severity of depression depending on ADHD subtype for mothers of children with ADHD found that children with ADHD-combined type had more depressed mothers than those with predominately inattentive type (Houghton, Douglas, Wall, & Whiting, 1999). This has implications as mothers with children with ADHD-combined type must cope with the disruptions related to both hyperactivity and inattentiveness, which likely contributes to understanding why this subtype is much more likely than others to be referred to clinics for treatment (Milch et al., 2001). Moreover, families with children with a combined subtype of ADHD reported more family problems than those without ADHD and a diagnosis of ADHD-combined type comorbid with ODD or conduct disorder related to more deviant family functioning than a diagnosis of ADHD alone (Paternite, Loney, & Roberts, 1996). Mothers with more than one child with ADHD also had higher rates of depression than those with one child with ADHD. Maternal depression not only affects children's behavioral, socio-emotional and cognitive problems directly (Johnson & Flake, 2007), but also alters both a mother's perception of her negative parenting and assessment of her child's general behavior problem, and biases her report of her child's ADHD symptoms (Chi & Hinshaw, 2002). Using a sample of 96 school-aged children, Chi and Hinshaw (2002) found that mothers' levels of depressive symptoms negatively distorted their appraisal

of their child's ADHD symptoms, general behavior problems, and their own parenting style. These distortions then predicted problematic parent-child interactions.

Elgar et al.'s (2004) review highlighted the mutual influences that maternal depression and child emotional and behavioral problems have on one another. Growing up with a depressed parent creates risks for social, psychological and achievement deficits (Kurstjens & Woke, 2001) and children with depressed mothers show low social competence and adaptive functioning and frequent externalizing behaviors (Luoma et al., 2001). Conversely, mothers of clinic-referred and disturbed children have increased rates of depression. For example, Civic and Holt (2000) noted that mothers were 3.6 times more likely to have elevated scores on depression measures when their child had three or more adjustment problems, such as temper tantrums or social problems. Pelham and colleagues (1997) found that deviant child behaviors influenced parental depressive symptoms, in addition to her anxiety, hostility, and alcohol consumption.

Maternal Anxiety

Less attention has been dedicated to the association between maternal anxiety and children with ADHD. Research has shown, however, that anxiety disorders are common among female relatives of children with ADHD, similar to the rates of relatives of children with anxiety disorders (Perrin & Last, 1996). Biederman and colleagues (1992) reported elevated rates of anxiety disorders, along with mood, conduct, substance abuse, and ADHD in first degree relatives of children with ADHD as compared to a control group. Moreover, mothers of children with ADHD who had

ADHD themselves also reported more anxiety than those mothers without ADHD (Rucklidge & Kaplan, 1997).

Research has examined the relation between parental anxiety and child rearing behavior. Findings from a community-based longitudinal investigation assessing child rearing behavior suggested that parental anxiety disorders were associated with high parental possessiveness, low parental affection, and low parental assistance (Johnson et al., 2006b). Parental anxiety also related to problematic child rearing behavior, but not when parental and offspring age, sex, and co-occurring parental psychiatric disorders were controlled for statistically. Another study explored the psychological variables (i.e., acceptance, mindfulness, avoidant coping) that relate to maternal distress involved in parenting a child with intellectual disabilities (Lloyd & Hastings, 2008). The authors found that acceptance related negatively to maternal anxiety and that longitudinally, the association between acceptance and maternal anxiety was bidirectional. This has implications for understanding the experiences of mothers with children with ADHD as these mothers, like parents of children with learning disabilities, also report high levels of distress (Fischer, 1990). Another study using data from a community-based longitudinal study explored associations between maternal psychiatric disorders and child-rearing behaviors (Johnson, Cohen, Kasen, & Brook, 2006). The authors found that maternal anxiety correlated with current and subsequent parenting difficulties and other problems at home during the child rearing years. The study also pointed out the negative effects of maternal psychopathology on parenting as well as the importance of intervention. Lastly, Kashdan and colleagues (2004) investigated the association between parental anxiety and family functioning

in a sample of parents with children with ADHD and found that parental anxiety related negatively to parental warmth and positive involvement, intrusiveness and negative discipline, and social distress. Past research clearly has suggested ways in which maternal psychological health impacts child outcomes and this study extended the literature by including both the assessment of depressive and anxiety symptoms to examine how these variables related to other predictors and parenting behaviors.

Family Supportive Organization Perceptions

Family supportive work environments often include family supportive policies, family supportive supervisors (Thomas & Ganster, 1995) and supportive co-workers (Voydanoff, 2001). However, Allen (2001) and Lobel and Kossek (1996) clarified that it is not the availability of family-friendly benefits alone, but rather the perception that the organization is supportive of family roles that is important to helping employees manage both roles. The perception of family supportiveness plays an important role because employees may feel that even though family friendly benefits are available, the use of such benefits may not fare well for their future at the organization (Allen, 2001). Behson (2005) found that informal means of work-family support, such as managerial support, related more strongly to employee outcomes including stress, job satisfaction and work family conflict, than did formal support, such as the availability of family friendly benefits. Another study using a sample of managerial employees found that it was not the availability of family-responsive organizational policies, but rather the perceptions of the organization as family supportive and supervisor support of work-family balance that related to work-family conflict and psychological strain (O'Driscoll et al., 2003).

Family supportive organizations can provide a variety of benefits to employees trying to balance both work and family roles by encouraging emotional and intellectual gains that can spillover into family life (Frone et al., 1997a; Wayne et al., 2007). Research has demonstrated that work-family conflict was related to negative outcomes (e.g., Frone, 2000; Frone et al., 1997a; Grzywacz, 2000), but family supportive organizations can help reduce this conflict. Thomas and Ganster (1995) found that family supportive organizational policies and practices, particularly flexible scheduling and supportive supervisors, related positively to employees' sense of control over work and family issues, which consequently related to lower levels of depression, job dissatisfaction, work-family conflict, somatic complaints, physiological concerns. A meta-analysis showed a consistent relationship between access to and use of work-family policies and job satisfaction (Kossek & Ozeki, 1998). Another meta-analysis showed that perceived organizational support related positively to job satisfaction and organizational commitment, employee performance and related negatively to intention to leave (Riggle et al., 2009). Grzywacz and Marks (2000) found that little support at work was associated with negative spillover and reduced positive spillover from work to family, particularly for women. Social support from co-workers and supervisors can lessen negative feelings about one's job (Baker, Israel, & Schurman, 1996) and increase the quality of one's family life (Glass & Estes, 1997; Greenhaus & Parasuraman, 1999). Byron's (2005) meta-analysis of work-family conflict and its antecedents found that less supportive supervisors and co-workers added to employees' work-to-family conflict.

Family supportive organization perceptions also have been identified as an important mediator and moderator in the work-family interface literature. Allen (2001) found that family supportive relationships mediated the relationship between availability of benefits, job satisfaction, affective commitment to work, and work family conflict. Grandey and colleagues (2007) demonstrated with a sample of male hourly workers that family-supportive work environments moderated the relationship between the numbers of hours worked and work family conflict. Thus, this study explored how family supportive organization perceptions related to the other variables of interest in the model.

Flexibility

In response to the growing number of women that are balancing both work and family responsibilities (U.S. Bureau of Labor Statistics, 2010), organizations are increasingly implementing more family-friendly benefits to help employees navigate the work-family interface (Lobel & Kossek, 1996). Such benefits include flexible work schedules, on-site child-care, and paid maternity and paternity leave (Allen, 2001), with the option of a full-time job with a flexible schedule rated as the most valuable benefit offered by an employee. However, a recent study examining the extent to which employers understood the needs of families with special needs children indicated that many employers lack awareness of the scope or potential impact of what it means to have a child with special needs (Perrin et al., 2007). On a more positive note, these authors did find that employers were enthusiastic about expanding workers' use of benefits to accommodate the needs of this population. Thus this study helped to elucidate how employers can do so.

A flexible work environment has been related to performance, satisfaction, and well-being in the family domain, as well as time spent at home and with children (Friedman & Greenhaus, 2000; Frone et al., 1997b; Haas, 1999; Parasuraman et al., 1996; Voydanoff, 2001). When employees have flexibility built into their job, they have more available time to spend with their family and on family responsibilities (Friedman & Greenhaus, 2000; Greenhaus & Powell, 2006). Using a sample of Dutch employees, one study found that work time arrangements, such as fulltime or part-time status, related to work-home interference, with baseline overtime work and commuting time and number of hours of overtime work, baseline overtime work, and change in number of work hours relating to more work-home interference for fulltime and part time employees, respectively (Jansen et al., 2004). Flexibility to take a day off, compensation for overtime work, the ability to decrease work hours if requested and flexible work hours related to less work-home interference with the same sample. A meta-analytic examination of the effects of flexible and compressed workweek schedules found that that both types of workweek schedules had positive effects on designated work-related outcomes (Baltes et al., 1999). Specifically, flexible work schedules positively affected work productivity, job satisfaction, absenteeism, and satisfaction with work schedule and a compressed work week positively affected supervisor performance ratings, job satisfaction, and satisfaction with work schedule. A recent study describing the experiences of parents of children with emotional and behavior, such as ADHD, found that parents often adjusted their work responsibilities and childcare arrangements to accommodate the needs of their children (Rosenzweig et al., 2002). These accommodations included taking less demanding jobs that

required fewer hours of weekly work. These findings are relevant to this study, as research suggests that flexible work arrangements are most beneficial for women who reported greater family obligations (Shockley & Allen, 2007), which is the case for mothers of children with ADHD. Flexibility at work is important for employed mothers of children with ADHD because it allows for the enriching and protective benefits of work without increasing time and role strain.

Income

Greenhaus and Powell (2006) highlighted the many ways in which income was associated with positive outcomes in the family domain, including marital quality and stability, parental time with children, children's health, and satisfaction with child care (Barnett & Hyde, 2001; Friedman & Greenhaus, 2000; Haas, 1999; Voydanoff, 2001). Dual-earner couples profit from two financial sources which benefits both the couple and the children. Having two sources of income also reduces pressure on any one person to support the family (Barnett & Hyde, 2001). Wives' income can create more egalitarian marriages, which in turn positively influences women's mental health and marital quality (Rosenfield, 1989). A recent study examining the effects of an increase in income on a sample of married women found correlations between additional income and marital happiness and well-being (Rogers & DeBoer, 2001). The authors also suggested that women with increased incomes may be protected against divorce because of the associated increases in marital happiness. Income also related to positive feelings about one's career among a sample of executives (Judge et al., 1995).

Income also was associated with positive parenting and child functioning. A recent three-year longitudinal study found that maternal employment was predictive of less depressive symptomology as a result of less financial strain and thus, less negative parenting over time (Jackson et al., 2008). Correlations between higher family incomes resulting from maternal employment and improvements in children's well-being were supported in the literature (Smith, Brooks-Gunn, Klebanov, & Lee, 2000; Smith, Brooks-Gunn, Kohen, & McCarton, 2001). Bigelow (2006) posited that learning disorders, including ADHD, are aggravated or even caused by chronic early poverty, likely due to the family strain and lack of access to resources that help mitigate the negative effects of the children's disorder. Parents with access to income are protected against some of the stressors associated with caring for a child with ADHD, as they are more easily able to manage child-care responsibilities such as hiring someone to care for the child or working less demanding jobs (Rosenzweig et al., 2002). A qualitative study exploring the experiences of employed mothers with disabled children found that the mothers benefited greatly from the added income, particularly when the income was able to help with the care of their child (Lewis et al., 1999).

Income can have both direct and indirect effects on child functioning. A lack of resources prevents parents from providing enriching learning materials and experiences that help foster cognitive development (Votruba-Drzal, 2003). Economic resources indirectly affect children through parenting. Parents with high levels of economic stress are likely to experience depressive and anxiety symptoms and low self-esteem, which can inhibit a parent's ability to provide enriching environments for

their children (Garrett, Ng'andu, & Ferron, 1994). Poverty at the family and community level was associated with negative child outcomes, including low IQ scores and cognitive functioning, low levels of school achievement and high levels of socio-emotional problems (McLoyd, 1998). Particularly at the family level, income can impact a child's cognitive development and school achievement. McLoyd (1998) demonstrated that the relationship between poverty and child functioning can be mediated by parenting and chronic stress. Income also related positively to a child's cognitive stimulation over time using a sample from the National Longitudinal Survey of Youth (Votruba-Drzal, 2003). The author highlighted the importance that one's early learning environment has on child outcomes. It also was noted that those children reared in low-income households are particularly vulnerable to changes in income over time.

While research has suggested that employment can grant mothers a number of benefits, what is less evident are the characteristics of employment settings that allow mothers to experience the psychological, social, and economic benefits. This study contributed to the literature by investigating the characteristics of the settings in which mothers of children with ADHD were employed.

Marital Quality

Greenhaus and Powell (2006) identified family functioning as an important component of the work-family enrichment model. The marital relationship is a strong predictor of a family's functioning (Lindahl et al., 1997). Myriad negative outcomes are associated with marital conflict and dissolution, including increased risk for psychopathology, physical illness and suicide (Gottman, 1998). A sample of 100

community-based couples completed diaries of marital conflict and measures of psychologist distress over a 15-day period, with results showing associations between both partners' level of psychological distress and various behavioral and emotional expressions of conflict (Papp, Goeke-Morey, & Cummings, 2007). Specifically, those who were psychologically distressed tended to withdraw and felt physically distressed.

The correlation between marital distress and depression has been supported across research designs and assessment strategies (Heene, Buysse, & Van Oost, 2007). For example, one study examining marital hostility in dyads found that hostility and depression were closely related and that for both men and women, the presence of hostility had an impact on depressive symptoms (Brummett et al., 2000). The authors also suggested that both hostility and depression may act together to increase the likelihood of experiencing both simultaneously.

Anxiety also has been linked with poor relationship functioning and impairment during problem-solving discussions (Addis & Bernard, 2002; Chambless et al., 2002). One study examined the associations between marital distress and DSM-IV psychiatric disorders (Whisman, 2007) and found marital distress to be strongly associated with Generalized Anxiety Disorder. Papp et al. (2007) found that during times of marital conflict, wives were more likely than their husbands to delay the end of an argument, possibly due to increased anxiety.

A child with ADHD may be more susceptible to negative outcomes if they are exposed to marital hostility and depression. Children exposed to hostile parents are at an increased risk for maladjustment (Du Rocher Schudlich, Papp, & Cummings,

2004) and have high rates of depression, withdrawal, health problems, poor social competence, poor academic performance, and conduct-related difficulties (Gottman, 1998). This has particular relevance to children with ADHD who are already more susceptible to conduct-related problems. Marital hostility and parents' depressive affect co-occur frequently, thus increasing the likelihood of problematic behaviors in children (Franck & Buehler, 2007). Specifically, Franck and Beuhler (2007), using a sample of sixth grade students from 13 middle schools in a large southeastern county, found that marital hostility was associated with adolescent externalizing problems and mothers' depressive affect was associated with adolescent internalizing behaviors. Marital distress is common among parents with children with ADHD (Fischer, 1990; Johnston & Mash, 2001), thus elucidating the importance of understanding the marital relationship, particularly given the associations between depression, marital satisfaction, and parenting.

From a more positive perspective, healthy marriages can provide a buffer against psychological distress (Waite & Gallather, 2000). Two recent meta-analyses have reported the unequivocal association between marital quality and personal well-being (Proulx et al., 2007; Whisman, (2001). Marital happiness, along with job satisfaction, served as a buffer against the deleterious effects of caring for an elderly parent on adults' psychological distress (Voydanoff & Donnelly, 1999).

Employment characteristics also can relate to the marital relationship. Heller and Watson (2005), using a diary approach with a sample of 76 fully employed married adults, found that job satisfaction was related to marital satisfaction. Rogers and May (2003), using a 12-year panel survey, offered support for both positive and

negative long-term spillover between job satisfaction and marital satisfaction and discord. Specifically, they found that an increase in marital satisfaction related to an increase in job satisfaction and an increase in marital discord related to a decrease in job satisfaction. In this study, the marital quality was examined as a predictor of parenting behaviors.

Spousal Support

Spousal support is receiving more attention in relation to its role in the work-family interface (Erdwins et al., 2001). Similar to the important role of supportive work environment, having a supportive partner can help enrich the family environment, which in turn can facilitate growth and development in other domains, such as work (Wayne et al., 2007). A recent study using the data from the National Study of the Changing Workforce ($N = 1,314$) found that working fathers contributed 46 hours a week or 77% of what their wives contributed to childcare and home responsibilities (Hill, 2005), suggesting that fathers may be participating more than was perceived in the family domain. Ozer, Barnett, Brennan and Sperling (1998) found that wives whose husbands were largely participatory in child care activities reported higher marital quality compared to those wives whose husbands were not participatory. Spousal support also has been shown to mediate the relationship between economic strain and outcomes such as parenting behavior (Simons et al., 1992), marital quality and stability (Conger et al., 1990), and depression (Lorenz et al., 1993). Erdwins and associates (2001) explored the relationship between social support and role strain with a sample of employed, married woman with at least one

small child and found that social support, in addition to job self-efficacy and supervisor support, contributed uniquely to women's work-family conflict.

Spousal support also can serve as a buffer against stress (Barnett & Hyde, 2001). Research has demonstrated that increased paternal involvement in child-care responsibilities relates to reduction in maternal parenting stress (Deater-Deckard & Scarr, 1996), while the absence of paternal involvement relates to higher levels of maternal parenting stress (Kalil, Ziol-Guest, & Coley, 2005). Supportive partners help negate the chance of negative spillover between work and family (Repetti, 1989). Grzywacz and Marks (2000) found that less affectional support from a spouse was associated with more negative spillover and less positive spillover between work and family. For example, one study using a sample of 131 Japanese employed, married mothers found that husband support provided a buffer against the effects of parental demands on work-family conflict (Matsui et al., 1995). Adams and colleagues (1996) found high levels of family emotional and instrumental support were associated with low levels of family interfering with work among a sample of full time employees. Byron's (2005) meta-analysis included a review of 14 studies that examined the relationship between family support and work family conflict. She found that that family support and work-to-family conflict had a negative bi-directional relationship. Particularly for women, spousal supportiveness has correlated negatively with family-work conflict (Elliott, 2003; Roxburgh, 1999). Spousal support and family support also related negatively to family interference with work and positively with job satisfaction and performance (Adams et al., 1996; Baltes & Heydens-Gahir, 2003). Lastly, social support from spouse was negatively related to time-based and strain-

based family to work conflict with a sample of Dutch participants (van Daalen et al., 2006). Outside of work, spousal support from partners, as well as family members and friends, has been shown to relate to lower levels of parenting stress (Abidin & Brunner, 1995) and may buffer against the potential negative effects of risk factors such as child behavioral problems.

Interestingly one study found that for those participants valuing and committing to work roles more than family roles, high spousal support was associated with work-family conflict (Cinamon & Rich, 2002). Another study using a sample of married and/or parents by Frone and colleagues (1997b) found that spouse support was not related to parental overload or work-family conflict as had been hypothesized, but did relate negatively to parental time commitment. Therefore this study explored how spousal support related to the outcomes of interest in this study.

Parenting Behaviors

It has been suggested that responsive parenting early in childhood serves as a critical factor in a child's ability to develop self-regulation skills (Daley, 2006). Research has demonstrated that parenting a child with ADHD is more stressful, than parenting one without ADHD (Anastopoulos, Sommer, & Schatz, 2009; Graziano, McNamara, Geffken, & Reid, 2011; Johnson & Reader, 2002; Podolski & Nigg, 2001). A recent study noted that parents of children with ADHD reported higher stress levels than those with other chronic medical conditions, such as HIV-infection and asthma, suggesting that the parenting demands among this population are severe (Gupta, 2007). While mothers' daily stress seems to ebb and flow, depending on their children's behaviors, the link between maternal distress and child behaviors was

found to be stronger for mothers of children with ADHD as compared to their non-ADHD counterparts (Whalen, Odgers, Reed, & Henker, 2011). Maternal parenting stress and locus of control have been found to mediate the relationship between maternal depressive symptomology and parenting behavior, specifically lax parenting (Gerdes et al., 2007), which is problematic for children with ADHD who demand more structure and attention. Additionally, maternal self-esteem, parenting efficacy, and parenting stress mediated the relation between maternal depressive symptoms and overreactive parenting, suggesting that mothers, such as those with ADHD, with poor self-esteem and high levels of parenting stress engage in more overreactive parenting (Gerdes et al., 2007).

Parenting plays a critical role in shaping how ADHD symptoms can develop into more disruptive disorders (Johnston & Jassy, 2007; Steinhausen, 2009) and mothers of children with ADHD often are believed to be critical, less rewarding, and less responsive than their non-ADHD counterparts (Chronis et al., 2007). These mothers are more controlling and disapproving of their children and pay more attention to overactive and impulsive behavior. They also give more verbal direction, repeated commands, verbal reprimands, and correction than their non-ADHD parent counterparts (Modesto-Lowe, Danforth, & Brooks, 2008). The relationship between maternal depression and poor parenting, and child behaviors is bidirectional, such that problems are exacerbated over time (Elgar et al., 2004). The challenges brought on by a child with ADHD elicit negative reactions, such as poor parenting, which contribute to subsequent conduct problems (Patterson et al., 2000). Psychogiou, Daley, Thompson, and Sonuga-Barke (2007) suggested that the increased probability of

oppositional problems for children with ADHD can be attributed to the bidirectional nature of complex parent-child interactions. Also, studies have shown that parents of children with ADHD respond to the stress brought on by their child's behavior with inappropriate or ineffective parenting (McKee, Harvey, Danforth, Ulaszek, & Friedman, 2004).

Risk factors among families of children with ADHD include parenting stress (Fischer, 1990), parental psychopathology (Chronis et al., 2003), and negative-child interactions (Mash & Johnston, 1982). Frick and colleagues (1992) reported that high levels of harsh and inconsistent discipline practices and low levels of warmth and involvement were predictive of conduct problems. Haapasalo and Tremblay (1994) also found that poor parenting mediated the pathway between physically aggressive behavior among boys in impoverished environments and delinquency. Ellis and Nigg (2009) reported that maternal inconsistent discipline related to child inattentiveness, hyperactivity, oppositional symptoms, and conduct symptoms, regardless of the mother's own psychopathology.

A recent review of 22 studies concerning family characteristics associated with the development of comorbidities and functional impairment in children with ADHD found that symptoms associated with oppositional and conduct problems, more than ADHD, were related to negative parenting practices (Deault, 2010). The author conjectured that challenging behaviors associated with a child with ADHD are met with harsh parenting, characterized by intense hostility and negative emotionality. The harsh parenting may then, influence the development of oppositional and conduct problems through mutual reinforcement (Johnston & Jassy,

2007). Mothers of children with ADHD also were found to use more controlling and less rewarding parenting behaviors than controls (Danforth, Barkley, & Stokes, 1991) which was found to influence the development and persistence of aggressive behavior (Klein & Mannuzza, 1991). Unresponsive parenting, poor parental coping skills, and nonauthoritative parenting styles have also been associated with the exacerbation of ADHD symptoms (Keown & Woodward, 2002). Mothers of children with ADHD also report setting significantly less limits than parents of children without ADHD (Schroeder & Kelley, 2009).

Yet, an abundance of research has demonstrated that positive parenting relates to myriad positive outcomes, such as self control (Eisenberg et al., 2005; LeCuyermans & Houck, 2002), fewer behavioral problems (Bradley & Corwyn, 2005) and a child's ability to maintain attention (Eisenberg et al., 2005). Moreover, the children of mothers who supported their child's autonomy had higher academic and social competencies (Joussemet, Koestner, Lekes, & Landry, 2005). Positive parenting can act as a protective factor against the development of conduct problems for children with ADHD (Chronis et al., 2007). Some parents of children with ADHD do develop positive parenting styles (Chronis et al., 2007; Modesto et al., 2008), even with the challenges brought on by their children. In contrast to much of the research focusing on negative parenting, warm and supportive parent-child interactions were found to relate to better childhood adjustment for children with ADHD (Chronis et al., 2007). Specifically, Chronis and colleagues (2007) found that positive affect and warmth predicted fewer conduct problems, especially in high-demand situations. Since parenting stress is elevated in the families of children with ADHD (Baker & McCal,

1995; Fischer, 1990), interventions targeting parent behaviors appear to be an important point of intervention, particularly since poor parenting behaviors are associated with negative outcomes.

In sum, a review of the literature demonstrated the complexities of and experiences with parenting a child with ADHD. Research regarding the potential benefits of combining multiple roles, in the form of maternal employment was discussed. Risks and assets faced by mothers of children with ADHD were presented, as well as how these risks and assets related to predict a desired outcome. The variables of interest in this study including maternal psychological health, employment characteristics, the marital relationship, and parenting behaviors were reviewed. Finally, a direct effects model of risk and resilience was proposed as a theoretical framework for understanding the parenting behaviors of employed mothers of children with ADHD.

Hypotheses

Before testing the hypotheses, descriptive statistics were calculated for all variables to describe the demographics of a sample of employed and non-employed, single and partnered mothers of children with ADHD, their psychological health, employment characteristics, marital relationship, and parenting behaviors.

Purpose 1

The first purpose of the study was to investigate the experiences of employed and non-employed mothers of children with ADHD. Specifically, it was hoped that this study would advance knowledge regarding maternal psychological health, employment characteristics, the marital relationship, and parenting behaviors among

a sample of mothers of children with ADHD. Relationships among the predictor variables (maternal psychological health, employment characteristics, and the marital relationship), and parenting behaviors were examined. Moreover, employment status and marital status were explored with regard to differences in psychological health, employment characteristics, and parenting behaviors with the sample of mothers of children with ADHD.

Research Question 1

How can this sample be described in regards to their psychological health, employment characteristics, marital relationships, and parenting behaviors?

Research Question 2

What are the relationships among the variables of interest?

Research Question 3

How do the employed and non-employed, single and partnered mothers differ from one another on the variables of interest?

Analyses

Descriptive statistics on all scales and subscales were obtained. The relationships among the variables were assessed using Pearson r correlations and a correlation matrix was computed. The first MANOVA investigated the role of employment status (employed versus unemployed) and marital status (partnered versus single) on two dependent variables, i.e., depressive symptoms and anxiety symptoms. The second MANOVA investigated the role of employment status (employed versus unemployed) and marital status (partnered versus single) on three dependent variables, i.e., positive parenting, poor monitoring and supervision, and

inconsistent discipline. A third MANOVA also investigated the role of employment status (employed versus unemployed) and marital status (partnered versus single) on four dependent variables, i.e., family-supportive organization perceptions, flexibility-benefits available, flexibility-benefits used, and income. A fourth MANOVA investigated the role of employment status (employed versus unemployed) and marital status (partnered versus single) on work salience.

Purpose 2

The second purpose was to investigate the degree to which maternal psychological health (depressive and anxiety symptoms), employment characteristics (family-supportive organization perceptions, flexibility-benefits available and benefits used, and income), and the marital relationship (marital quality and spousal support) were predictive of parenting behaviors (positive parenting, poor monitoring and supervision, and inconsistent discipline), based on Masten's (2001) model of risk and resilience with a sample of employed mothers of children with ADHD. See Figure 1.

Hypothesis 1. Maternal psychological health, employment characteristics, and the marital relationship will contribute unique and shared variance in the prediction of positive parenting.

Hypothesis 1a. Maternal psychological health will contribute unique variance to the prediction of positive parenting. A negative relationship is expected, such that high levels of depressive and anxiety symptoms would relate to few positive parenting behaviors.

Hypothesis 1b. Employment characteristics will contribute unique variance to the prediction of positive parenting. A positive relationship between these variables is expected, such that high levels of family-supportiveness, flexibility in work environments, and household income will relate to positive parenting behaviors.

Hypothesis 1c. The marital relationship will contribute unique variance to the prediction of positive parenting. A positive relationship between these variables is expected, such that stable and supportive marital relationships will relate to positive parenting behaviors.

Hypothesis 2. Maternal psychological health, employment characteristics, and the marital relationship will contribute unique and shared variance in the prediction of poor monitoring and supervision.

Hypothesis 2a. Maternal psychological health will contribute unique variance to the prediction of poor monitoring and supervision. A positive relationship is expected, such that high levels of depressive and anxiety symptoms would relate to high levels of poor monitoring and supervision behaviors.

Hypothesis 2b. Employment characteristics will contribute unique variance to the prediction of poor monitoring and supervision. A negative relationship between these variables is expected, such that high levels of family-supportiveness, flexibility in work environments, and household income will relate to low poor monitoring and supervision.

Hypothesis 2c. The marital relationship will contribute unique variance to the prediction of poor monitoring and supervision. A negative relationship between these variables is expected, such that stable and supportive relationships will relate to low levels of poor monitoring and supervision.

Hypothesis 3. Maternal psychological health, employment characteristics, and the marital relationship will contribute unique and shared variance in the prediction of inconsistent discipline.

Hypothesis 3a. Maternal psychological health will contribute unique variance to the prediction of inconsistent discipline. A positive relationship is expected, such that high levels of depressive and anxiety symptoms would relate to inconsistent discipline behaviors.

Hypothesis 3b. Employment characteristics will contribute unique variance to the prediction of inconsistent discipline. A negative relationship between these variables is expected, such that family-supportive, flexible work environments and household income will relate to low levels of inconsistent discipline.

Hypothesis 3c. The marital relationship will contribute unique variance to the prediction of inconsistent discipline. A negative relationship between these variables is expected, such that stable and supportive relationships will relate to low levels of inconsistent discipline.

Analyses

Three hierarchical regression analyses were conducted in which the contributions of maternal psychological health, employment characteristics, and the

marital relationship were tested in predicting three types of parenting behaviors among the sample of married, employed mothers (see Figure 1). The two maternal psychological health variables (in a block; depressive and anxiety symptoms) were entered first in the regressions, then the employment characteristics (in a block; family-supportive organization perceptions, flexibility-benefits available and benefits used, and household income) second in the regressions, and finally, the two marital relationship variables (in a block; marital quality and spousal support) third in the equations. Positive parenting was the dependent variable in the first equation, poor monitoring and supervision in the second equation, and inconsistent discipline in the third equation.

Purpose 3

The third purpose of the study was to test the moderating effect of employment characteristics (family supportive organization perceptions and flexibility-benefits available and benefits used) on the relationship between maternal psychological health (depressive and anxiety symptoms) and parenting behaviors (positive parenting, poor monitoring and supervision, and inconsistent discipline). See Figure 2.

Hypothesis 4. Employment characteristics will moderate the relationship between maternal psychological health and parenting behaviors. At different levels of supportiveness and flexibility of the work environment, the relationship between maternal psychological health and parenting behaviors will change; the relationship between maternal psychological health and parenting behaviors will be lower in magnitude for mothers who work in environments that are supportive of and/or

flexible with family responsibilities and higher in magnitude for mothers who work in an unsupportive and/or inflexible environment.

Hypothesis 4a. Employment characteristics will moderate the relationship between maternal psychological health and positive parenting behaviors. At different levels of supportiveness and flexibility of the work environment, the relationship between maternal psychological health and positive parenting behaviors will change; the relationship between maternal psychological health and positive parenting behaviors will be lower in magnitude for mothers who work in environments that are supportive of and/or flexible with family responsibilities and higher in magnitude for mothers who work in an unsupportive and/or inflexible environment.

Hypothesis 4b. Employment characteristics will moderate the relationship between maternal psychological health and poor monitoring and supervision behaviors. At different levels of supportiveness and flexibility of the work environment, the relationship between maternal psychological health and poor monitoring and supervision behaviors will change; the relationship between maternal psychological health and poor monitoring and supervision behaviors will be lower in magnitude for mothers who work in environments that are supportive of and/or flexible with family responsibilities and higher in magnitude for mothers who work in an unsupportive and/or inflexible environment.

Hypothesis 4c. Employment characteristics will moderate the relationship between maternal psychological health and inconsistent discipline

behaviors. At different levels of supportiveness and flexibility of the work environment, the relationship between maternal psychological health and inconsistent discipline behaviors will change; the relationship between maternal psychological health and inconsistent discipline behaviors will be lower in magnitude for mothers who work in environments that are supportive of and/or flexible with family responsibilities and higher in magnitude for mothers who work in an unsupportive and/or inflexible environment.

Analyses

Three regression analyses were used to test for moderating effects. First, the correlation between the depression and anxiety scores was examined. Given the high correlation, a combined variable was created by adding the scores on the depression and anxiety scales. A standardized variable (z-score) for maternal mental health (depressive + anxiety symptoms) was entered in the first step of the regression. In the second step, the z-scores of the moderator variables (family-supportive organization perception and flexibility-benefits available and -benefits used) were entered. In the third step, the product terms representing the moderator effects were entered. Specifically, the interaction terms (maternal mental health x family-supportive organization perceptions, maternal mental health x flexibility-benefits available, and maternal mental health x flexibility-benefits used) were entered in a single block. Positive parenting was the dependent variable in the first equation, poor monitoring and supervision in the second equation, and inconsistent discipline in the third equation.

CHAPTER III

Method

Participants

The participants were 293 heterosexual, partnered and single, and employed and non-employed mothers of children who had received a diagnosis of ADHD. The children with ADHD were between the ages of 5 and 13.

Procedure

Recruitment procedure A: Participants through Dr. Andrea Chronis-Tuscano's ADHD research laboratory. The first method of data collection involved the principal student investigator seeking participants through Dr. Andrea Chronis-Tuscano's ADHD research lab at the University of Maryland. Clients seeking treatment and those clients who previously participated in research for Dr. Chronis-Tuscano's lab (and who previously consented to being contacted at a later date for subsequent studies) were sent a letter in the mail or email (depending on the available contact information) asking if they would be interested in participating in a study focused on mothers of children with ADHD. The letter also contained a link to an online survey, which they then could have chosen to complete.

Recruitment procedure B: Online methods. Online recruitment methods also were used. A link to the study was advertised on listservs, online forums (e.g., parent groups on www.yahoo.com and www.craigslist.org), social networking websites (e.g., www.facebook.com), websites for parents with children with ADHD (e.g., www.help4adhd.org), and other online groups and forums. Interested participants were able to access the study through the link advertised on the website.

Individual emails also were sent to clinicians, recruited through CHADD's (Children and Adults with Attention Deficit/Hyperactivity Disorder) online directory, who work with ADHD families. Emails asked clinicians to forward information to eligible participants. Online posts also were published on blogs catering to mothers of children with ADHD.

An email message also was sent to personal contacts of the researcher, her advisor, and peers on a research team to recruit possible participants. A brief description of the study was available with the link to the website where the measures were completed. All participants had the opportunity to enter a lottery to win an Amazon Gift Card.

Interested participants who accessed the study on Qualtrics first were asked to read a consent form (see Appendix A). By clicking on the link that led the participants to the survey, the researcher assumed consent to participate. Participants then completed demographic questions to ensure they met the inclusion criteria for the study (see Appendix B). If the participants met the inclusion criteria, they were then asked to go on to complete the online measures. Once the measures were completed, the participants were thanked for their participation and received a description of the study. Participants then had the opportunity to give their email addresses to be entered in the lottery. Three winners of the lottery drawing were selected upon conclusion of the study. Estimated amount of time spent participating in the study was 20 minutes.

Measures

The instruments used in this study consisted of the following scales: a) Brief Symptom Inventory, b) Family-Supportive Organization Perceptions, c) Flexibility, d) Dyadic Adjustment Scale, e) Spousal Support Scale, and f) Alabama Parenting Questionnaire.

The demographic questionnaire developed by the principle investigator was included at the end of the survey (see Appendix C). Information regarding age, race, ethnicity, marital status, income, level of education, area of geographic location, number, age, and gender of children living in the home, current employment status, current occupation title, length of time at current occupation, number of hours worked per week, work salience (Amatea, Cross, Clark, & Bobby, 1986), child care arrangements and satisfaction with arrangements were included on the demographic form. The subtype diagnosis of ADHD, the age of the child when the diagnosis was made, the treatment the child is receiving (if any) for the ADHD, and the individual who made the diagnosis also were included on the demographic form.

Mother's Psychological Health

Mother's psychological health was assessed using the Brief Symptom Inventory Scale (Derogatis & Spencer, 1982).

The Brief Symptom Inventory (BSI; Derogatis & Spencer, 1982). The BSI is a 53-item scale that is commonly used as a global measure of psychological symptomology (see Appendix D). Items were rated on a 5-point Likert scale, ranging from 0 (*not at all*) to 4 (*extremely*). The measure assesses nine symptom areas including depression, anxiety, hostility, phobic anxiety, paranoid ideation, somatization, obsession-compulsion, interpersonal sensitivity and psychoticism and

three broad distress scores (Derogatis, 1993). Other items not associated with the symptom areas measure thoughts of death and dying, feelings of guilt, difficulty falling asleep, and poor appetite. All items can be summed, with high scores indicating high psychological symptomology. However, for this study, only the depression and anxiety subscales were used to assess maternal psychological health. The six items comprising the Depression subscale asked participants to rate how distressed they were by “thoughts of wanting to end your life”, “feeling lonely”, “feeling blue”, “feeling no interest in things”, “feeling hopeless about the future”, and “feelings of worthlessness.” The six items comprising the Anxiety subscale asked participants to rate how distressed they were by “nervousness or shakiness inside”, “suddenly scared for no reason”, “feeling fearful”, “feeling tense or keyed up”, “spells of terror or panic”, and “feeling so restless you couldn’t sit still”.

Research has supported both the validity and reliability of the BSI. Test-retest reliability ranged from .68 (Somatization subscale) to .91 (Phobic Anxiety subscale) for the nine subscales and .80-.90 for the broad scores (Derogatis & Spencer, 1982). Cronbach’s alpha estimates of the nine symptom scales ranged from .71 (Psychoticism subscale) to .85 (Depression subscale). Derogatis and Spencer (1982) also demonstrated convergent and discriminant validity with the Minnesota Multiphasic Personality Inventory. Mills-Koonce and colleagues (2011) reported Cronbach’s alphas of .92 and .95, respectively, with their sample of 137 mothers of children 6 and 12 month of age.

Employment Characteristics

Participants were asked a number of questions regarding aspects of their employment situation. Included in the model, mothers were asked about their perceptions of their organizations being supportive of family practices, flexibility related to their job, and their income. Data from the demographic questionnaire was used to assess income. Participants responded to two items, one about their individual income and another about their combined household income. Included in the model were the responses to the item asking about household income. While all of the mothers were asked to complete the measures assessing employment characteristics, only the employed mothers' responses were included in the model.

Family Supportive Organization Perceptions (FSOP; Allen, 2001). The FSOP was used to assess the extent to which mothers perceive their place of employment to be supportive of family practices and responsibilities (see Appendix E). This measure contains 14 items that asked participants the extent to which they agree with statements representing the philosophy and/or beliefs of their organization. Participants were asked to respond on a 5-point Likert scale, ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). A sample item from the measure was "Expressing involvement and interest in nonwork matters is viewed as healthy." High scores indicated favorable perceptions of their organization's family supportiveness.

The FSOP has produced high reliability estimates across a variety of studies. In its initial development study, an alpha of .91 was found with a mostly female (73%) sample of White white-collar employees of a technology firm, employees of a utility company, and members of a women's professional business association. Another study examined the factor structure of the FSOP on a sample of male hourly

employees, but unlike Allen's (2001) study, a unidimensional structure failed to emerge (Grandey et al., 2007). This suggested that male hourly employees may think differently than female white collar workers about family supportive organization perceptions. However, the current sample consisted of female workers thus the unidimensional factor structure found by Allen (2001) was used. Another study with a mixed sample of employed men and women reported an internal consistency of .89 (O'Driscoll et al., 2003).

Content validity was supported in the measurement development study (Allen, 2001), where FSOP significantly related to social support, work-family conflict, organizational commitment, and turnover intentions. FSOP also mediated the relationships between family-supportive supervisors and work-family conflict, as well as partially mediated the relationship between supervisor support and turnover intentions, job satisfaction, and supervisor support.

Flexibility. (Parker & Allen, 2001). Flexibility at work was assessed using a measure designed to assess the availability and use of benefits that are associated with flexibility at work (see Appendix F). Parker and Allen (2001) developed a list of 11 family-supportive benefits commonly offered by organizations. This list was grouped into two types of benefits, flexible work arrangements (FWA) and dependent care supports (DCS) because research has suggested that employees have differing responses to different types of family-supportive benefits (Thomas & Ganster, 1995). Examples of flexible work arrangements included flextime, compressed work week, telecommuting, part-time work, and job sharing. Examples of dependent care supports include on-site child-care centers, subsidized local child care, child-care

information/referral services, paid maternity leave, paid paternity leave, and elderly care.

In the original development study, participants were asked to indicate if the list of benefits were offered by their organization, if they personally had used the benefits, and if other employees had used the benefits. Benefits that either were not available or had not been used were given a score of “0”. Those benefits that were available or used were given a score of “1”. A summed score for each of the three categories was totaled, with high scores indicating many available benefits, frequent personal use, and frequent co-worker use. For the purpose of the current study, only the availability and personal usage subscales were used.

Income. Income was assessed in the demographic questionnaire with two items asking how much money the mother earns individually per year and the amount of the combined household income per year (see Demographics Section). Income included all money and gifts received from work roles, consistent with Greenhaus and Powell’s (2006) definition of material resources from work.

Marital Relationship

The marital relationship was measured using the Dyadic Adjustment Scale (Spanier, 1976) and the Spousal Support Scale (Buffardi & Edwards, 1997).

Dyadic Adjustment Scale (DAS; Spanier, 1976). Marital quality was assessed using the Dyadic Adjustment Scale (see Appendix G). The DAS has shown to be a useful, reliable and valid measure across many studies (Heyman, Sayers, & Bellack, 1994) and is arguably the most frequently used measure of relationship functioning in psychological research (Graham, Liu, & Jeziorski, 2006; South, Krueger, & Iacono,

2009). It is commonly used to assess marital satisfaction (Christensen et al., 2004) and helps distinguish distressed versus nondistressed couples (Eddy, Heyman, & Weiss, 1991). This measure has 32 items, with four subscales, including Dyadic Satisfaction, Dyadic Cohesion, Dyadic Consensus, and Affectional Expression. All items were summed to create a range from 0-151. Cutoff scores often used to distinguish distressed and nondistressed couples fall between 92 and 107 (Sabourin, Valois, & Lussier, 2005).

The Dyadic Satisfaction subscale contains 10 items and assesses the degree to which the couple is satisfied with their relationship. An example item from this subscale asks “how often do you ever regret that you married (or lived together?)”

The Dyadic Cohesion subscale contains 5 items and assesses the degree to which participants experience closeness and shared activities within the couple. An example item from this subscale asks participants how often “you calmly discussed something with your mate.”

The Dyadic Consensus subscale contains 13 items and assesses the degree to which the couple agrees on matters of importance to the relationship. An example item from this subscale asks participants to indicate the approximate extent of agreement or disagreement between the participant and his/her partner in the “handling of family finances.”

The Affectional Expression subscale contains four items and assesses the degree to which participants make demonstrations of affection and sexual relationships. An example item from this subscale asks participants to indicate the

approximate extent of agreement or disagreement between the participant and his/her partner in the “demonstrations of affection.”

In its original development study, the four subscales and the total scale demonstrated adequate internal consistency. The subscales produced internal consistencies, of .90, .94, .86, and .73 for the Dyadic Consensus subscale, Dyadic Satisfaction subscale, Dyadic Cohesion subscale, and Affectional Expression subscale, respectively. The total sum score of the Dyadic Adjustment Scale had an internal consistency of .96. Recently, Graham and colleagues (2006) conducted a reliability generalization meta-analysis to examine the internal consistency of the DAS scores across 91 studies and found that reliability estimates for the DAS have remained fairly consistent across time. They reported a mean internal consistency of .92 for the total sum score across the 91 studies, and mean alphas of .87, .85, .79, and .71 for the Dyadic Consensus, Dyadic Satisfaction, Dyadic Cohesion, and Affective Expression subscales, respectively. Additionally, Graham and colleagues and Spanier (1976) suggested that the DAS can be used to assess a wide range of romantic relationships. Convergent validity, construct validity and predictive validity of the DAS have been found to generalize across spouses or partners in both heterosexual and homosexual couples (Kurdek, 1992; Spanier, 1976). For this study, the total sum score was used.

Spousal support. Spousal support was measured with a 4-item scale developed and pilot tested by Buffardi and Edwards (1997) asking participants to rate their degree of satisfaction with their spouses’ support with regard to child care, specifically in the areas of emotional support for role demands, financial support,

support for childcare, and help with housekeeping (see Appendix H). Responses were made on a 5-point Likert scale, ranging from 1 (*extremely dissatisfied*) to 5 (*extremely satisfied*). Low scores signified low satisfaction and little support, hence greater role strain for the woman. An example item asked participants to indicate their level of satisfaction with “the degree of support from your spouse with regard to child care.”

This measure has been used in many studies using samples of married, employed women with young children, looking at a variety of outcomes, including maternal anxiety and work-family conflict. Adequate internal consistency coefficients have been found across studies, ranging from .83 (Erdwins et al., 2001) to .86 (Buffardi & Erdwins, 1997).

Parenting

The parenting measure used in this study includes the Alabama Parenting Questionnaire (Shelton, Frick, & Wootton, 1996).

Alabama Parenting Questionnaire (APQ; Shelton et al., 1996). The Alabama Parenting Questionnaire is a 42-item questionnaire that assesses five parenting constructs that have consistently been found to be associated with conduct problems and delinquency in older children and adolescents (see Appendix I). The five subscales include Parental Involvement, Positive Parenting (6 items), Poor Monitoring/Supervision (10 items), Inconsistent Discipline (6 items), and Corporal Punishment (3 items). Seven items also fall into another subscale, known as Other Discipline Practices. For this study, only the Positive Parenting, Poor Monitoring/Supervision, and Inconsistent Discipline subscales were used to measure parenting behaviors. Respondents were asked to rate the typical frequency on a 5-

point Likert scale ranging from 1 (*never*) to 5 (*always*). In the original measure development study, both child and parent responded using a global report format and a telephone interview format and the average frequency of each item across the four reports was used to compute the scale score (Shelton et al., 1996). However, for this study, only the parent global rating form was used.

The Positive Parenting contains six items that assess the use of positive reinforcement with the child. An example item in this subscale asked participants to rate the frequency in which “you hug or kiss your child when he/she has done something well.”

The Poor Monitoring/Supervision subscale contains ten items that assess the frequency of monitoring and supervision of the child. An example item in this subscale asked participants to rate the frequency in which “your child is out after dark without an adult with him/her.”

The Inconsistent Discipline subscale contains six items that assess the consistency in applying discipline practices to the child. An example item in this subscale asked participants to rate the frequency in which “your child is not punished when he/she has done something wrong.”

Shelton and colleagues (1996) reported adequate internal consistency in their measurement development study with a sample of 160 mothers on the Involvement, Positive Parenting, Poor Monitoring/Supervision, Inconsistent Discipline subscales ($\alpha = .80$, $\alpha = .80$, $\alpha = .67$, and $\alpha = .67$, respectively) but not for Corporal Punishment ($\alpha = .46$). Internal consistency for the Other Discipline subscale was not reported. More recently, the APQ has been used to examine parenting practices of mothers of

children with ADHD. One study examining the associations between maternal ADHD symptoms and parenting reported acceptable internal consistencies for the Involvement subscale ($\alpha = .79$), Positive Parenting ($\alpha = .86$), Poor Monitoring/Supervision ($\alpha = .68$), Inconsistent Discipline ($\alpha = .76$) and Corporal Punishment ($\alpha = .54$) (Chronis-Tuscano et al., 2008a).

Research also has supported the validity of the APQ. Shelton and colleagues (1996) found that scales from the APQ were generally uncorrelated with social desirability measures. APQ scales also were found to be sensitive to interventions targeted at changing parenting behaviors to improve childhood conduct problems (Feinfield & Baker, 2004). Lastly, associations have been found between parenting problems represented in the scales on the APQ, and conduct problems in clinic-referred children (Blader, 2004) and adolescents (Frick, Christian, & Wootton, 1999), non-referred children (Frick, Kimonis, Dandreaux, & Farell, 2003), and children in substance abusing families (Stanger, Dumenci, Kamon, & Burstein, 2004).

CHAPTER IV

Results

Preliminary Analyses

The initial page of the online survey was accessed by 761 people, with 549 mothers meeting the inclusion criteria for participation and providing consent to participate in the study. Participants who were missing more than 15% of the items (not including the demographic variables) were deleted from the study, leaving a sample of 332 mothers. Then, 39 participants who were missing either employment status or marital status were eliminated, leaving 293 participants included in the final sample. For the regression analyses in which only partnered/employed women were studied, the single or unemployed women were removed from the analyses (38 women were single and employed, 12 were single and unemployed, and 66 were partnered but unemployed). A total of 177 partnered/employed mothers comprised the sample for the regression analyses. Figure 4 provides a flowchart describing how we obtained a sample of 293 participants from the initial 761 individuals who accessed the online survey.

Missing values were then analyzed using missing data analysis techniques in SPSS 19.0. The results suggested that there was no pattern for missing data, thus data imputation was conducted for 177 partnered/employed women using maximum likelihood estimation for the marital measures. This technique makes minimal assumptions about the data, and uses an EM algorithm to impute missing data.

Prior to conducting the regression analyses, analyses evaluating the assumptions for conducting multiple regression analyses were conducted. Moreover,

consistent with recommendations from Frazier, Tix, and Baron (2004), z-transformations were applied to the continuous variables, including depressive symptoms, anxiety symptoms, family-supportive organization perceptions, flexibility-benefits available, flexibility-benefits used, positive parenting, poor monitoring/supervision, and inconsistent discipline prior to conducting the moderation analyses. In reporting descriptive statistics (e.g., means, standard deviations) and correlations, the non-transformed scores were reported.

Descriptive Statistics

Demographic characteristics of the sample are reported in Table 1. To address the first purpose of the study, descriptive statistics were calculated for all variables (see Table 2). Single/employed (13%), single/unemployed (4%), partnered/employed (60.4%), and partnered/unemployed (22.5%) mothers comprised the total sample of 293 mothers of children with ADHD. The average age of all of the mothers was 41.3 ($SD = 6.5$). In terms of racial identity, approximately 84% of the single/employed mothers, 83% of the single/unemployed mothers, 94% of the partnered/employed mothers, and 89% of the partnered/unemployed mothers identified as White, while only 13% and 3% of the single/employed mothers identified as Black/African American and Biracial/Multiracial, respectively. Among the single/unemployed mothers, approximately 8% identified as Hispanic/Latina and 8% identified as Biracial/Multiracial, 1% of the partnered/employed mothers identified as Hispanic/Latina and Black/African American, 2% identified as Asian and 2% identified as Biracial/Multiracial. For the partnered/unemployed mothers, nearly 2% identified as Hispanic/Latina, 2% as Black/African American, and 3% as both Asian

and Biracial/Multiracial. The sample was represented by different regions around the United States. The largest percentage of the population came from the Mideast (DC, DE, MD, NJ, NY, PA; 18%), while the smallest percentage was represented by the Rocky Mountain region (CO, ID, MT, UT, WY; 4%).

The majority of mothers responded that the child who had received the diagnosis of ADHD was their and their partners' biological child (around 85% of the partnered/employed mothers and 83% of their partners, 89% of the partnered/unemployed mothers and 83% of their partners, 75% of the single/unemployed mothers and 83% of their partners, and 87% of the single/employed mothers and 74% of their partners). A smaller percentage from each subgroup reported that they, and their partner, had adopted their child (11% and 12%, 9% and 12%, 17% and 17%, and 11% and 11%, respectively). A few mothers indicated that their child was their and their partners' step-child, foster child, adopted grandchild, and/or conceived using a sperm donor.

The majority of the children from each subgroup were diagnosed with ADHD between the ages of 5-6 and received the diagnosis from a mental health professional, respectively (nearly 40% and 68% by a mental health professional, 38% and 71% by a mental health professional, 67% and 50% by a mental health professional, and 53% and 68% by a mental health professional). The second most common age of diagnosis for each subgroup was 7-8 years old, while family doctor/pediatricians were the second most common diagnosis of the child's ADHD (approximately 36% with 23% by a family doctor/pediatrician, 33% with 21% by a family doctor/pediatrician, 17% with 42% by a family doctor/pediatrician, and 24% with 24% by a family

doctor/pediatrician, respectively). For all of the subgroups of mothers, the majority of the children in the home were male and of school age (5-18 years old). Moreover, all of the mothers responded that at least one of the children had a special need (i.e., ADHD). Many of the mothers identified ADHD comorbid with other disorders, such as Tourette's, anxiety, depression, learning disabilities, Asperger's and/or sensory problems.

The majority of the children of the mothers sampled in this study were receiving some form of treatment for their ADHD. The most common form of treatment, for 79% of the single/employed, 78% of the partnered/employed, 75% of the single/unemployed, and 82% of the partnered/unemployed, was medication. The second most common form of treatment was an individualized education plan (IEP), with 47% of the single/employed, 46% of the partnered/employed, 42% of the single/unemployed, and 46% of the partnered/unemployed receiving special accommodations at school. Child psychotherapy was used as a form of ADHD treatment by 42% of the single/unemployed mothers, 36% of the partnered/employed mothers, 33% of the single/unemployed mothers, and 29% of the partnered/unemployed mothers. A smaller percentage of each subgroup (18% of the single/employed, 26% of the partnered/employed, 33% of the single/unemployed, and 21% of the partnered/unemployed) reported using other forms of treatment including dietary changes, occupational therapy, and behavioral coaches.

Most of the employed mothers worked full-time outside of the home (nearly 90% of the single/employed, and 58% of the partnered/employed), while only 5% of the single/employed mothers worked part-time outside of the home and full-time

inside of the home. The partnered/employed mothers also worked part-time outside of the home (24%), full-time inside of the home (5%), and part-time inside of the home (14%). For all of the mothers, except the single/unemployed mothers, the majority of mothers had received a Bachelor's degree (26% of the single/employed mothers, 32% of the partnered/employed mothers, and 33% of the partnered/unemployed mothers), while only 17% of the single/unemployed mothers received her Bachelor's degree. Instead, the majority of this single/unemployed mothers' highest achieved education level was attendance at some college (42%). Graduate degrees (i.e., Master's or Doctorate degrees) were obtained by 32% of the single/employed mothers, 25% of the single/unemployed mothers, 36% of the partnered/employed mothers, and 11% of the partnered/unemployed mothers.

The majority of the partners of the partnered/employed mothers worked full time outside of the home (77%), while another 2% worked part-time inside the home, 6% worked part-time outside of the home, 7% worked full-time from home, and 7% were unemployed. Most of the partnered/unemployed mothers' partners also worked full-time outside the home (91%), while 2%, 5%, and 3% worked part-time outside the home, full-time from home, and were unemployed, respectively. The majority of all mothers from each sample were satisfied with their child care arrangements, with around 63%, 58%, 67%, and 58% of the single/employed mothers, single/unemployed mothers, partnered/employed mothers, and partnered/unemployed mothers, respectively, responding that they were either moderately or extremely satisfied with their child care situation. Participants identified day care, help from

friends/relatives, school, nannies, and no childcare as sources of child care arrangements.

The majority of mothers did not report having received a diagnosis of ADHD themselves. For example, 82% of the single/employed mothers, 67% of the single/unemployed mothers, 83% of the partnered/employed mothers, and 77% of the partnered/unemployed mothers stated that they had not been given a diagnosis of ADHD. However, nearly 32%, 42%, 30%, and 36% of the four sub-groups of mothers, respectively, indicated on a brief screening inventory of ADHD in adults that they met the criteria for a possible diagnosis of ADHD. Of the mothers who had been diagnosed with ADHD, mental health professionals made the majority of the diagnoses for approximately 14% of the partnered/employed, 18% of the partnered/unemployed, 25% of the single/unemployed, and 13% of the single/employed mothers. Medication and psychotherapy were the two identified forms of treatment for the mothers, for 14% and 5%, 15% and 9%, 33% and 8%, and 11% and 8% of the partnered/employed mothers, partnered/unemployed mothers, single/unemployed mothers, and single/employed mothers, respectively. Moreover, 74% of the single/employed mothers, 83% of the single/unemployed mothers, 81% of the partnered/employed mothers, and 80% of the partnered/unemployed mothers reported that the fathers of their children with ADHD had not received a diagnosis of ADHD.

All of the mothers in this sample, on average, had minimal levels of depression and anxiety symptoms, as indicated by low scores on the Brief Symptom Inventory. See Table 2 for means and standard deviations. Both the

single/unemployed and partnered/unemployed mothers completed the employment characteristics questionnaires about their last place of employment, while the single/employed and partnered/employed women answered about their current place of employment. The mothers, on average, reported moderately family-supportive organization perceptions, few available and used benefits that helped create a more flexible work environment. The sample, on average, also was financially resourced. All of the mothers indicated that they used positive parenting behaviors moderately frequently, scored moderately low on measures of poor monitoring and supervision, and used moderate amounts of inconsistent discipline. Work was not identified to be particularly salient for the mothers in this study. Only the partnered/employed mothers' (N = 177) responses on the marital relationship questionnaire were analyzed, since they were relevant to the regression model. The partnered/employed mothers reported stable marital relationships. They also described feeling relatively supported by their partners.

MANOVA Analyses

The first MANOVA investigated the role of employment status (employed versus unemployed) and marital status (partnered versus single) on depressive symptoms and anxiety symptoms. No differences between employed and unemployed ($F(2,288) = .69, p = .51$) and partnered and single ($F(2, 288) = 2.22, p = .11$) mothers of children with ADHD were identified on measures of psychological health.

The second MANOVA investigated the role of employment status (employed versus unemployed) and marital status (partnered versus single) on positive parenting, poor monitoring and supervision, and inconsistent discipline. On measures of

parenting behaviors, no differences between employed and unemployed ($F(3,287) = .56, p = .64$) and partnered and single ($F(3, 287) = .57, p = .64$) mothers of children with ADHD were identified.

A third MANOVA investigated the role of employment status (employed versus unemployed) and marital status (partnered versus single) on employment characteristics, which included family-supportive organization perceptions, flexibility-benefits available, flexibility-benefits used, and household income. It seems important to note that the unemployed women responded to the employment items as they related to their last job. Differences between partnered and single ($F(4,286) = 5.68, p = .00$) mothers of children with ADHD were identified. Mean differences were obtained between the household income of the partnered and single mothers, with partnered mothers ($M = 3.00, SD = 1.58$) earning more than single mothers ($M = 1.92, SD = 1.14$). No differences between unemployed and employed mothers were identified.

A fourth MANOVA investigated the role of employment status (employed versus unemployed) and marital status (partnered versus single) on work salience. Differences between partnered and single ($F(1,289) = 7.17, p = .01$) and employed and unemployed ($F(1,289) = 8.67, p = .00$) mothers of children with ADHD were identified. Mean differences occurred between partnered and single mothers, with work being less salient for partnered mothers ($M = 27.65, SD = 5.93$), than it was for single mothers ($M = 30.20, SD = 5.17$). Mean differences also were found between the employed and unemployed mothers, with employed mothers ($M = 28.99, SD =$

5.52) identifying work as more salient than it was for unemployed mothers ($M = 25.58$, $SD = 6.13$).

Correlation Analyses

To address another purpose of the study, Pearson correlations were calculated among variables of interest (see Table 3). Both household and personal incomes of the mother were included in the correlation table, however only household income was included in the regression analysis. Significant relations were reported at the $p < .01$ level. Among the partnered/employed mothers of children with ADHD, a high positive correlation was found between depressive and anxiety symptoms ($r = .80$), while a small correlation was found between depressive symptoms and flexibility-benefits used ($r = .29$). Moreover, a negative medium-sized correlation was found between depressive symptoms and marital quality ($r = -.37$). Poor monitoring and supervision ($r = .38$) and inconsistent discipline ($r = .37$) were positively correlated with depressive symptoms. A moderately positive correlation was found between anxiety symptoms and flexibility-benefits used ($r = .36$), as well as a moderate negative correlation between anxiety symptoms and marital quality ($r = -.32$). A strong positive relationship between both poor monitoring and supervision ($r = .54$) and a moderate positive relationship between inconsistent discipline ($r = .36$) and anxiety symptoms were noted.

Flexibility-benefits available and flexibility-benefits used ($r = .55$) were strongly correlated. In addition, flexibility-benefits used and poor monitoring and supervision ($r = .32$) were moderately correlated. A strong positive correlation was found between personal and household income ($r = .55$), while a small positive

correlation was found between personal income and poor monitoring and supervision ($r = .23$).

A strong correlation between marital quality and spousal support was found ($r = .64$), while a small negative correlation was found between marital quality and inconsistent discipline ($r = -.23$). Lastly, positive parenting and poor monitoring and supervision ($r = -.26$) were related negatively.

Regression Analyses

Three hierarchical multiple regression analyses were conducted. Each assessed the contributions of the independent variables in predicting each of the three dependent variables (positive parenting, poor monitoring and supervision, and inconsistent discipline) for partnered/employed mothers of children with ADHD. Psychological health (depressive and anxiety symptoms) of the mothers was entered in the first block in all regression equations. Mothers' scores on the family-supportive organization perceptions scale, flexibility-benefits available and benefits used, and household income were entered in the second block and then the marital quality and spousal support scales were entered as the third block in the regression equations.

Collectively, maternal psychological health, employment characteristics, and the marital relationship accounted for 2.5% of the variance in the prediction of positive parenting behaviors of the mothers of children with ADHD (see Table 4). None of the predictor variables contributed unique variance to the prediction of positive parenting behaviors for the mothers of children with ADHD.

Collectively, maternal psychological health, employment characteristics, and the marital relationship accounted for 32.9% of the variance in poor monitoring and

supervision (see Table 5). The psychological health of the mothers accounted for unique variance, contributing 30% to the prediction of poor monitoring and supervision; fewer depressive and anxiety symptoms related to fewer poor monitoring and supervision behaviors. Moreover, when all variables were entered in the regression equation, only anxiety symptoms contributed unique variance. When controlling for the psychological health of the mother, employment characteristics and the marital relationship did not contribute unique variance to the prediction of poor monitoring and supervision.

Collectively, maternal psychological health, employment characteristics, and the marital relationship accounted for 16.4% of the variance in inconsistent discipline (see Table 6). Mother's psychological health contributed to the prediction of inconsistent behaviors, with fewer depressive and anxiety symptoms relating to less inconsistent discipline. Only the psychological health of the mothers accounted for unique variance, contributing 14.7% to the prediction of poor monitoring/supervision. As was the case when predicting poor monitoring and supervision, when controlling for the psychological health of the mother, employment characteristics and the marital relationship did not contribute unique variance to the prediction of inconsistent discipline.

Moderation Analyses

Exploratory analyses were conducted to assess if employment characteristics moderated the relationship between maternal psychological health and three different parenting behaviors. First, since depression and anxiety were highly correlated ($r = .80$), a maternal mental health variable was created by summing scores on the two

scales, with high scores indicating more depressive and anxiety symptoms. Then, the predictor (maternal mental health) and the moderators (family-supportive organization perception and flexibility-benefits available and –benefits used) were standardized (converted to z-scores) to aid in the interpretation of the effects of the predictor and the moderator (Frazier et al., 2004). Household income was not included in the moderator analyses in an attempt to reduce the number of moderators included in the analyses and because it was not expected to have as strong of a moderating effect on the outcome variables as those included. The product terms were created by multiplying the predictor (maternal mental health) and the moderators (family-supportive organization perceptions and flexibility-benefits available and benefits used) variables using the standardized continuous variables.

The standardized variable for maternal mental health was entered in the first step of the regression. In the second step, the moderator variables were entered. To control for the possibility of an inflated Type 1 error associated with testing multiple moderator effects (Frazier et al., 2004), all of the interaction variables (maternal mental health x family-supportive organization perceptions, maternal mental health x flexibility-benefits available, and maternal mental health x flexibility-benefits used) were entered in a single step after the predictor and moderator variables had been entered in the previous step. Thus, in the third step, the product terms representing the moderator effects were entered. Positive parenting was the dependent variable in the first equation, poor monitoring and supervision in the second equation, and inconsistent discipline in the third equation.

The model testing whether employment characteristics moderated the relationship between maternal psychological health and positive parenting with the moderator variables collectively accounted for 2.7% of the variance in positive parenting (see Table 7). Variance was not explained by maternal psychological health, employment characteristics (the moderator) or the moderator variables (each employment characteristic multiplied by maternal mental health).

The model testing whether employment characteristics moderated the relationship between maternal psychological health and poor monitoring and supervision with the inclusion of the moderator variables collectively accounted for 38.7% of the variance in poor monitoring and supervision behaviors (see Table 8). Variance was accounted for by maternal psychological health (22.1%), but not by employment characteristics. An additional 13.6% of the variance was accounted for by the moderator variables (family-supportive organization perceptions multiplied by maternal mental health, flexibility-benefits available multiplied by maternal mental health, and flexibility-benefits used multiplied by maternal mental health). Since the moderator variables were significant, the single degree of freedom *t* tests related to the three product terms to learn more about which moderator effect was significant were examined (Frazier et al., 2004). There was a significant effect for the interaction maternal mental health x flexibility-benefits used, $t(169) = 5.05, p < .01$. When the interaction was plotted (see Figure 3), the interaction was such that when scores on flexibility-benefits used was low, maternal psychological health did not have an effect on poor monitoring and supervision. However, when flexibility-benefits used scores were high, there was a strong relationship between mental health and poor monitoring

and supervision. High scores on poor maternal psychological health, reflecting high scores on depressive and anxiety symptoms, were positively related to high scores on poor monitoring and supervision behaviors.

The model testing the moderating effect of employment characteristics on the relationship between maternal psychological health and inconsistent discipline behaviors with the moderator variables collectively accounted for 17.6% of the variance in inconsistent discipline (see Table 9). Variance was explained by maternal psychological health (14.7%), but not by employment characteristics or the moderator variables (each employment characteristic multiplied by maternal mental health).

Post-Hoc Analyses

Following the analyses included in the dissertation, several post-hoc analyses were conducted. The first set of analyses involved examination of the measure used for flexibility-benefits used. First, the items representing benefits that were used by less than 10% of the women were eliminated, which left four out of the original eleven items (i.e., flextime, compressed work week, telecommunicating, and part time work). This scale will be titled flexibility-benefits used (R). A correlation matrix (see Table 10) was computed, examining the inter-item correlations for the revised flexibility-benefits used subscale and the relationships among the variables of interest and the flexibility-benefits used (R) measure.

The original analytic plan called for a correlation matrix using the sample of partnered, employed mothers. Using the total data sample consisting of 293 mothers of children with ADHD, a new correlation matrix was created examining the correlations between each of the four items in the flexibility-benefits used (R)

subscale. Moderate correlations between flextime and compressed work week ($r = .39$) and telecommunicating ($r = .46$) were found. A small correlation between flextime and family-supportive organizations ($r = .22$), a moderate correlation between flextime and flexibility-benefits available ($r = .43$), and a strong correlation between flextime and the original flexibility-benefits used subscale ($r = .60$) were found. A moderate correlation between compressed work week and flexibility-benefits available ($r = .30$), a strong correlation between compressed work week and the original flexibility-benefits used subscale ($r = .60$), and a small correlation between compressed work week and household income ($r = .17$) were discovered. Compressed work week was moderately related to telecommunicating ($r = .37$) and part time work ($r = .33$). Telecommunicating related weakly to family-supportive organization perceptions ($r = .19$), moderately with flexibility-benefits available ($r = .41$), and strongly with the original flexibility-benefits used subscale ($r = .65$). A small correlation also was found between telecommunicating and part time work ($r = .18$). Finally, part time work related strongly to the original flexibility-benefits used subscale ($r = .50$) and weakly with household income ($r = .16$).

Correlations of the flexibility-benefits used (R) measure with the other variables of interest also were explored. New correlations were found between flexibility-benefits used (R) and family-supportive organization perceptions ($r = .21$) and household income ($r = .19$). Similarly to the original findings, flexibility-benefits used (R) was correlated with flexibility-benefits available ($r = .44$). When using the entire sample of mothers, flexibility-benefits used (R) was no longer correlated with depressive symptoms, anxiety symptoms, or poor monitoring and supervision.

A new MANOVA investigated the role of employment status (employed versus unemployed) and marital status (partnered versus single) on employment characteristics, using the flexibility-benefits used (R) subscale and included family-supportive organization perceptions, flexibility-benefits available, and household income. Differences between partnered and single mothers ($F(4,286) = 6.33, p = .00$) of children with ADHD were identified. Specifically, partnered mothers ($M = 3.00, SD = 1.58$) reported greater household income than their single counterparts ($M = 1.92, SD = 1.14$), which matched the original findings. A new finding emerged, highlighting differences between the employed and unemployed mothers of children with ADHD ($F(4,286) = 3.86, p = .01$). Results showed that when using flexibility-benefits used (R), employed mothers ($M = 1.21, SD = 1.20$) used more benefits than their unemployed counterparts used in their previous place of employment ($M = .59, SD = 1.07$).

Using the flexibility-benefits used (R) subscale, the direct effects of maternal psychological health, employment characteristics, and the marital relationship on three parenting behaviors on the sample of partnered, employed mothers were tested. The results were similar to those in the original analyses. Collectively, maternal psychological health, employment characteristics, and the marital relationship accounted for 2.6% of the variance in the prediction of positive parenting behaviors of the mothers of children with ADHD. None of the predictor variables contributed unique variance to the prediction of positive parenting behaviors for the mothers of children with ADHD.

Also similar to previous findings, maternal psychological health, employment characteristics, and the marital relationship collectively accounted for 32.1% of the variance in poor monitoring and supervision. The psychological health of the mothers accounted for unique variance, contributing 30% to the prediction of poor monitoring and supervision; fewer depressive and anxiety symptoms related to fewer poor monitoring and supervision behaviors. Moreover, when all variables were entered in the regression equation, only anxiety symptoms contributed unique variance. When controlling for the psychological health of the mother, employment characteristics and the marital relationship did not contribute unique variance to the prediction of poor monitoring and supervision.

Also similarly to the original findings, maternal psychological health, employment characteristics, and the marital relationship collectively accounted for 16.3% of the variance in inconsistent discipline. Mother's psychological health contributed to the prediction of inconsistent behaviors, with fewer depressive and anxiety symptoms relating to less inconsistent discipline. Only the psychological health of the mothers accounted for unique variance, contributing 14.7% to the prediction of poor monitoring/supervision. As was the case when predicting poor monitoring and supervision, when controlling for the psychological health of the mother, employment characteristics and the marital relationship did not contribute unique variance to the prediction of inconsistent discipline.

The model testing whether employment characteristics moderated the relationship between maternal psychological health and positive parenting with the moderator variables collectively accounted for 3.2% of the variance in positive

parenting. Variance was not explained by maternal psychological health, employment characteristics (the moderator) or the moderator variables (each employment characteristic multiplied by maternal mental health). These findings were almost identical to those found previously.

The model testing whether employment characteristics moderated the relationship between maternal psychological health and poor monitoring and supervision with the inclusion of the moderator variables collectively accounted for 33.7% of the variance in poor monitoring and supervision behaviors. Variance was accounted for by maternal psychological health (22.1%), but not by employment characteristics. An additional 10.2% of the variance was accounted for by the moderator variables (family-supportive organization perceptions multiplied by maternal mental health, flexibility-benefits available multiplied by maternal mental health, and flexibility-benefits used (R) multiplied by maternal mental health). There was a significant effect for the interaction maternal mental health x flexibility-benefits used (R), $t(169) = 3.45, p < .01$. These results were similar to those found previously.

Also like previous findings, the model testing the moderating effect of employment characteristics on the relationship between maternal psychological health and inconsistent discipline behaviors with the moderator variables collectively accounted for 17.2% of the variance in inconsistent discipline. Variance was explained by maternal psychological health (14.7%), but not by employment characteristics or the moderator variables (each employment characteristic multiplied by maternal mental health).

The next set of analyses explored the degree to which employment status and flexibility-benefits used (R) predicted psychological health (depressive and anxiety symptoms) and the degree to which flexibility-benefits used (R) moderated the relationship between employment status and psychological health.

To test the direct effects of employment status and flexibility-benefits used (R) on the prediction of psychological health, employment status was dummy coded, such that employed moms were given a value of 1, unemployed a value of 0, and entered in the first step. Flexibility-benefits used (R) was entered in the second step. Employment status contributed 1.6% of the 1.8% total variance in the prediction of maternal psychological health (depressive and anxiety symptoms). See Table 11.

Next, the variables were standardized and employment status (dummy coded) was entered in the first step, followed by the standardized score of flexibility-benefits used (R) in the second and the interaction of the two in the last step. The model testing if flexibility-benefits used (R) moderated the relationship between employment status and maternal psychological health (defined by depressive and anxiety symptoms) collectively accounted for 2.1% of the variance in maternal psychological health. Variance was not explained by employment status, flexibility-benefits used (R) (the moderator) or the moderator variable (employment status multiplied by flexibility-benefits used (R)). See Table 12.

The next set of analyses involved exploring differences in regard to employment status, marital status, and parental ADHD status for all variables of interest. Differences in regard to parental ADHD status had not been examined previously. First, participants' ADHD status was coded such that a score of 1 =

mother reported that only she had received a diagnosis of ADHD, 2 = mother reported that only the child's father has received a diagnosis of ADHD, 3 = mother reported that both she and the child's father had received a diagnosis of ADHD, and 4 = mother reported that neither she, nor the child's father had received a diagnosis of ADHD.

A MANOVA investigated the role of employment status (employed versus unemployed), marital status (partnered versus single), and parental ADHD status (mother has ADHD, father has ADHD, both have ADHD, or neither has ADHD) on depressive symptoms and anxiety symptoms. Differences were found on levels of maternal psychological health for those with different parental ADHD statuses ($F(6,554) = 3.76, p = .00$). Specifically, differences were found between mothers in families where both she and the child's biological father had ADHD ($M = 6.43, SD = 7.89$) and mothers in those families in which neither parent reported having received an ADHD diagnosis ($M = 2.60, SD = 4.06$). New findings emerged in regard to differences between partnered and single mothers on measures of anxiety ($F(2,277) = 5.42, p = .01$). Single mothers reported more anxiety symptoms ($M = 4.48, SD = 5.02$), than partnered mothers ($M = 2.86, SD = 4.11$). No differences between unemployed and employed mothers were identified ($F(2,277) = .06, p = .94$).

Another MANOVA investigated the role of employment status (employed versus unemployed), marital status (partnered versus single), and parental ADHD status (Mom has ADHD, Dad has ADHD, both have ADHD, or neither has ADHD) on parenting behaviors. Differences emerged for mothers with different parental ADHD statuses ($F(9,671.86) = 3.00, p = .00$). Specifically, mothers differed on

measures of poor monitoring and supervision behaviors. Those participants for whom the mothers reported that both she and the child's father had received a diagnosis of ADHD reported both a higher frequency of poor monitoring and supervision behaviors ($M = 20.79$, $SD = 10.87$) than those mothers who reported that only the father had been diagnosed with ADHD ($M = 13.80$, $SD = 4.18$), and a higher frequency than those in which neither parent reportedly had ADHD ($M = 13.92$, $SD = 4.76$). Consistent with earlier findings, no differences emerged between unemployed and employed mothers ($F(3,276) = .4$, $p = .73$), or partnered and single mothers ($F(,276) = 1.59$, $p = .19$).

A third MANOVA investigated the role of employment status (employed versus unemployed), marital status (partnered versus single), and parental ADHD status (Mom has ADHD, Dad has ADHD, both have ADHD, or neither has ADHD) on employment characteristics. Differences were not found between mothers with differing parental ADHD statuses in their home ($F(15,756.80) = 1.56$, $p = .08$). In addition, no differences between employed and unemployed ($F(5,274) = 1.91$, $p = .09$), partnered and single ($F(5, 274) = 1.40$, $p = .23$) mothers of children with ADHD were identified on measures of employment characteristics.

A fourth MANOVA investigated the role of employment status (employed versus unemployed), marital status (partnered versus single), and parental ADHD status (Mom has ADHD, Dad has ADHD, both have ADHD, or neither has ADHD) on work salience. Differences were not found between mothers with differing parental ADHD statuses in their home ($F(3, 278) = 1.41$, $p = .24$). In addition, no differences between employed and unemployed ($F(1,278) = 6.26$, $p = .01$), partnered

and single mothers ($F(1,278) = 2.94, p = .09$) of children with ADHD were identified on measures of work salience.

The final set of analyses involved looking at a subsample of the entire sample of mothers of children with ADHD who identified as distressed, according to the BSI, which had not been examined earlier. First, according to the BSI manual, the sum scores of the depression and anxiety symptom dimensions were divided by the number of endorsed items in that subscale (i.e., 6). Then, the raw score means were compared to the adult nonpatient normative sample means. The normative sample mean was comprised of 49.3% female, 85.5% White, and 60.1% married/24.5% single individuals with an overall mean BSI score of 46.0. The mean depression symptom dimension for the normative group females was .36, and for anxiety, .44.

The mean depression and symptom dimension scores for this sample were .83 and .52, respectively. The mean raw scores were then converted into standardized T scores based on the BSI norms published in the Brief Symptom Inventory scoring manual. The manual states that if a respondent has a global scale score greater than or equal to a T score of 63, or if any two of the primary (e.g., depression) dimension scores are greater than equal to a T score of 63, they are considered to be in distress (Derogatis, 1993). There were 201 mothers who neither had a global scale T score greater than or equal to 63 nor a T score greater than or equal to 63 on both depression and subscale. This sample was labeled non-distressed. The rest of the mothers, 92 mothers, were labeled distressed.

A MANOVA examined differences in regard to distress level, employment status, and marital status on measures parenting behaviors, employment

characteristics, and work salience. One MANOVA examined differences in parenting behaviors. Differences emerged for those parents depending on distress level ($F(3,283) = 4.69, p = .00$). Specifically, mothers differed on levels of poor monitoring and supervision and inconsistent discipline behaviors. Mothers who were distressed ($M = 16.80, SD = 7.49$) reported a higher frequency of poor monitoring and supervision than did those who were not distressed ($M = 13.42, SD = 4.02$). Moreover, the distressed mothers ($M = 16.71, SD = 4.15$) also reported more frequent inconsistent discipline behaviors than did their non-distressed counterparts ($M = 13.87, SD = 3.81$). The differences in parenting behaviors among those who were and were not distressed were new. However, similar to our original findings, differences were not found between employed, unemployed ($F(3,283) = .42, p = .74$), and partnered and single mothers ($F(3,283) = .30, p = .82$).

A second MANOVA examined differences in employment characteristics in regard to distress level, employment status and marital status. Identical to the original findings, differences were found between partnered and single mothers ($F(5,281) = 4.43, p = .00$), with partnered mothers ($M = 3.00, SD = 1.58$) reporting higher household income than their single mother counterparts ($M = 1.92, SD = 1.14$). No differences were found in regard to distress level ($F(5,281) = 1.20, p = .31$) or employment status ($F(5,281) = 3.04, p = .01$).

A third MANOVA investigated differences in work salience in regard to distress level, employment status, and marital status. Differences in regard to marital status ($F(1,285) = 5.38, p = .02$) and distress level ($F(1,285) = .03, p = .86$) were not discovered. However, differences in employment status ($F(1,285) = 7.90, p = .01$),

similar to earlier findings, were discovered, with employed women ($M = 29.99$, $SD = 5.52$) identifying work to be more salient than the unemployed women ($M = 25.58$, $SD = 6.13$)

CHAPTER V

Discussion

The current study sought to extend knowledge regarding the experiences of mothers of children with ADHD. Specifically, the aim was to advance knowledge regarding the psychological health, employment characteristics, marital relationship, and parenting behaviors of a sample of mothers of children with unique struggles. Results showed that partnered and single, employed and unemployed mothers did not differ on measures of psychological health and parenting behaviors. However, when assessing employment characteristics, partnered mothers earned more household income than single mothers. Also investigated were the contributions of maternal psychological health, employment characteristics, and the marital relationship to the prediction of parenting behaviors for employed mothers (based on Masten's (2001) model of risk and resilience). Grounded in Greenhaus and Powell's (2006) theory of work-family enrichment and Linville's (1985, 1987) theory of self-complexity, employment characteristics were explored as a potential protective factor that positively influences a mother's ability to effectively parent her child with ADHD. Maternal psychological health was the only predictor of poor monitoring and supervision and inconsistent discipline behaviors, with anxiety accounting for variance in the prediction of poor monitoring and supervision. Last, the moderating effect of employment characteristics (family supportive organization perceptions and flexibility-benefits available and benefits used) on the relationship between maternal psychological health (depressive and anxiety symptoms) and parenting behaviors (positive parenting, poor monitoring and supervision, and inconsistent discipline) was

investigated. Flexibility-benefits used moderated the relationship between maternal psychological health and poor monitoring and supervision.

The sample was predominantly White, educated and financially resourced. The majority of the mothers were employed, and employed outside of the home. Work was moderately salient to these women. The majority of the mothers and the fathers of the child with ADHD did not report having a diagnosis of ADHD themselves. However the overall prevalence rates for maternal and paternal diagnoses of ADHD (approximately 20%) were slightly higher than previous rates (approximately 17%) of parents of children with ADHD (Chronis et al., 2003). The participants reported few depressive and anxiety symptoms, worked in moderately family-friendly environments, and were involved in stable and supportive romantic relationships. The implications of having such a homogenous sample are significant in that the results and implications of the findings presented apply only to similar populations.

No differences were discovered between partnered and single, employed and unemployed mothers of children with ADHD in terms of psychological health. This is somewhat surprising, given some research suggesting happy marriages are related to better psychological health (Kiecolt-Glaser & Newton, 2001). Other research describing the differences in depression among married and unmarried women has produced mixed results, with some researchers finding that single women report more depressive symptoms than married women (e.g., Gatchel, Mayer, Kidner, & McGeary, 2005; Hill & Hilton, 1999) and others finding that unmarried women are less depressed than their married counterparts (e.g., Patten et al., 2006). Yet, Kiecolt-

Glaser and Newton's (2001) review proposed that the benefits of marriage are more salient for men than women and thus being married versus not being married may not be an important protective factor for the women in this study. In addition, troubled marriages correlate with increased distress. Research has documented that unmarried individuals report less distress and overall better psychological well-being than those that stay in unhappy marriages (e.g., Hawkins & Booth, 2005; Holt-Lunstad, Birmingham, & Jones, 2008). Thus, differences may not have emerged because the single women were not/no longer in unhappy relationships. An alternative explanation for the lack of differences could be the unequal sample sizes. More partnered participants were included in this sample than single participants.

Link and Phelan (1995) in their seminal paper, argued that socioeconomic status is a central cause of disparities in well-being, largely because of the social resources (i.e., education, income, and wealth) associated with socioeconomic status. Furthermore, Roxburgh (2009) found that household income and education were associated with less depression and that married and employed individuals were less depressed than those not married or employed. While the differences between the partnered and single mothers' household income in this study are likely attributable to the presence of an additional source of income in the home, the lack of differences in psychological health could be because the majority of this sample, regardless of marital status or employment status, was financially resourced and educated, both of which are known to be related to better psychological health. However, in line with Roxburgh's (2009) findings, it is important to note that the mean differences for anxiety symptoms among the partnered and single mothers approached significance

with the single women exhibiting a trend toward more anxiety than the partnered women.

It is, however, important to note that when differences in regard to parental ADHD status were investigated, differences were found on measures of anxiety symptoms. Mothers of children in which both parents reportedly had a diagnosis of ADHD reported more anxiety symptoms than those mothers of children in which neither parent in the home had received a diagnosis of ADHD. This finding is consistent with the literature that suggested that mothers of children with ADHD who had ADHD themselves reported more anxiety than those mothers without ADHD (Biederman et al., 1992; Rucklidge & Kaplan, 1997).

Ample evidence has documented the relationship between poverty and poor parenting (e.g., McLoyd, 1998; National Institute of Child Health and Human Development Early Child Care Research Network, 2005; Waylen & Stewart-Brown, 2010). The lack of differences in parenting behaviors between the employed and unemployed, partnered and single mothers also could be related to the fact that the mothers' financial situation and psychological health were not different from one another, and all had financial resources.

Another factor that could have contributed to the mothers' lack of psychological distress and poor parenting behaviors relates to the stressfulness of their children's behaviors. Many of the children of the mothers in this sample were receiving at least one form of treatment for their ADHD symptoms (for many of which it was medication). Multi-modal approaches to treating ADHD are widely agreed to be the best approach to ameliorating symptoms (Leggett & Hotham, 2011).

The rates of child medication use among this sample (for the overall sample, almost 80%) far exceeded the average rate of medication use from a nationally representative sample of children with ADHD (66%) in 2007 (CDC, 2010), up from the 56% from 2003 (CDC, 2005). This is consistent with the CDC's (2005) report that medication treatment rates were higher for non-Hispanic, primarily English-speaking, and insured children and that racial/ethnic minority children also were less likely to be taking ADHD medication. The positive effects of medication as a form of treatment for ADHD have been well-documented (e.g., American Academy of Child and Adolescent Psychiatry, 2006; Brown, Amler, Freeman, Perrin, Stein, Feldman et al., 2006; Edwards, 2002). Benefits include a reduction of the signature hyperactivity, impulsivity, and inattentive symptoms, as well as improvement in academic, work, and social domains (Greenhill et al., 2001). Given that the majority of the children were medicated, it is possible that their ADHD symptoms were managed and thus not creating the high levels of stress for the mothers that could elicit negative parenting behaviors.

It is important to note that when differences in regard to distress level (presence of depressive and anxiety symptoms) were examined, differences emerged in regard to parenting behaviors. Specifically, mothers who reported more psychological distress reported a higher frequency of both poor monitoring and supervision and inconsistent discipline behaviors. Moreover, differences also were found in regard to parental ADHD status on measures of poor monitoring and supervision. Mothers of children in which both parents reportedly had a diagnosis of ADHD reported a higher frequency of poor monitoring and supervision behaviors

than both those who reported that only the child's father had a diagnosis of ADHD and by those mothers of children in which neither parent in the home had received a diagnosis of ADHD. These findings are supported in the literature that demonstrates a strong association between poor psychological health and poor parenting (e.g., Chronis et al., 2003; Chronis et al., 2007; Elgar et al., 2004).

Another interesting finding involved the differences in employment characteristics among the employed and unemployed mothers of children with ADHD. It would not have been surprising if unemployed mothers with children described their previous place of employment as less supportive of managing both family and work roles, yet overall differences between the employed and unemployed mothers of children with ADHD were not found. While differences were not identified, mean score differences approached significance, with the employed mothers exhibiting a trend toward reporting more use of flexible benefits than did the unemployed mothers did in their previous jobs. A trend also was identified in the employed mothers' ratings of their work environments as more family supportive and having a greater number of flexible benefits available, than the unemployed mothers (who completed the measure for their last place of employment). Having a more family-friendly place of employment also may contribute to employed mothers' decisions to continue working, while simultaneously parenting their child with ADHD. Also, fewer unemployed mothers than employed mothers participated in the study. Larger and equal sample sizes of the two subsamples would have likely made the differences between the two subgroups easier to assess. Interestingly, when differences between the employed and unemployed mothers were investigated post-

hoc using the flexibility-benefits used (R) measure, differences did emerge on employment characteristics. Employed mothers did report using more benefits than unemployed mothers reported using at their previous place of employment. It is possible that the unemployed women left their previous places of employment due to a lack of flexible benefits in their previous jobs.

An explanation for why the employed mothers in this study continued to work, in addition to the supports in place to help with multiple role management, is the salience of work in these women's lives. The results indicated that work was more salient for the employed mothers than the unemployed mothers. One study found that employees who were more involved in their careers were more likely to tolerate work-to-family conflict and less likely to leave their jobs than those relatively uninvolved in their careers (Greenhaus, Parasuraman, & Collins, 2001). This may apply to the employed women in this sample, who even though their work environments were not instrumentally more supportive of their multiple role demands than were the previous places of employment of the unemployed women, felt it important to work.

In this study, it was hypothesized that maternal psychological health, employment characteristics, and the marital relationship would predict three parenting behaviors: positive parenting, poor monitoring and supervision, and inconsistent discipline. The first hypothesis, that maternal psychological health, employment characteristics, and the marital relationship would predict positive parenting behaviors was not supported. This is surprising given the plethora of literature showing a correlation between maternal psychological health and parenting practices.

This could have been attributed to various factors. Given that only 2.5% of the variance was accounted for by maternal psychological health, employment characteristics, and the marital relationship, other variables not included in the model must have accounted for the remainder of the variance. For example, some research has suggested that parents' personality (Koenig, Barry, & Kochanska, 2010; Russell, 1997), child characteristics (i.e., temperament) (Bradley & Corwyn, 2005; Bronfenbrenner, 1979; Russell, 1997), and maternal education (Carr & Pike, 2011) relate to positive parenting. Lovejoy, Weis, O'Hare, and Rubin (1999) found that parents' beliefs and mood can influence the way they report their behaviors. Other research has linked parenting with a parent's life history, culture, and neighborhood (Bronfenbrenner, 1979; Holden & Miller, 1999; Sellstrom, Bremberg, Garling, & Hornquist, 2000). Parents' community resources also have been correlated with nurturing and supportive parenting behavior (Voydanoff & Donnelly, 1998; Waylen & Stewart-Brown, 2010). Parenting stress relates frequently in the ADHD literature to parenting behaviors (Anastopoulos, Guevremont, Shelton, & DuPaul, 1992; Anjum & Malik, 2010; Dix, 1991; Johnston & Mash, 2001; Kazdin & Whitley, 2003). Belsky (1984), in his seminal article on the determinants of parenting, proposed a model in which parenting is directly influenced by individual parent factors (i.e., personality and parents' developmental history), individual child factors (i.e., child characteristics of individuality), and the social context in which the parent-child interactions occur (i.e., marital relations, social networks, and occupational experiences of parents). Moreover, Belsky (1984) proposed that parenting was determined by multiple factors, factors contributing to parenting are not equally

influential, and developmental history and personality indirectly shape parenting through their influence on things such as the marital relationship, social networks, and occupational experience. Also, in line with self-complexity theory, the mothers in this study could have been involved in other activities, besides/and/or in addition to employment that buffered them against depressive and anxiety symptoms or less than optimally supportive work environments, such as religious communities, parent-teacher associations, and/or their children's extracurricular activities.

Also, social desirability may have influenced the mothers to respond in a positive manner when assessing her parenting. One study examined differences in parenting behaviors in mothers with and without ADHD and found that although the mothers differed on measures of poor monitoring and supervision and inconsistent discipline, they did not differ on measures of positive parenting (Murray & Johnston, 2006). Moreover, gender may have played a role in the prediction of positive parenting. Mothers have been found to score higher on measures of positive parenting than fathers (Bentley & Fox, 1991; Gryczkowski, Jordan, & Mercer, 2010).

The second and third hypotheses were partially supported. Maternal psychological health was the only contributor to the prediction of both poor monitoring and supervision and inconsistent discipline. Research has demonstrated strong associations between maternal psychological health and parenting behavior (Chronis et al., 2007; Johnston & Mash, 2001), consistent with the presented findings. The marital relationship was not found to contribute to the prediction of any of the parenting behaviors. One study found that it was not the marital quality itself, but rather the mothers' assessment of co-parenting practices, that correlated with

parenting behaviors (Morrill et al., 2010). Difficulties in the marital relationship, in particular hostility and detachment, have been found to relate to problems in co-parenting (Katz & Woodin, 2002). The inverse has been found to be true as well, with couples in well-functioning relationships reporting positive co-partnering relationships (Belsky, Crnic, & Gable, 1995; Katz & Gottman, 1996; Kolak & Volling, 2007). Although spousal support was assessed, the measure was a four-item instrument which may not have captured the complexity of this construct.

Other factors not included in the model, such as maternal locus of control, self-esteem, maternal parenting efficacy, and parenting stress also relate to parenting behaviors, as they have been found to mediate the relationship between maternal depressive symptomatology and lax/overreactive parenting (Cinamon, Weisel, & Tzuk, 2007; Gerdes et al., 2007). Moreover, anxiety symptoms uniquely predicted poor monitoring and supervision symptoms among the employed mothers of children with ADHD. Research often has explored the relationship between maternal depression and parenting behaviors, but a dearth of literature has examined the relationship between anxiety and parenting. Kashdan and colleagues (2004) identified the unique contribution of anxiety symptoms on parenting with a sample of parents of a child with ADHD. They found that parental anxiety related to greater parental intrusiveness and negative discipline and parental social distress, and decreased parental warmth and positive involvement. These studies highlight the importance of examining the contributions of maternal anxiety, in addition to depression, on parenting children of ADHD.

The fourth hypothesis, that employment characteristics would moderate the relationship between maternal psychological health and parenting behaviors, was partially supported. Employment characteristics did not moderate the relationship between maternal psychological health and positive parenting or inconsistent discipline. One explanation for this finding could be related to the mothers' overall satisfaction with their childcare. Given that the majority of the mothers reported either moderate or extreme satisfaction with their childcare, it is likely that the stress load associated with balancing their childcare and work responsibilities was mitigated by assistance with child care. Buffardi and Edwards (1997), in their measurement development study for a child care satisfaction measure, identified three aspects of child care satisfaction (i.e., caregiver attentiveness, caregiver communication, and caregiver dependability) that when present, allow a parent to focus on their work-related responsibilities without distraction, thus decreasing multiple role conflict. Other research looking at economically privileged employed women suggests that some mothers do not struggle with family-interfering with work conflict (Poms, Botsford, Kaplan, Buffardi, & O'Brien, 2009), which may be the case for this sample who despite not working in overwhelming supportive environments, still function well.

Another explanation could be related to the employment characteristics that were examined in this study. While family-supportive organization perceptions and flexibility-benefits available and benefits used seemed closely related to parenting behaviors, other variables may have had a stronger moderating role. It may be that the characteristics of the place of employment are not as important to this population as

are things such as job commitment, job satisfaction, and job stress (Cinamon et al., 2007; Costigan, Cox, & Cauce, 2003; Grzywacz et al., 2002). Alternatively, mothers of children with ADHD may benefit from specific types of flexible benefits, such as improved mental health benefits, that were not captured by the employment characteristic measures included in this study.

Flexibility-benefits used moderated the relationship between maternal psychological health and poor monitoring and supervision behaviors. When the interaction was plotted, the interaction was such that when scores on flexibility-benefits used were low, maternal psychological health did not have an effect on poor monitoring and supervision. However, when flexibility-benefits used scores were high, there was a strong relationship between maternal psychological health and poor monitoring and supervision. For women who used flexible work benefits, high scores on depressive and anxiety symptoms were related to high scores on poor monitoring and supervision behaviors and low scores on depression and anxiety corresponded with low levels of poor monitoring and supervision. This finding is consistent with literature that highlights the positive effects of having flexible arrangements available to employees who are balancing work and family responsibilities (e.g., Greenhaus & Powell, 2006; Jansen et al., 2004; Shockley & Allen, 2007), particularly for women (Bryon, 2005). Shockley and Allen (2007) proposed that those with great responsibility for household and family tasks, such as mothers of children with ADHD, are well-positioned to benefit from flexible work arrangements that allow for attendance at doctor appointments, IEP meetings, and greater supervision of their child's activities. The flexibility granted by using family-friendly work benefits may

help mothers combine their roles as mother and employee. According to work-family enrichment theory (Greenhaus & Powell, 2006), using flexible work benefits allows for better parenting, since there is more time available for family responsibilities. Parental monitoring and supervision in particular may benefit from work flexibility since mothers using benefits have more time and opportunities to watch their children. Mothers who are supervising and monitoring their children well, may derive positive benefits, such as positive well-being and less anxiety and depressive symptoms, from performing well in their role as parents. Given the strong relationship documented between psychological health and parenting behaviors (Chronis et al., 2007; Johnston & Mash, 2001), it could be that for those mothers who are not depressed or anxious, using their benefits likely enhances their parenting.

Alternatively, Greenhaus and Powell (2006) suggested that flexibility at work can have negative effects on parenting if the extra time available for parenting is unwanted or resisted by others within the family, such as the child or spouse. Thus, it could be that for those mothers who used their flexible benefits, their children were not interested in having their mother around. Another possibility is that the partners of the mothers using their benefits expected that the mothers would take on more of the household responsibilities as a result of having more available time at home, which created more role stress for the mother and made it more difficult to watch their children. Thus, for those who experienced depressive and anxiety symptoms, the effects of using flexible work benefits could be negatively related to her parenting.

In our post-hoc analyses, employment status, flexibility-benefits used (R), nor the interaction of the two variables were found to contribute to the mothers'

psychological health. MANOVA results indicated that unemployed and employed mothers did not differ in their reports of depressive and anxiety symptoms, thus it is not surprising that employment status was not predictive of maternal psychological health. Other variables therefore accounted for maternal psychological health. It could be that genetic and/or environmental factors related to the mother's psychological health, as it is well documented that psychopathology often results from the interaction of environmental risk factors and genetic vulnerability (e.g., Akiskal, 1985; Duffy, 2010; Hettema, Prescott, Myers, Neale, & Kendler, 2005). Other explanations could include the mothers' stress level (e.g., Mothander & Moe, 2010), use of coping strategies (e.g., Lee, 2003), and/or social support (e.g., Kendler, Myers, & Prescott, 2005), all of which are associated with psychological health.

Implications for Practitioners

The most salient predictor of parenting behaviors for the mothers of children with ADHD was her psychological health, thus highlighting a need for intervention targeting depressive and anxiety symptoms as soon as they manifest themselves. More importantly, practitioners can be focusing their efforts on developing prevention strategies to help reduce the likelihood of psychological distress before it develops. Resources promoting psychological health would be an effective way to work with mothers of children with ADHD. Interventions such as support groups or connecting mothers with clinicians, school personnel, and/or medical professionals would provide mothers of children with ADHD with opportunities to share both their positive and frustrating experiences with other mothers while also providing relevant and helpful information to the greater community. Counseling psychologists are in a

position to offer psychoeducation courses for parents, educating them on the importance of taking care of themselves while also caring for their children. They also can assess the role and salience of employment in their clients' lives and help encourage their clients to seek career opportunities that allow them to manage work and family.

Although this sample reported few depressive and anxiety symptoms, research has demonstrated that even subthreshold levels of depression and anxiety, meaning the presence of symptoms, but not quite a diagnosis of depression or anxiety, can be problematic, as they often result in depression or anxiety disorder (Karsten, Hartman, Smit, Zitman, Beekman, Cuijpers et al., 2011). Furthermore, the economic consequences of minor depression rival those of major depression (Cuijpers et al., 2007a). Knowing that psychological interventions can help reduce depressive symptoms in both the short and long-term (Cuijpers, Smit, & van Straten, 2007b) lends support to intervening early to address psychological distress, even at its lowest level. In addition to depressive and anxiety systems, Chronis-Tuscano et al. (2008b) recommended that ADHD be screened for routinely among families with children with ADHD. They added that if the presence of maternal ADHD is detected, that parenting training be tailored to attend to her symptoms.

The findings of this study illustrated that the work environments of this nationally-representative sample of mothers of children with ADHD could be more family-supportive, both in terms of the perception of their supportiveness and in how many benefits are offered to mothers in supporting their multiple roles. Mothers of children with special needs do not have less of a desire to work (Gordon, Rosenman,

& Cuskelly, 2007; Shearn & Todd, 2000), but rather have more obstacles preventing them from gaining employment outside of the home. Thus, it is important for counseling psychologists to advocate for better work environments for mothers. Specifically, given the moderating role of flexibility-benefits used on the relationship between maternal psychological health and poor monitoring and supervision behaviors, clinicians can encourage their employees to take advantage of those benefits that are offered. Employers have identified several possibilities to improve the benefits available to their employees with children with special needs (Perrin et al., 2007), such as ADHD. Opportunities included expanding their information and referral services and intranet information addressing a variety of services (i.e., financial planning), building parent/employee networks where people can share information and support each other around family issues, and offering seminars related to children with special needs. Other possibilities included offering broader marketing and distribution of benefit information, improving the knowledge of the human resource and benefit staff on issues related to the needs of children, increasing supervisor training to help improve sensitivity to the needs of employees with children with special needs, and continuing to assess the workplace culture/environment to ensure the company is in touch with its employees' needs (Perrin et al., 2007).

In line with the positive psychology movement (Seligman & Csikszentmihalyi, 2000), counseling psychologists can help inform employment-related policies that encourage employers to provide flexible benefits and family-supportive policies that allow employees to easily combine their work and family

roles. This applies not only to working mothers, but also to working fathers who with more support, can help share more of the household responsibilities than they already do (Hill, 2005). Additionally, they can use their consultative skills to offer trainings and workshops targeted at teaching employees about the unique challenges faced by families with children who have special needs and advocate for the development of child care policies, as well as help implement and assess changes in the work environment that benefit those with special family circumstances. At the individual level, they can stay informed about work-family issues and stressors, as well as listen for and ask questions about work-family conflict.

This study used resilience theory as a way of conceptualizing mothers of children with ADHD. Masten (2001) identified a shift towards setting intervention goals targeting the promotion of competency, in addition to preventing and ameliorating symptoms and problems. Specifically, she discussed strategies including enhancing one's assets, reducing stressors and/or risks, and promoting protective processes in addition to treatment processes. Moreover, she highlighted how tenets of resilience theory that focus on individuals' abilities and adaptive systems can serve to inform policy and programs that focus on promoting competency. As this study demonstrated that certain groups of mothers of children with ADHD may be functioning well, clinicians can focus on developing and implementing interventions that highlight these strengths and assets, such as helping mothers connect and stay connected with resources for themselves and their children with ADHD, strengthening and maintaining healthy romantic relationships, promoting positive well-being, and identifying sources of self-care.

Although the goal was to recruit a diverse sample of mothers of children with ADHD, recruitment methods were unsuccessful in capturing a range of experiences. There are myriad reasons for why this sample, recruited mostly through referrals from practitioners, was biased, such as decreased knowledge of ADHD in non-White populations (Bussing, Schoenberg, & Perwien, 1998), the presence of religious or cultural beliefs that do not value medical or psychological interventions (Bussing, Koro-Ljungberg, Williamson, Gary, & Garvan, 2006; Dosreis et al., 2003), and/or less use of specialty mental health services among racial/ethnic minorities (Alegria, Canino, Rios, Vera, Calderon, Rusch, D. et al., 2002; Stevens, Harman, & Kelleher, 2005). If this was the case for why this sample was overwhelmingly White, practitioners can help identify factors that contribute to disparities in service (Eiraldi, Mazzuca, Clarke, & Power, 2006). Offering sliding scale appointments, providing free workshops for parents, and engaging in activities to continue improving one's multicultural competency all can help reach a greater population in need. Clinicians need to get out into the community and provide information about ADHD, effective treatment options, and the potential costs of letting ADHD go untreated. Furthermore, advocating for expanded insurance coverage, particularly for children, can help ensure that limited financial resources do not prevent children at need from accessing the services they need.

If racial/ethnic minority groups were using mental health services and had been recruited to participate in the study, factors influenced their decision not to participate in the study and practitioners are in a position to help identify these factors. Researchers have captured the concerns that ethnic minorities have about

what others may think about their children being diagnosed with ADHD (Eiraldi et al., 2006; Fernandez & Arcia, 2004) and thus may be more hesitant to participate in research studies asking them about their experiences of parenting a child with ADHD. Trust in medical professionals is another concern for some minority populations. For example, African-American patients are less trusting of physicians and the medical profession than non-minority patients (Boulware, Cooper, Ratner, LaVeist, & Powe, 2003) and therefore may question the intentions of researchers seeking to learn more about their experiences. Thus, practitioners can encourage their clients from all backgrounds to share their experiences so that interventions and policies can be designed that help reach a greater population.

Future Research Directions

Future research should target the recruitment of diverse samples, including racial and ethnic minorities and mothers from diverse socio-economic backgrounds. In addition to recruiting through mental health practitioners, seeking participants from local religious communities, schools, support groups, and community centers in various neighborhoods can help increase the likelihood of recruiting a more diverse sample. Identifying unique challenges experienced by less-served populations with children with ADHD will help clinicians develop effective ways of reaching more people.

The sample was overwhelmingly economically privileged. Research has demonstrated that children from financially privileged households are three times more likely to receive treatment than those without resources (Bussing, Zima, Gary, & Garvan, 2003; Flisher et al., 1997). At least one parent in this sample was

employed outside of the home, thus increasing the likelihood that the participants carried health insurance. Future research should look at samples that vary in terms of economic privilege to examine the experiences of mothers who do not have the same access to resources, particularly to special child care arrangements and ADHD treatment options.

Another area for future research should involve a more in-depth exploration of the employment needs of mothers of children with ADHD. The environments in which the employed and previously employed mothers (now unemployed) worked could only be described as moderately supportive and few benefits were offered and used. One study that examined employers' understanding of the needs of families with children who have special needs found that only one of several "best practices" companies in four major cities in the United States had a program in place designed to help parents with their children with special needs (Perrin et al., 2007). Parents also expressed fears about telling their employees about their children with special needs, even if it would increase their flexibility and supportive resources, out of worry of negative repercussions. This highlights the need to further understand the work conditions and available benefits that can help support mothers of children with ADHD in their roles as both parents and employees, while also creating an environment in which employees do not have to fear repercussions about their disclosure. Research focusing on the work climate, available resources, managerial attitudes about combining work and family roles, and health care benefits, for example, for mothers with children with ADHD, can help elucidate ways in which employment can serve as a buffer against additional stress. Moreover, research can

look at other important constructs not studied in this study that may have more of an influence on parenting, such as job stress, job commitment, and/or job importance.

The focus of this study was on mothers of children with ADHD because mothers are often the primary caregiver of children with mental health concerns (Gerkenmeyer, Perkins, Scott, & Wu, 2008). However, future research also should examine the experiences of fathers of children with ADHD, as fathers are taking on more child care responsibilities than ever before while also carrying the gender expectation of working full time to provide for their families. Recent estimates have fathers taking on up to one third of child-care responsibilities, up 800% in the past 30 years (Hopkins, 2007). Fathers' parenting contributions have a larger impact on children's externalizing behavioral problems than the effects of mothers (Kjøbli & Hagen, 2009), therefore highlighting the need to understand both parents' parenting influences and the employment characteristics that lend themselves to managing work and family roles.

Parenting was used as the outcome variable in this study. Other parenting variables, not included in this study such as parenting efficacy, parenting stress, and stress reactivity should be included in future studies. Future research should also look at parenting as a mediating factor, examining at how parenting mediates the relationship between different risk and protective factors and child outcomes. For example, Chronis-Tuscano and colleagues (2011) found that less maternal negative parenting mediated the relationship between maternal ADHD symptoms and positive child behaviors. Furthermore, researchers and clinicians would benefit from learning more about what enables, both parents and children, to flourish in the face of

adversity. Modesto-Lowe and colleagues (2011) suggested shifting towards a framework of resilience, to help focus research more on the factors (i.e., parenting, child and environmental factors, and pharmacotherapy) that help promote healthy outcomes in ADHD families. Future research also should examine other predictors of parenting behaviors, such as parental stress and child behaviors (Anjum & Malik, 2010).

By using resilience theory as a theoretical foundation for future research, protective factors that relate to successful child outcomes can help with the design of school, medical and family interventions (Modesto-Lowe et al., 2011). Identifying coping skills and resources of those mothers of children with ADHD who are doing well in the face of adversity is an important area to explore in future research. For example, it is known that although parents of children with ADHD often are depicted as more critical, less responsive, and less rewarding than controls, some parents develop positive parenting styles (Chronis et al., 2007; Modesto-Lowe et al., 2008). Research could focus not only on developing and evaluating interventions (e.g., behavioral parent training; Pelham, Wheeler & Chronis, 1998) that increase maternal positive parenting behaviors but also examine a subset of parents who, even without intervention, already demonstrate positive parenting to learn more about their self-care behaviors that allow them to parent well in spite of their challenges. This need was highlighted by Bussing and associates (2006) who advocated for the importance of self-care strategies for parents of children with ADHD, urging parents to take an active role in their health care. Similarly, examining what contributes to strong co-parenting practices in families with children with ADHD also is of interest.

Limitations

There were several limitations associated with the study. First, the sample used in this study lacked diversity; the vast majority of participants were White. The lack of racial/ethnic diversity contributed to the restriction of range in the variables of interest. Range restriction is problematic because the study does not provide a holistic depiction of the general population's experiences of parenting a child with ADHD. Moreover, there are several methodological problems resulting from range restriction, including decreased power to detect relationships among variables (Hallahan & Rosenthal, 1996) and effects on reliability and validity of measures (Thompson & Vacha-Haase, 2000). This sample was White, educated and financially resourced, and reported few depressive and anxiety symptoms. Because of the lack of diversity, the external validity of these results is limited. The results can therefore only be applied to White, privileged, educated populations. Recruitment efforts targeted a sample of 300 participants and this number was attained mostly through contacting mental health practitioners. However, this resulted in a biased sample of participants that are resourceful and connected to mental health professionals.

There are several problems that accompany using online methods for data collection. Since participants are able to access the survey from their home, researchers cannot control and do not know the environmental conditions under which the participants took the survey. For example, participants could be answering questions about their parenting while their child is present which could have an effect on their responses. Additionally, they could be answering questions about their relationship after a normally absent partner was very helpful with household

responsibilities. Self-selection also poses a concern. Mothers who are invested in learning more about parenting a child with ADHD are more likely to have participated in this study than those who are less involved, less invested or even less motivated to share and learn about ADHD families. Moreover, participants were recruited mainly through contacts from CHADD, as well as through online parent groups and “ADHD mommy bloggers”. While there was a convenience in reaching a large number of women at once, the recruitment methods resulted in the sample coming largely from a network of women who are connected with services for their child with ADHD and therefore these findings are less generalizable. Another concern is the true identity of the person who took the survey. Participants were offered the opportunity to win one of three gift certificates and even though they were asked to respond to inclusion criteria to access the survey, they could have fabricated their identity to be eligible for the gift cards. Thus, it may have been wrongfully assumed that the subjects who completed the survey were mothers of young children with ADHD. Lastly, 761 people accessed the study and 293 were included in the final sample, but it is not known how many people received notification or advertisements for the study but chose not to participate. The true return rate for this study is therefore unknown.

In addition, the mothers in this sample reported few depressive and anxiety symptoms, which is not reflective of how mothers of children with ADHD are often depicted in the research (e.g., Fischer, 1990; Johnston & Mash, 2001). One explanation could have been that participants were responding to the questionnaires in socially desirable ways. Specifically, the women may not have wanted to report

any problems in their psychological health (or relationships or parenting behaviors) out of a desire to appear healthy. Also, they could have taken the survey while their husband was in the room and they did not want to answer honestly out of fear of having to explain her struggles. Another explanation for the absence of depressive and anxiety symptoms could be that the study did not assess if the mothers was currently being treated for mental health problems or had been in the past. Moreover, mental health professionals made the majority of ADHD diagnoses for this sample's children, suggesting that these families were connected with the greater mental health community and may have already been receiving psychological treatment for any distress. The education level of this sample suggests that these mothers were well-informed about the deleterious effects of psychological illness and were motivated to seek treatment. Thus, the experiences of ADHD mothers who remain unconnected with mental health providers were not captured in this study.

Another limitation in this study involved the uneven sample sizes across the different types of women. More partnered and employed mothers accessed the survey, than did single and/or unemployed. Although the MANOVAs revealed some differences between the employed and unemployed, single and partnered mothers, interpretations should be made cautiously since using equal cell sizes in MANOVAs makes for a more consistent design (Rogers & Glendon, 2003). Another methodological limitation involved the analytic strategy used in this study. Frazier and colleagues (2004) discussed the preference for using structural equation modeling when analyzing moderation analyses as a way to control for unreliability of measurement as opposed to multiple regression.

There also were limitations to the measures that were used in the study. For example, the assessments of depressive and anxiety symptoms used six-item measures that may not have truly captured the presence of anxiety and/or depression disorders. For the employment characteristics, the flexibility measure may not have been inclusive of all family-supportive benefits that are offered by the places of employment. In addition, other variables such as employer sensitivity may have better captured the important employment characteristics in the model. Last, the parenting measure used contained items that may not have been as relevant for mothers who were answering about their parenting behaviors of their child who was on the lower age range of the inclusion criteria.

Research has supported the strong genetic component of ADHD (e.g., Chronis et al., 2003; Faraone et al., 2005). Yet this sample reported low rates of ADHD diagnoses themselves. The current edition of the DSM-IV (1999) does not include an adult version of the ADHD diagnosis; however the effects of the disorder persist across the developmental lifespan (Faraone et al., 2000). More of the mothers may meet the criteria for a diagnosis of ADHD, but never received were diagnosed during their childhood. Moreover, the brief screening measure used to uncover undiagnosed ADHD contained only six brief items and cannot be considered a thorough assessment tool for diagnosing ADHD.

Another limitation of this study involved the sole use of self-reported data. Mothers were asked to indicate if their child had ever received a formal diagnosis of ADHD. Other studies examining mothers of children of ADHD have asked for observational data, in addition to self-report data, to support and/or confirm a

diagnosis of ADHD. Our methodology did not allow for a thorough assessment of ADHD in the children and/or in the mother or father of the child, and thus is a limitation of this study. Future research should include an assessment of ADHD in both the mother and in the child. This study also did not address the possibility of mothers underreporting their symptoms. It is possible that the mothers were experiencing higher levels of anxiety and/or depressive symptoms, but failed to report them for various reasons such as social desirability.

In conclusion, this study provided a comprehensive description of the demographics of one sample of mothers of children with ADHD, an understanding of their psychological and marital functioning, employment characteristics, and parenting behaviors. It was learned that, on average, this sample reported few depressive and anxiety symptoms and work (or have worked) in moderately family-supportive environments that offer some benefits that the mothers have used to help manage work and family responsibilities. The mothers also were financially comfortable and those that were partnered, reported stable relationships and felt relatively supported by their partners. They indicated that they used positive parenting behaviors moderately frequently, scored moderately low on measures of poor monitoring and supervision, and used moderate amounts of inconsistent discipline. Moreover, the study showed that psychological health of the mothers of children with ADHD is predictive of poor monitoring and supervision and inconsistent discipline behaviors. Last, flexibility-benefits used was found to moderate the relationship between maternal psychological health and poor monitoring and supervision behaviors. Parenting a child with ADHD comes with unique stressors, thus

understanding mothers' experiences will enable counseling psychologists to best serve the unique needs and challenges of ADHD families and, ultimately, enhance the lives of children with ADHD.

Table 1. *Demographic characteristics of total sample (N = 293)*

Variable	Single/employed		Single/unemployed		Partnered/Employed		Partnered/Unemployed	
	(N = 38)		(N = 12)		(N = 177)		(N = 66)	
	%	N	%	N	%	N	%	N
Race								
White	84.2	32	83.3	10	93.8	166	89.4	59
Hispanic/Latino/Latina			8.3	1	1.1	2	1.5	1
Black/African-American	13.2	5			1.1	2	1.5	1
Asian					1.7	3	3	2
Biracial/Multiracial	2.6	1	8.3	1	2.3	4	3	2
Other							1.5	1
Employment status								
Employed outside home, full time	89.5	34			57.6	102		
Employed outside home, part time	5.3	2			23.7	42		
Employed inside home, full time	5.3	2			4.5	8		
Employed inside home, part time					14.1	25		
Unemployed			100	12			100	66
Educational level								
Some High School					1.1	2	3.0	2
High School/GED	5.3	2			3.4	6	4.5	3
Trade/Vocational School	2.6	1	8.3	1	2.3	4	1.5	1
Some College	21.1	8	41.7	5	14.1	25	28.8	19
Associates	7.9	3	8.3	1	7.9	14	12.1	8
Bachelor's	26.3	10	16.7	2	32.2	57	33.3	22
Master's	18.4	7	25	3	29.9	53	9.1	6
Doctorate	13.2	5			6.2	11	1.5	1
Other (i.e., JD, culinary school, more than 1 degree, presently completing degree)	5.3	2			2.8	5	6.1	4
Satisfaction with child care								
Moderately Satisfied/Extremely Satisfied	63.1	24	58.3	7	66.6	128	57.6	38
Neutral	21.1	8	25	3	23.2	41	30.3	20
Moderately Dissatisfied/Extremely Dissatisfied	15.8	6	16.7	2	10.2	18	12.1	8
ADHD subtype of child								
Inattentive type	15.8	6	8.3	1	20.3	36	21.2	14
Hyperactive, impulsive type	36.8	14	33.3	4	28.8	51	21.2	14
Combined type	36.8	14	41.7	5	43.5	77	51.5	34
ADHD-NOS	10.5	4	16.7	2	7.3	13	6.1	4
Maternal diagnosis of ADHD								
Yes	18.4	7	33.3	4	17.5	31	22.7	15
No	81.6	31	66.7	8	82.5	146	77.3	51
Paternal diagnosis of ADHD								
Yes	26.3	10	16.7	2	19.2	34	19.7	13
No	73.7	28	83.3	10	80.8	143	80.3	53

Table 2. *Descriptive statistics for total sample continued (N = 293)*

Variable	Single/employed (N = 38)			Single/unemployed (N = 12)			Partnered/Employed (N = 177)			Partnered/Unemployed (N = 66)		
	Mean (SD)	Range (Possible)	α	Mean (SD)	Range	α	Mean (SD)	Range	α	Mean (SD)	Range	α
Psychological health												
Depressive symptoms	6.66 (5.77)	0-20 (0-24)	.89	6.67 (6.11)	0-21 (0-24)	.90	4.05 (5.16)	0-24 (0-24)	.92	6.21 (5.58)	0-23 (0-24)	.91
Anxiety symptoms	4.29 (4.61)	0-20 (0-24)	.83	5.08 (6.33)	0-22 (0-24)	.93	2.63 (4.14)	0-24 (0-24)	.87	3.48 (3.98)	0-15 (0-24)	.81
Employment characteristics												
Family-supportive organization perceptions	44.95 (9.67)	26-61 (5-70)	.86	43.08 (11.67)	28-60 (5-70)	.91	46.81 (9.99)	18-68 (5-70)	.91	41.41 (9.75)	15-62 (5-70)	.92
Flexibility-benefits available	3.5 (2.67)	0-11 (0-11)	.76	2.74 (2.73)	0-9 (0-11)	.82	3.35 (2.25)	0-11 (0-11)	.65	2.24 (1.94)	0-8 (0-11)	.63
Flexibility-benefits used	1.26 (1.37)	0-6 (0-11)	.54	.25 (.62)	0-2 (0-11)	.38	1.62 (1.69)	0-11 (0-11)	.65	1.00 (1.89)	0-11 (0-11)	.83
Personal income	1.82 (.80)	1-4 (1-7)	NA	1.17 (.39)	1-2 (1-7)	NA	1.71 (1.00)	1-7 (1-7)	NA	1.32 (.86)	1-6 (1-7)	NA
Household income	2.00 (.90)	1-4 (1-7)	NA	1.67 (1.72)	1-7 (1-7)	NA	2.99 (1.45)	1-7 (1-7)	NA	3.00 (1.87)	1-7 (1-7)	NA
Parenting behaviors												
Positive parenting	25.37 (3.98)	15-30 (6-30)	.89	24.50 (3.45)	16-30 (6-30)	.78	24.94 (3.04)	15-30 (6-30)	.80	23.53 (2.85)	15-30 (6-30)	.75
Poor monitoring/supervision	14.47 (5.92)	10-33 (10-50)	.86	16.42 (5.20)	10-25 (10-50)	.71	14.42 (5.99)	10-47 (10-50)	.87	14.31 (4.11)	10-30 (10-50)	.68
Inconsistent discipline	15.13 (4.26)	7-24 (6-30)	.76	14.92 (4.56)	6-21 (6-30)	.80	14.58 (4.07)	6-26 (6-30)	.79	14.98 (4.22)	7-26 (6-30)	.80
Work salience	30.79 (5.18)	16-41 (10-50)	.72	28.33 (4.85)	19-33 (10-50)	.60	28.60 (5.53)	15-46 (10-50)	.79	25.08 (6.23)	12-38 (10-50)	.80

Table 3. Correlation table for partnered/employed mothers

Variable	1	2	3	4	5	6	7	8	9	10	11	12
1. Depressive symptoms	1											
2. Anxiety symptoms	.80*	1										
3. FSOP	-.19	-.19	1									
4. Flexibility-benefits available	.12	.18	.18	1								
5. Flexibility-benefits used	.29*	.36*	.04	.55*	1							
6. Personal income	.03	.13	-.04	.22	.19	1						
7. Household income	-.15	-.11	-.01	.04	.11	.55*	1					
8. Marital quality	-.37*	-.32*	.05	.03	.05	-.05	.12	1				
9. Spousal support	-.16	-.14	.11	.11	.07	.05	.17	.64*	1			
10. Positive parenting	-.08	-.12	-.05	-.03	-.02	.09	.05	.03	.01	1		
11. Poor Monitoring and supervision	.38*	.54*	-.07	.19	.32*	.23*	.08	-.14	-.01	-.26*	1	
12. Inconsistent discipline	.37*	.36*	-.05	.10	.17	.15	-.03	-.23*	-.08	-.14	.43	1
<i>M</i>	4.05	2.63	46.81	3.35	1.62	1.71	2.99	102.35	15.26	24.94	14.42	14.58
<i>SD</i>	5.16	4.14	9.99	2.25	1.69	1.00	1.47	18.86	3.64	3.04	5.99	4.07
<i>Actual Range</i>	0-24	0-24	18-68	0-11	0-11	1-7	1-7	40-138.99	5-20	15-30	10-47	6-26
<i>Possible Range</i>	0-24	0-24	5-70	0-11	0-11	1-7	1-7	0-151	4-20	6-30	10-50	6-30
<i>Cronbach's Alpha</i>	.92	.87	.91	.65	.65	NA	NA	.94	.72	.80	.87	.79

Note * $p < .01$

Table 4. Summary of hierarchical regression analysis of partnered/employed mothers' psychological health, employment characteristics, and the marital relationship as predictors of positive parenting behaviors (N = 177)

Variable	B	SE B	β	T	df	R	R ²	ΔR^2	F	ΔF	sr ²
Step 1					2, 174	.13	.02	.02	1.42	1.42	
Depressive symptoms	.03	.07	.04	.35							.00
Anxiety symptoms	-.12	.09	-.16	-1.27							.01
Step 2					4, 170	.16	.03	.01	.72	.38	
Depressive symptoms	.03	.08	.04	.33							.00
Anxiety symptoms	-.13	.10	-.18	-1.39							.01
Family-supportive organization perceptions	-.02	.02	-.08	-.98							.00
Flexibility-benefits available	-.02	.13	-.02	-.19							.00
Flexibility-benefits used	.08	.17	.05	.47							.00
Household income	.07	.16	.04	.46							.00
Step 3					2, 168	.16	.03	.00	.54	.01	
Depressive symptoms	.02	.08	.04	.29							.00
Anxiety symptoms	-.14	.10	-.18	-1.39							.01
Family-supportive organization perceptions	-.02	.02	-.08	-.97							.00
Flexibility-benefits available	-.02	.13	-.02	-.18							.00
Flexibility-benefits used	.09	.18	.05	.48							.00
Household income	.07	.16	.04	.45							.00
Marital quality	-.00	.02	-.01	-.11							.00
Spousal support	.00	.09	.00	.00							.00

Note * $p < .01$

Table 5. Summary of hierarchical regression analysis of partnered/employed mothers' psychological health, employment characteristics, and the marital relationship as predictors of poor monitoring and supervision behaviors (N = 177)

Variable	<i>B</i>	<i>SE B</i>	β	<i>T</i>	<i>df</i>	<i>R</i>	<i>R</i> ²	ΔR^2	<i>F</i>	ΔF	<i>sr</i> ²
Step 1					2, 174	.54	.30	.30	36.62*	36.62*	
Depressive symptoms	-.18	.12	-.16	-1.46							.01
Anxiety symptoms	.96	.15	.66	6.19							.16
Step 2					4, 170	.57	.33	.03	13.78*	1.96	
Depressive symptoms	-.16	.12	-.13	-1.26							.01
Anxiety symptoms	.89	.16	.62	5.65							.12
Family-supportive organization perceptions	.01	.04	.01	.19							.00
Flexibility-benefits available	.06	.20	.02	.31							.00
Flexibility-benefits used	.40	.29	.11	1.39							.01
Household income	.46	.26	.11	1.76							.01
Step 3					2, 168	.57	.33	.00	10.32*	.29	
Depressive symptoms	-.17	.13	-.15	-1.34							.01
Anxiety symptoms	.88	.16	.61	5.57							.12
Family-supportive organization perceptions	.00	.04	.01	.10							.00
Flexibility-benefits available	.05	.21	.02	.24							.00
Flexibility-benefits used	.42	.29	.12	1.46							.01
Household income	.44	.27	.11	1.64							.01
Marital quality	-.02	.03	-.06	-.66							.00
Spousal support	.10	.14	.06	.71							.00

Note * $p < .01$

Table 6. Summary of hierarchical regression analysis of partnered/employed mothers' psychological health, employment characteristics, and the marital relationship as predictors of inconsistent discipline behaviors ($N = 177$)

Variable	<i>B</i>	<i>SE B</i>	β	<i>T</i>	<i>df</i>	<i>R</i>	<i>R</i> ²	ΔR^2	<i>F</i>	ΔF	<i>sr</i> ²
Step 1					2, 174	.38	.15	.15	15.04*	15.04*	
Depressive symptoms	.19	.09	.25	2.09							.02
Anxiety symptoms	.16	.12	.16	1.34							.01
Step 2					4, 170	.39	.15	.00	5.02*	.16	
Depressive symptoms	.20	.09	.25	2.11							.03
Anxiety symptoms	.14	.12	.14	1.17							.01
Family-supportive organization perceptions	.01	.03	.02	.21							.00
Flexibility-benefits available	.05	.16	.03	.31							.00
Flexibility-benefits used	.07	.22	.03	.31							.00
Household income	.05	.20	.02	.27							.00
Step 3					2, 168	.41	.17	.01	4.14*	1.41	
Depressive symptoms	.16	.10	.21	1.68							.02
Anxiety symptoms	.12	.12	.13	1.04							.01
Family-supportive organization perceptions	.00	.03	.00	.06							.00
Flexibility-benefits available	.04	.16	.02	.23							.00
Flexibility-benefits used	.13	.22	.05	.60							.00
Household income	.04	.20	.02	.21							.00
Marital quality	-.04	.02	-.17	-1.64							.02
Spousal support	.08	.11	.07	.77							.00

Note * $p < .01$

Table 7. Summary of hierarchical regression analysis of partnered/employed mothers' mental health, employment characteristics, and the moderator of maternal psychological health multiplied by employment characteristics as predictors of positive parenting ($N = 177$)

Variable	<i>B</i>	<i>SE B</i>	β	<i>T</i>	<i>df</i>	<i>R</i>	<i>R</i> ²	ΔR^2	<i>F</i>	ΔF	<i>sr</i> ²
Step 1					1, 175	.11	.01	.01	2.03	2.03	
Maternal mental health	-.11	.08	-.11	-1.43							.01
Step 2					3, 172	.14	.02	.01	.80	.40	
Maternal mental health	-.13	.08	-.13	-1.63							.01
Family-supportive organization perceptions	-.08	.08	-.08	-.97							.00
Flexibility-benefits available	-.02	.09	-.02	-.23							.00
Flexibility-benefits used	.04	.10	.04	.46							.00
Step 3					3, 169	.16	.03	.01	.67	.50	
Maternal mental health	-.15	.09	-.15	-1.65							.02
Family-supportive organization perceptions	-.09	.08	-.09	-1.14							.01
Flexibility-benefits available	-.03	.09	-.03	-.32							.00
Flexibility-benefits used	.04	.10	.04	.35							.00
Maternal mental health x family-supportive organization perceptions	-.08	.09	-.09	-.84							.00
Maternal mental health x flexibility-benefits available	-.07	.10	-.11	-.74							.00
Maternal mental health x flexibility-benefits used	.02	.07	.04	.22							.00

Note. * $p < .01$

Table 8. Summary of hierarchical regression analysis of partnered/employed mothers' mental health, employment characteristics, and the moderator of maternal psychological health multiplied by employment characteristics as predictors of poor monitoring and supervision ($N = 177$)

Variable	<i>B</i>	<i>SE B</i>	β	<i>T</i>	<i>df</i>	<i>R</i>	<i>R</i> ²	ΔR^2	<i>F</i>	ΔF	<i>sr</i> ²
Step 1					1, 175	.47	.22	.22	49.78*	49.78*	
Maternal mental health	.47	.07	.47	7.06*							.22
Step 2					3, 172	.50	.25	.03	14.41	2.26	
Maternal mental health	.41	.07	.41	5.71*							.14
Family-supportive organization perceptions	-.00	.07	-.00	-.04							.00
Flexibility-benefits available	.03	.08	.03	.40							.00
Flexibility-benefits used	.16	.08	.16	1.96							.02
Step 3					3, 169	.62	.39	.14	15.24	.12.50*	
Maternal mental health	.30	.07	.30	4.04*							.06
Family-supportive organization perceptions	.07	.07	.07	1.07							.00
Flexibility-benefits available	.04	.07	.04	.57							.00
Flexibility-benefits used	-.02	.08	-.02	-.23							.00
Maternal mental health x family-supportive organization perceptions	.08	.07	.09	1.02							.00
Maternal mental health x flexibility-benefits available	-.16	.08	-.24	-2.07							.02
Maternal mental health x flexibility-benefits used	.30	.06	.68	5.058							.09

Note. * $p < .01$

Table 9. Summary of hierarchical regression analysis of partnered/employed mothers' mental health, employment characteristics, and the moderator of maternal psychological health multiplied by employment characteristics as predictors of inconsistent discipline (N = 177)

Variable	B	SE B	β	T	df	R	R ²	ΔR^2	F	ΔF	sr ²
Step 1					1, 175	.38	.15	.15	30.20	30.20*	
Maternal mental health	.38	.07	.38	5.50*							.14
Step 2					3, 172	.39	.15	.00	7.57	.17	
Maternal mental health	.37	.08	.37	4.87*							.12
Family-supportive organization perceptions	.02	.07	.02	.21							.00
Flexibility-benefits available	.03	.09	.03	.29							.00
Flexibility-benefits used	.03	.09	.03	.33							.00
Step 3					3, 169	.42	.18	.03	5.15	1.79	
Maternal mental health	.30	.09	.30	3.48*							.06
Family-supportive organization perceptions	.04	.08	.04	.57							.00
Flexibility-benefits available	.02	.09	.02	.22							.00
Flexibility-benefits used	-.05	.10	-.05	-.54							.00
Maternal mental health x family-supportive organization perceptions	-.05	.09	-.05	-.59							.00
Maternal mental health x flexibility-benefits available	.01	.09	.02	.11							.00
Maternal mental health x flexibility-benefits used	.07	.07	.16	1.03							.00

Note. *p < .01

Table 10. Correlation table for items of new flexibility-benefits used subscale with total sample

Variable	1	2	3	4	5	6	7	8	9	10	11	12	13
1. Flextime	1												
2. Compressed work week	.39*	1											
3. Telecommunicating	.46*	.37*	1										
4. Part time work	.14	.33*	.18*	1									
5. Depressive symptoms	-.00	.06	.04	-.04	1								
6. Anxiety symptoms	-.01	.06	.04	.01	-.74*	1							
7. FSOP	.22*	.09	.19*	.07	-.20	-.19*	1						
8. Flexibility-benefits Available	.43*	.30*	.41*	.07	.06	.05	.21*	1					
9. Flexibility-benefits used (R)	.74*	.72*	.73*	.60*	.02	.03	.21*	.44*	1				
10. Household income	.11	.17*	.11	.16*	-.20*	-.18*	.06	.08	.19*	1			
11. Positive parenting	.08	.03	.05	-.05	-.09	-.12	-.04	-.03	.04	.05	1		
12. Poor monitoring and supervision	-.02	.09	.06	.04	.30*	.46*	-.05	.16*	.06	.02	-.34*	1	
13. Inconsistent discipline	-.07	.02	-.06	.06	.37*	.31*	-.06	.09	-.02	-.09	-.21*	.42*	1
<i>M</i>	NA	NA	NA	NA	4.98	3.14	45.20	3.10	1.05	2.81	24.88	14.48	14.76
<i>SD</i>	NA	NA	NA	NA	5.57	4.31	10.16	2.30	1.20	1.57	3.14	5.57	4.13
<i>Actual Range</i>	0-1	0-1	0-1	0-1	0-24	0-24	15-68	0-11	0-4	1-7	15-30	10-47	6-26
<i>Possible Range</i>	0-1	0-1	0-1	0-1	0-24	0-24	5-70	0-11	0-4	1-7	6-30	10-50	6-30
<i>Cronbach's Alpha</i>	NA	NA	NA	NA	.91	.86	.91	.69	.64	NA	.81	.84	.79

Note * $p < .01$

Table 11. Summary of hierarchical regression analysis of employment status and flexibility-benefits used(R) as predictors of mothers' psychological health (N = 293)

Variable	<i>B</i>	<i>SE B</i>	β	<i>T</i>	<i>df</i>	<i>R</i>	<i>R</i> ²	ΔR^2	<i>F</i>	ΔF	<i>sr</i> ²
Step 1											
Employment status	-2.58	1.20	-.13	-2.14	1, 291	.13	.02	.02	4.59	4.59	.02
Step 2											
Employment status	-2.83	1.24	-.14	-2.29	1, 290	.14	.02	.00	2.70	.83	.02
Flexibility-benefits used (R)	.41	.46	.05	.91							.00

Note * $p < .01$

Table 12. Summary of hierarchical regression analysis of employment status, flexibility-benefits used (R), and the moderator of employment status multiplied by flexibility-benefits used (R) as predictors of maternal psychological health (N = 293)

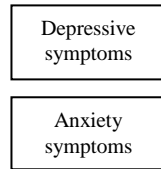
Variable	B	SE B	β	T	df	R	R ²	ΔR^2	F	ΔF	sr ²
Step 1											
Employment status	-.28	.13	-.13	-2.14	1,291	.13	.02	.02	4.49	4.59	.02
Step 2											
Employment status	-.31	.14	-.14	-2.29	1,290	.14	.02	.01	2.70	.83	.02
Flexibility-benefits used (R)	.05	.06	.05	.91							.00
Step 3											
Employment status	-.28	.14	-.12	-1.97	1, 1289	.14	.02	.00	2.05	.75	.01
Flexibility-benefits used (R)	-.04	.13	-.04	-.33							.00
Employment status x flexibility-benefits used (R)	.12	.14	.11	.86							.00

Note * $p < .01$

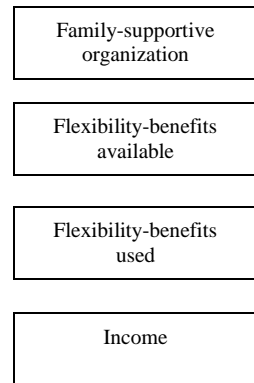
Figure 1. Three Regression Analyses Predicting Parenting Behaviors

a. Regression analysis for the prediction of positive parenting

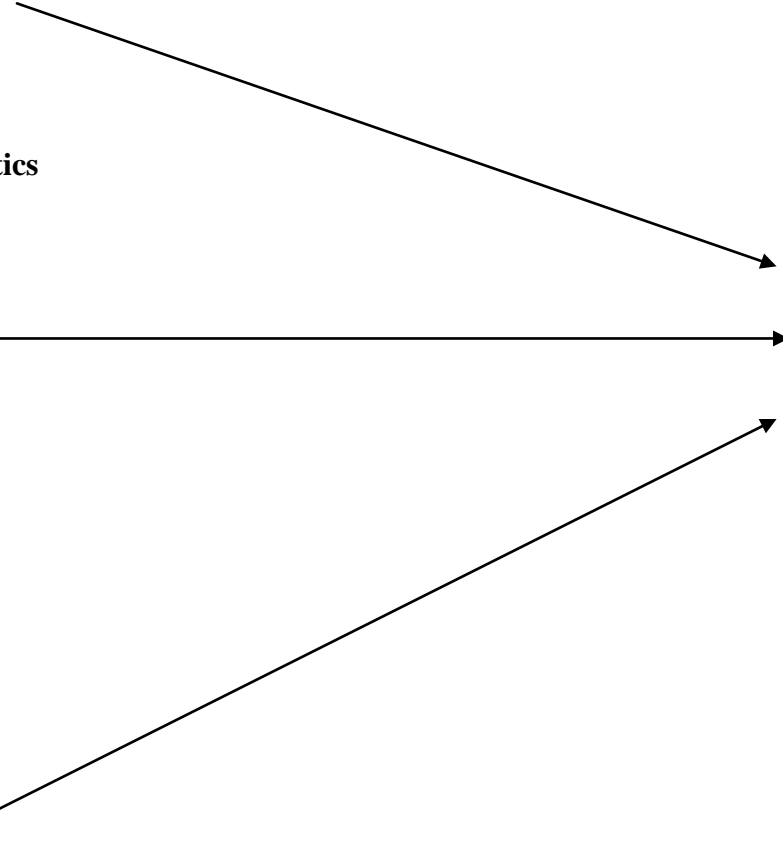
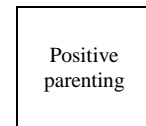
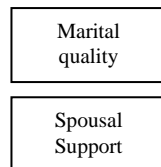
Psychological health of mother



Employment characteristics

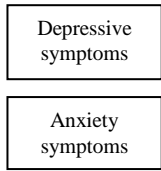


Marital relationship

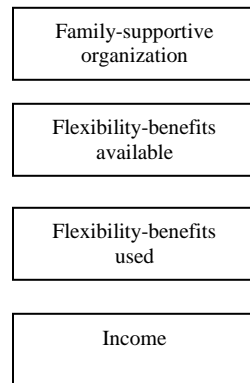


b. Regression analysis for the prediction of poor monitoring and supervision

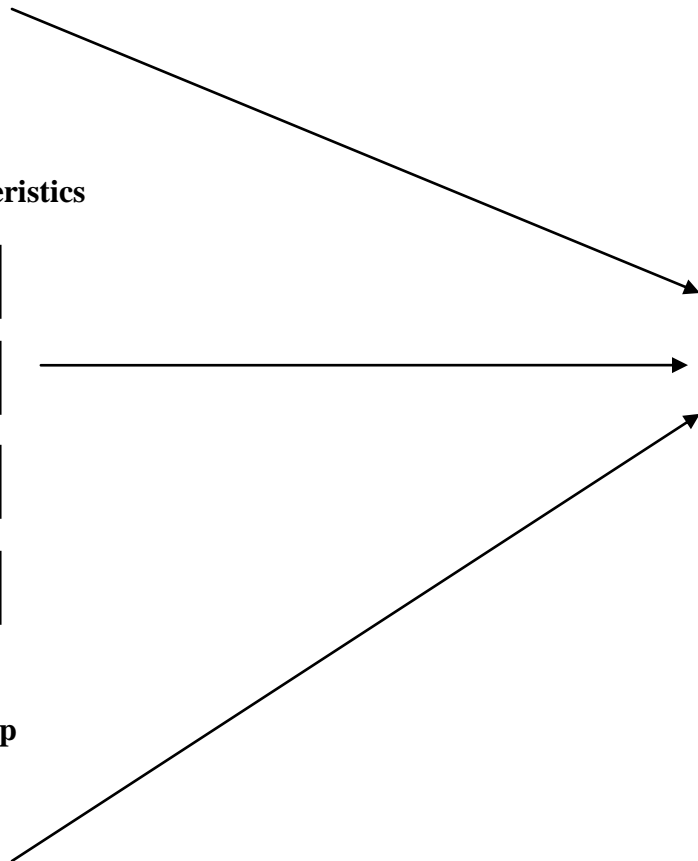
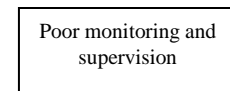
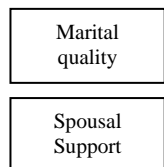
Psychological health of mother



Employment characteristics

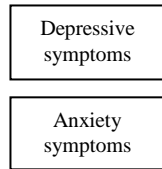


Marital relationship

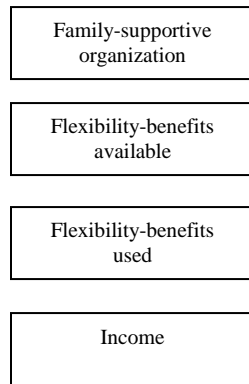


c. Regression analysis for the prediction of inconsistent discipline

Psychological health of mother



Employment characteristics



Marital relationship

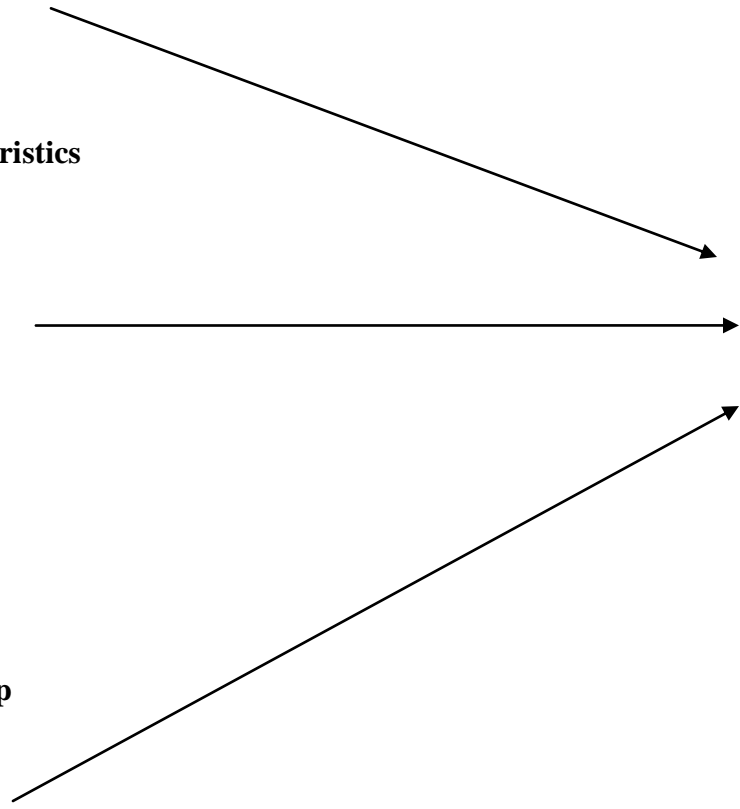
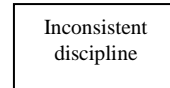
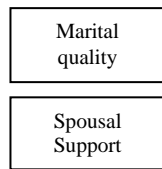
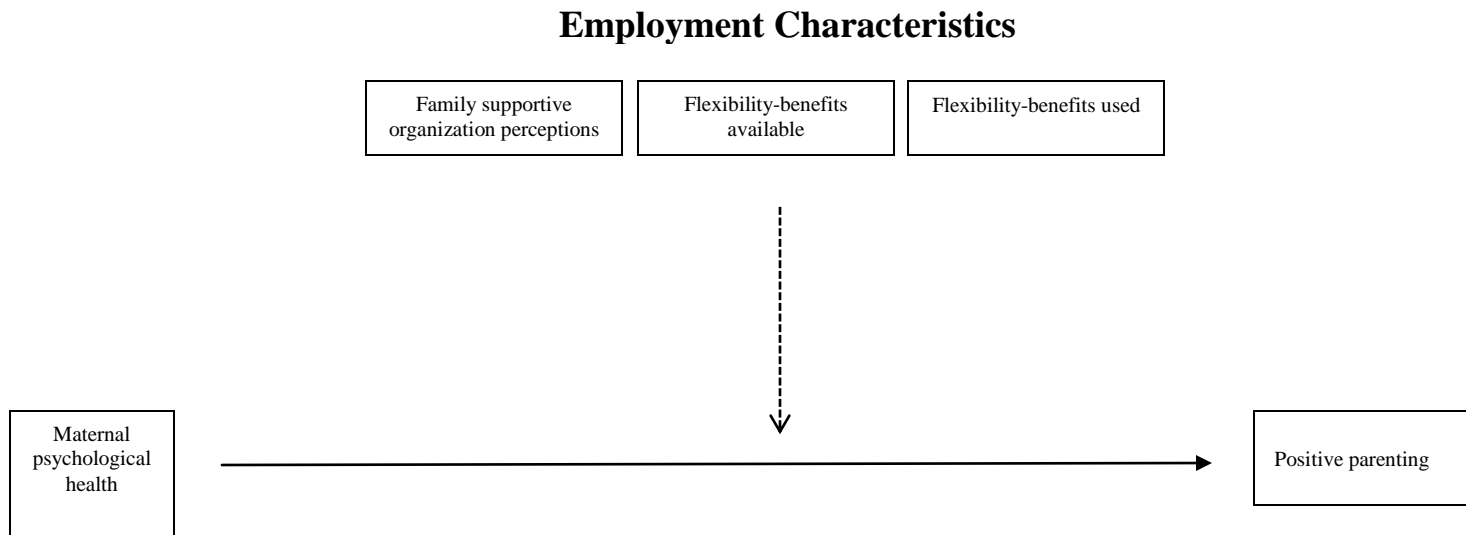
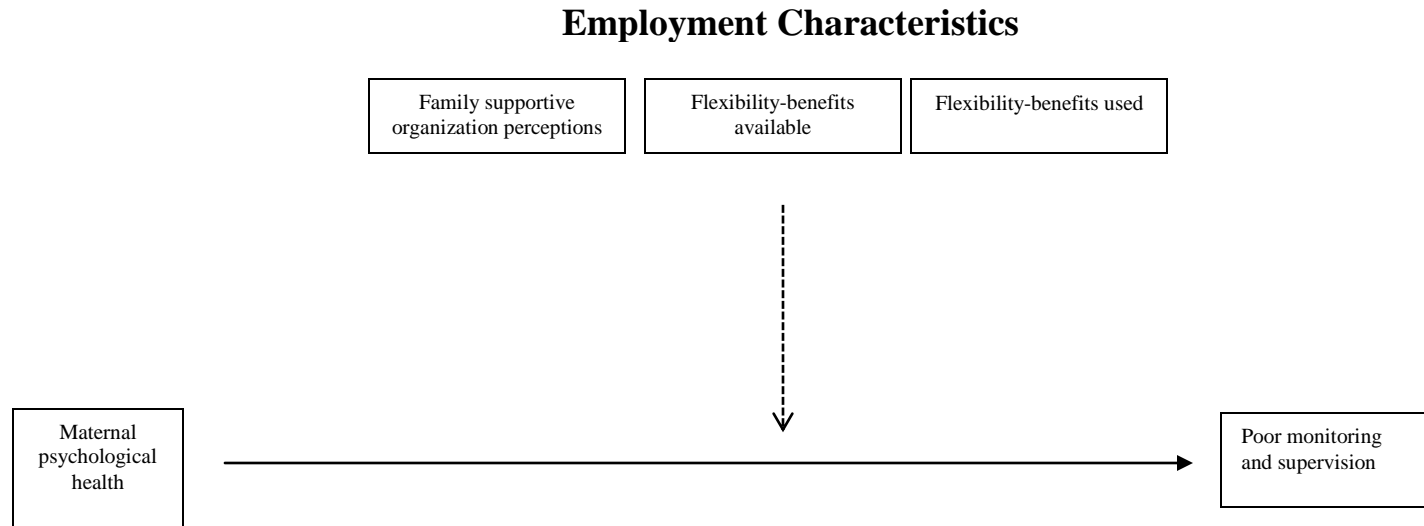


Figure 2: Moderator effects for the relationship between maternal psychological health and parenting behaviors

a. Moderating effects for the prediction of positive parenting



b. Moderating effects for the prediction of poor monitoring and supervision



c. Moderating effects for the prediction of inconsistent discipline

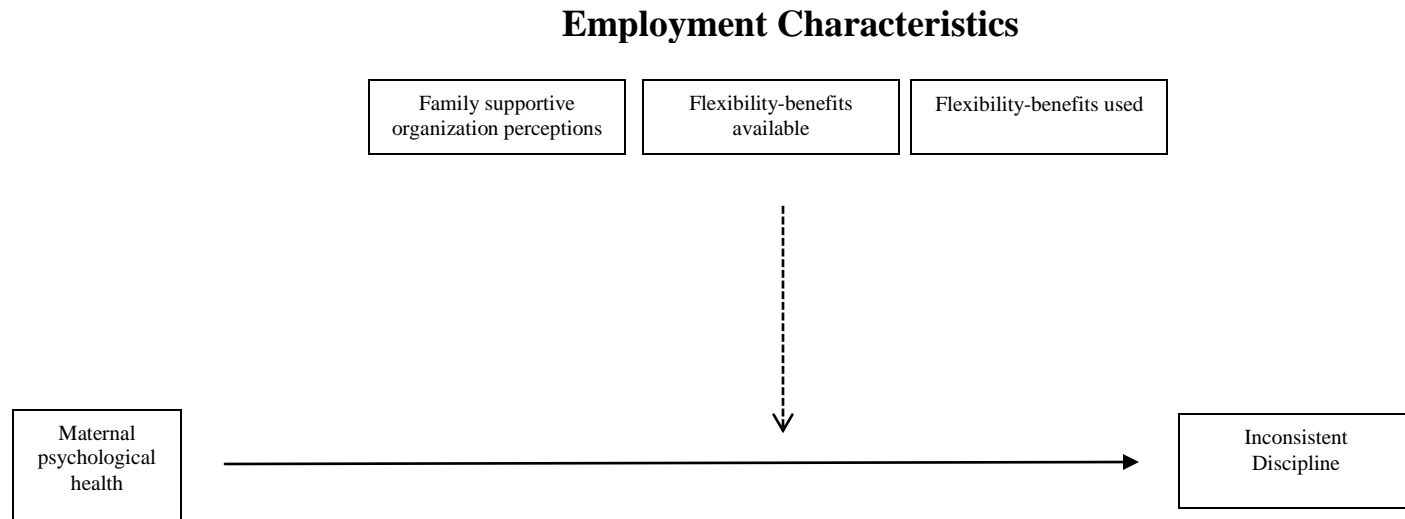


Figure 3: Plot of significant maternal psychological health x flexibility-benefits interaction

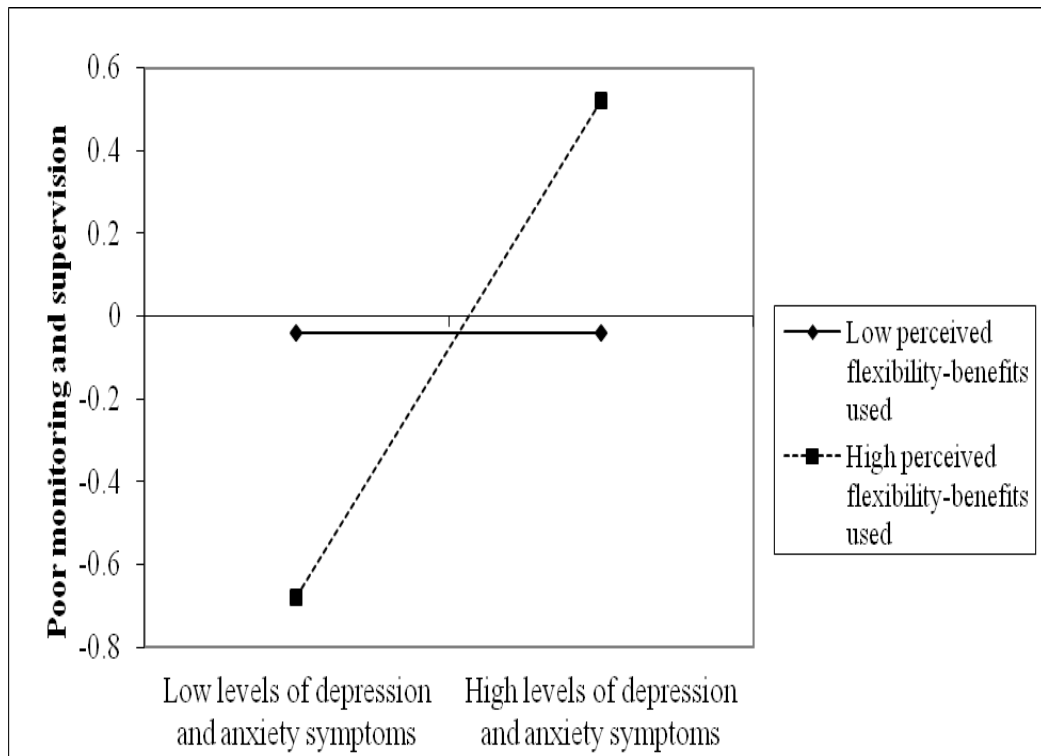
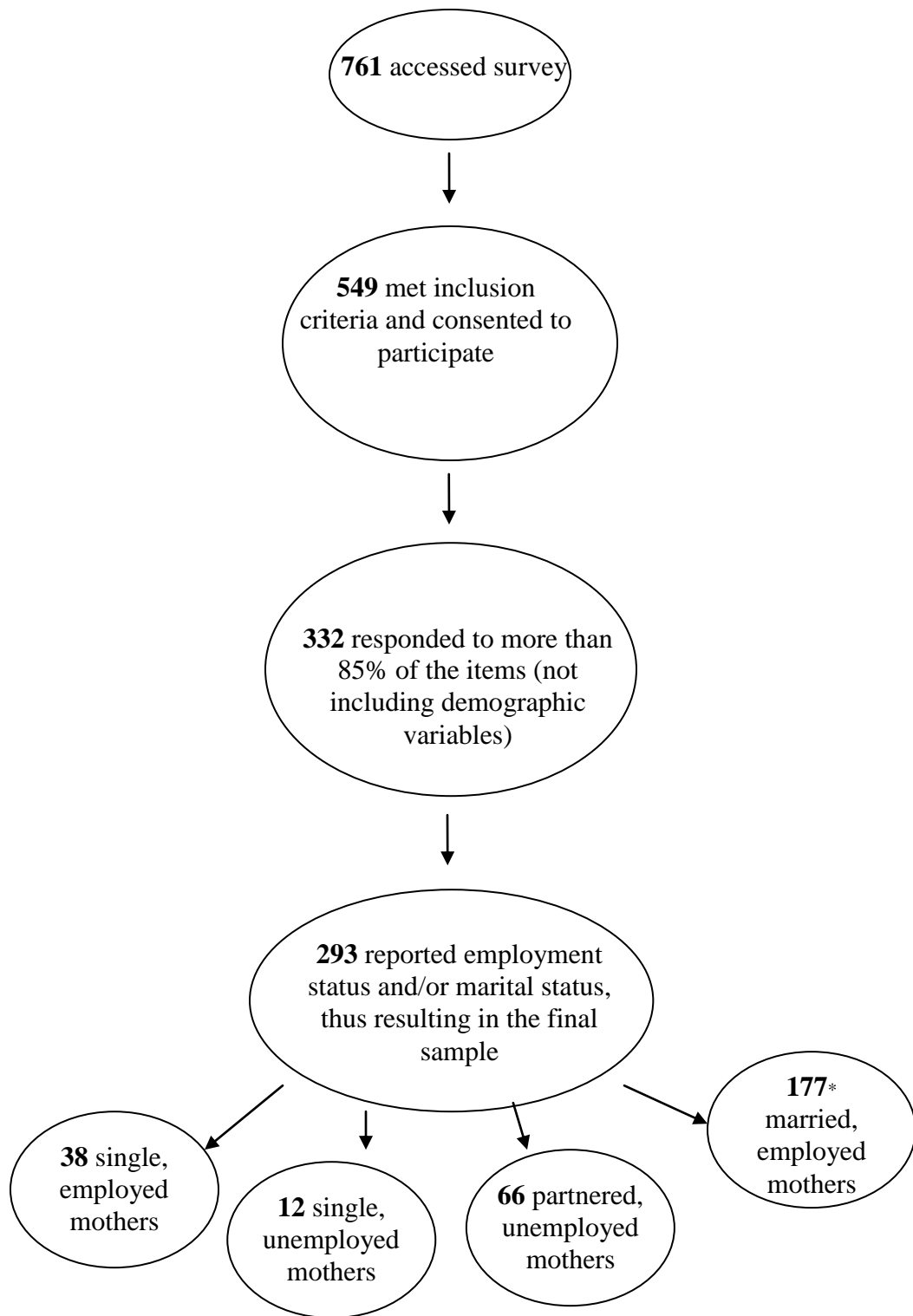


Figure 4: Flow-chart of participant enrollment and eligibility



* = sample used for regression analyses

Appendix A
Consent Form

Project Title	Mothers of Children with ADHD: Does Employment Help?
Purpose of the Study	<p>This research is being conducted by Erica S. Merson, M.S. and Dr. Karen O'Brien at the University of Maryland, College Park. We are inviting you to participate in this research project because you are at least 18 years old and you are a mother of at least one child who meets diagnostic criteria for Attention Deficit/Hyperactivity Disorder (ADHD). The purpose of this research project is to advance knowledge about mothers with children with ADHD. This study is important because it will advance knowledge regarding the lives of mothers and inform counseling interventions for those working with mothers of children with ADHD.</p>
Procedures	<p>Participants will be recruited from Dr. Andrea Chronis-Tuscano's ADHD research lab at the University of Maryland, online recruitment methods (i.e., craigslist and yahoo groups), and through personal contacts.</p> <p>Interested participants who access the study on Qualtrics first will be asked to read this consent form. By clicking on the link that leads the participants to the survey, the researcher will assume consent to participate. Participants then will complete demographic questions to ensure they meet the inclusion criteria for the study. If the participants meet the inclusion criteria, they will then be asked to go on to complete the online measures. Once the measures are completed, the participants will be thanked for their participation and receive a description of the study. Participants will then have the opportunity to give their email addresses to be entered in the lottery. Three winners of the lottery drawing will be selected upon conclusion of the study. Estimated amount of time spent participating in the study is 60 minutes.</p>
Potential Risks and Discomforts	<p>There may be some risks from participating in this research study. Participants may experience discomfort in answering some questions about their experiences as a mother of a child with ADHD. However, participants will be clearly told that they can withdraw participation at anytime. Another risk is identification through the internet. To control for this, a secure web server will be utilized. Additionally, the primary researchers' contact information was made available if participants had questions or concerns.</p>

Potential Benefits	There are no direct benefits to the participants in the study; however, participation may benefit others as advancement of knowledge regarding this population could inform investigation and intervention efforts
Confidentiality	<p>Any potential loss of confidentiality will be minimized by keeping one data file containing your email address password protected. This data file will be stored on the principal investigator's personal computer, which will also be password protected. You will follow the secure link on your personal computers and will be asked to read and electronically sign an informed consent form before answering a series of questionnaires. The surveys are anonymous and will not contain information that may personally identify you.</p> <p>Researchers will make every effort to maintain confidentiality and your participation is voluntary and can be withdrawn at any time. Furthermore, your responses will not be shared with others, and the surveys will not ask for names. Since there is a risk that you might leave the computer where you are working and another person could see the responses, we remind you at the end of the survey to be sure to close the survey window. If we write a report or article about this research project, your identity will be protected to the maximum extent possible.</p>
Right to Withdraw and Questions	<p>Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits to which you otherwise qualify.</p> <p>If you decide to stop taking part in the study, if you have questions, concerns, or complaints, or if you need to report an injury related to the research, please contact the investigators:</p> <p>Erica Merson, M.S. 21471 Biology Psychology Building University of Maryland, College Park 20742 emerson@psyc.umd.edu</p> <p>or</p> <p>Dr. Karen O'Brien 2147D Biology Psychology Building University of Maryland, College Park 20742 kobrien@psyc.umd.edu.</p>
Participant Rights	If you have questions about your rights as a research

	<p>participant or wish to report a research-related injury, please contact:</p> <p style="text-align: center;">University of Maryland College Park Institutional Review Board Office 0101 Lee Building College Park, Maryland, 20742 E-mail: irb@umd.edu Telephone: 301-405-0678</p> <p>This research has been reviewed according to the University of Maryland, College Park IRB procedures for research involving human subjects.</p>	
Statement of Consent	<p>Your electronic signature indicates that:</p> <ul style="list-style-type: none"> you are at least 18 years of age,; the research has been explained to you; your questions have been fully answered; and you freely and voluntarily choose to participate in this research project. <p>By clicking the "submit" button, you indicate that you have read and understand the information presented above and that you are willing to participate in this study.</p>	
Signature and Date	NAME OF SUBJECT [Please Print]	N/A (online)
	SIGNATURE OF SUBJECT	N/A (online)
	DATE	N/A (online)

Website link inserted here

Appendix B

Inclusion Questions

1). Gender

- Female
- Male

2). With which sexual orientation do you most strongly identify?

- Heterosexual
- Homosexual
- Bisexual
- Transsexual
- Other

3). I have at least one child between the ages of 5 and 13 who has been diagnosed with Attention Deficit/Hyperactive Disorder.

- Yes
- No

Appendix C

Demographic Questionnaire

- 1) Age ____

- 2) Race/ Ethnicity
 - Black or African-American
 - White
 - Hispanic/ Latina/Latino
 - American Indian or Alaska Native
 - Native Hawaiian or Other Pacific Islander
 - Asian
 - Biracial/Multiracial
 - Other _____

- 3) Please select the box that corresponds to your (before tax) personal income.
 - Below \$49,999
 - \$50,000-\$99,999
 - \$100,000-\$149,999
 - \$150,000-\$199,999
 - \$200,000-\$249,999
 - \$250,000-\$299,999
 - More than \$300,000

- 4) Please select the box that corresponds to your total (before tax) household income (*you and your partner combined*
 - Below \$49,999
 - \$50,000-\$99,999
 - \$100,000-\$149,999
 - \$150,000-\$199,999
 - \$200,000-\$249,999
 - \$250,000-\$299,999
 - More than \$300,000

- 5) Highest level of education that you completed
 - Middle School
 - Some High School
 - High School/ GED
 - Trade/ Vocational
 - Some College
 - Associates
 - Bachelors
 - Masters
 - Doctorate
 - Other (if applicable)_____

- 6) In which geographic region do you live?
- Far West (AK, CA, HI, NV, OR, WA)
 - Rocky Mountain (CO, ID, MT, UT, WY)
 - Plains (IA, KS, MN, MO, ND, NE, SD)
 - Great Lakes (IL, IN, MI, OH, WI)
 - Southwest (AZ, NM, OR, TX)
 - Southeast (AL, AR, FL, GA, KY, LA, MS, C, SC, TN, VA, WV)
 - Mideast (DC, DE, MD, NJ, NY, PA)
 - New England (CT, MA, ME, NH, RI, VT)

If you live outside the U.S., which country?

7) Number of children living in household _____

8) How many children do you have? _____

9) Please fill in the table below:

	Gender (M/F)	Age	Special Needs (Check if applies)	Please Specify Special Needs if Applicable
Child 1				
Child 2				
Child 3				
Child 4				

10) What is your current employment status?

- Part-time (working from home)
- Part-time (working outside home)
- Full-time (working from home)
- Full-time (working from outside home)
- Unemployed

11) What is your current occupation? _____

12) Partner's current employment status

- Part-time (working from home)
- Part-time (working outside home)
- Full-time (working from home)
- Full-time (working from outside home)
- Unemployed

13) What are your child care arrangements?

- Day-care only
- Help from relatives/friends
- School only
- Day care and School
- Other

If other, what are your childcare arrangements?

14) What is the level of satisfaction with your childcare?

- Extremely Satisfied
- Moderately Satisfied
- Neutral
- Moderately Unsatisfied
- Extremely Unsatisfied

15) With what subtype of ADHD was your child diagnosed?

- ADHD-inattentive type
- ADHD-hyperactive, impulsive type
- ADHD-combined type
- ADHD-not otherwise specified

16) At what age was your child diagnosed with ADHD?

- Prior to age 5
- 5-6
- 7-8
- 9-10
- 11-12
- After age 12

17) Who made the diagnosis?

- Mental health professional (i.e., psychologist, psychiatrist)
- Family doctor/pediatrician
- School worker (e.g., school counselor, school psychologist, learning specialist)
- Family member
- Other

If other, who made the diagnosis? _____

18) What (if any) type of treatment does your child receive for his/her ADHD?
(select all that apply)

- Medication
- Psychotherapy
- Individualized education plan (IEP)/school accommodations
- Other

If other, please specify the type of treatment received

19) How often do you have trouble wrapping up the final details of a project, once the challenging parts have been done?

- Never
- Rarely
- Sometimes
- Often
- Very Often

20) How often do you have difficulty getting things in order when you have to do a task that requires organization?

- Never
- Rarely
- Sometimes
- Often
- Very Often

21) How often do you have problems remembering appointments or obligations?

- Never
- Rarely
- Sometimes
- Often
- Very Often

22) When you have a task that requires a lot of thought, how often do you avoid or delay getting started?

- Never
- Rarely
- Sometimes
- Often
- Very Often

23) How often do you fidget or squirm with your hands or feet when you have to sit down for a long time?

- Never
- Rarely
- Sometimes
- Often
- Very Often

24) How often do you feel overly active and compelled to do things, like you were driven by a motor?

- Never
- Rarely
- Sometimes
- Often
- Very Often

25) Have you ever received a diagnosis of ADHD yourself?

- Yes
- No

26) Who made the diagnosis?

- Mental health professional (i.e., psychologist, psychiatrist)
- Family doctor
- School worker (e.g., school counselor, school psychologist, learning specialist)
- Family member
- Other

If other, who made the diagnosis? _____

27) What (if any) type of treatment do you receive for your ADHD? (select all that apply)

- Medication
- Psychotherapy
- Other

If other, please specify the type of treatment received

28) Has your child's father ever received a diagnosis of ADHD?

- Yes
- No

29) Please respond to the following items (Amatea et al., 1986)

	Disagree	Somewhat Disagree	Neither Agree or Disagree	Somewhat Agree	Agree
	1	2	3	4	5
1. Having work/a career that is interesting and exciting to me is my most important life goal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I expect my job/career to give me more real satisfaction than anything else I do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Building a name and reputation for myself through work/a career is not one of my life goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. It is important to me that I have a job/career in which I can achieve something of importance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. It is important to me to feel successful in my work/career	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I want to work, but I do not want to have a demanding career	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I expect to make as many sacrifices as are necessary in order to advance in my work/career	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I value being involved in a career and expect to devote the time and effort needed to develop it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I expect to devote a significant amount of my time to building my career and developing the skills necessary to advance in my career	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I expect to devote whatever time and energy it takes to move up in my job/career field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Appendix D

The Brief Symptom Inventory (BSI; Derogatis & Spencer, 1982)

This test consists of a list of problems people sometimes have. Read each one carefully and check the number of the response that best describes HOW MUCH THAT PROBLEM HAS DISTRESSED OR BOTHERED YOU DURING THE PAST 7 DAYS INCLUDING TODAY.

During the past week:

	Not at all 0	A little bit 1	Moderately 2	Quite a bit 3	Extremely 4
1. Nervousness or shakiness inside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Faintness or dizziness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The idea that someone else can control your thoughts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Feeling others are to blame for most of your troubles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Trouble remembering things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Feeling easily annoyed or irritated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Pains in heart or chest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Feeling afraid in open spaces or on the streets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Thoughts of ending your life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Feeling that most people cannot be trusted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Poor appetite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Suddenly scared for no reason	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Temper outbursts that you could not control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Feeling lonely even when you are with people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Feeling blocked in getting things done	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Feeling lonely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Feeling blue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Feeling no interest in things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. Feeling fearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Your feelings being easily hurt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Feeling that people are unfriendly or dislike you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Feeling inferior to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Nausea or upset stomach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Feeling that you are watched or talked about by others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Trouble falling asleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Having to check and double-check what you do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Difficulty making decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Feeling afraid to travel on buses, subways, or trains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Trouble getting your breath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Hot or cold spells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Having to avoid certain things, places, or activities because they frighten you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Your mind going blank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Numbing or tingling in parts of your body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. The idea that you should be punished for your sins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Feeling hopeless about the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Trouble concentration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Feeling weak in parts of your body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Feeling tense or keyed up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Thoughts of death or dying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Having urges to beat, injure, or harm someone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Having urges to break or smash things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Feeling very self-conscious with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Feeling uneasy in crowds, such as shopping or at a movie	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Never feeling close to another person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Spells of terror or panic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

46. Getting into frequent arguments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Feeling nervous when you are left alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Others not giving you proper credit for your achievements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Feeling so restless you couldn't sit still	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. Feelings of worthlessness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51. Feeling that people will take advantage of you if you let them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52. Feelings of guilt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53. The idea that something is wrong with your mind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Appendix E

Family Supportive Organization Perceptions (Allen, 2001)

To what extent do you agree that each of the following statements represent the philosophy or beliefs of your organization? If you are not currently employed, please complete the measures about your last place of employment.

Remember, these are not your own personal beliefs- but pertain to what you believe is the philosophy of your organization).

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
Work should be the priority in a person's life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long hours inside the office are a way to achieve advancement. (R)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is best to keep family matters separate from work. (R)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is considered taboo to talk about life outside of work. (R)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expressing involvement and interest in nonwork matters is viewed as healthy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employees who are highly committed to their personal lives cannot also be highly committed to their work. (R)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attending to personal needs, such as taking time off for sick children is frowned upon. (R)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Employees should keep their personal problems at home. (R)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The way to advance in this company is to keep nonwork matters out of the workplace. (R)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individuals who take time off to attend to personal matters are not committed to their work. (R)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is assumed that the most productive employees are those who put their work before their family life. (R)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employees are given ample opportunity to perform both their job and their personal responsibilities as well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Offering employees flexibility in completing their work is viewed as a strategic way of doing business.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The ideal employee is one who is available 24 hours a day. (R)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Appendix F

Flexibility: Benefits and Usage (Parker & Allen, 2001)

	Is this benefit available?		Do you currently USE this benefit?	
	YES	NO	YES	NO
Flextime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compressed work week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telecommunicating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Part-time work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job sharing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On-site child care center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Subsidized local child care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child-care information/referral services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paid maternity leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paid paternity leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elder care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1-5 = flexible work arrangements (FWA); 6-10 = dependent care supports (DCS)

Appendix G

Dyadic Adjustment Scale (Spanier, 1976)

Most people have disagreements in their relationships. Please indicate below the approximate extent of agreement between you and your partner for each item on the following list.

	Always Agree	Almost Always Agree	Occasionally Disagree	Frequently Disagree	Almost Always Disagree	Always Disagree
Handling family finances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Matters of recreation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Religious matters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrations of affection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex relations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conventionality (correct or proper behavior)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Philosophy of life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ways of dealing with parents/ in-laws	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aims, goals, and things believed important	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount of time spent together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making major decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Household tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leisure time and interests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Career decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Almost always agree = 5; Almost always disagree = 1.

	Almost Always	Most of the Time	More often than not	Occasionally	Rarely	Never
How often do you discuss or have you considered divorce, separation, or terminating your relationship?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do you and your mate leave the house after a fight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In general, how often do you think that things between you and your partner are going well?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you confide in your mate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you ever regret that you married (or lived together)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do you and your partner quarrel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do you and your partner "get on each other's nerves"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

All the time = 0; Never = 5; #3 and 4 reverse scored.

	Every day	Almost every day	Occasionally	Rarely	Never
Do you kiss your mate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Every day = 4; Never = 0

	All of them	Most of them	Some of them	Very few of them	None of them
Do you and your mate engage in outside interests together?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How often would you say the following events occur between you and your mate?

	Never	Less than once a month	Once or twice a month	Once or twice a week	Once a day	More often
Have a stimulating exchange of ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laugh together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calmly discuss something	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work together on a project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

These are some things which cause couples to agree and sometimes disagree. Indicate if either item below caused differences of opinions or were problems in your relationship during the past few weeks. (Check yes or no).

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Being too tired for sex.
<input type="checkbox"/>	<input type="checkbox"/>	Not showing love.

The dots on the following line represent different degrees of happiness in your relationship. The middle point, "happy," represents the degree of happiness in most relationships. Please circle the dot which best describes the degree of happiness, all things considered, of your relationship.

0	1	2	3	4	5	6
•	•	•	•	•	•	•
Extremely Unhappy	Fairly Unhappy	A Little Unhappy	Happy	Very Happy	Extremely Happy	Perfect

Which of the following statements best describes the future of your relationship?

- I want very desperately for my relationship to succeed, and *would go to almost any length* to see that it does.
- I want very much for my relationship to succeed, and *will do all I can* to see that it does.
- I want very much for my relationship to succeed, and *will do my fair share* to see that it does.
- It would be nice if my relationship succeeded, but *I can't do much more than I'm doing now* to help it succeed.
- It would be nice if it succeeded, but *I refuse to do any more than I am doing now* to keep the relationship going.
- My relationship can never succeed, and *there is no more that I can do* to keep the relationship going.

Appendix H

The Spousal Support Scale (Buffardi & Erdwins, 1997)

How satisfied do you feel with each of the aspects described below?

- 1=Extremely dissatisfied
- 2=Moderately dissatisfied
- 3=Can't decide
- 4=Moderately satisfied
- 5=Extremely satisfied

	1	2	3	4	5
1. The degree of emotional support from your spouse with regard to your role as mother/employee.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The degree of financial support from your child's father.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The degree of support from your spouse with regard to child care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The degree of help from your spouse in with regard to housekeeping tasks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Appendix I

Alabama Parenting Questionnaire (APQ; Shelton, Frick & Wootton, 1996)

	1 Never	2	3	4	5 Always
You have a friendly talk with your child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You let your child know when he/she is doing a good job with something	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You threatened to punish your child and then do not actually punish him/her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You volunteer to help with special activities that your child is involved in (e.g., sports, Boy/Girl Scouts, church youth groups)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You reward or give something extra to your child for obeying you or behaving well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your child fails to leave a note or to let you know where he/she is going	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You play games or do other fun things with your child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your child talks you out of being punished after he/she has done something wrong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You ask your child about his/her day in school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your child stays out in the evening past the time he/she is supposed to be home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You help your child with his/her homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You feel that getting your child to obey you is more trouble than it's worth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You compliment your child when he/she does something well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You ask your child what his/her plans are for the coming day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

You drive your child to a special activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You praise your child if he/she behaves well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your child is out with friends you do not know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You hug or kiss your child when he/she has done something well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your child goes out without a set time to be home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You talk to your child about his/her friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your child is out after dark without an adult with him/her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You let your child out of a punishment early (e.g., lift restrictions earlier than you originally said)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your child helps plan family activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You get so busy that you forget where your child is and what he/she is doing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your child is not punished when he/she has done something wrong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You attend PTA meetings, parent/teacher conferences, or other meetings at your child's school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You tell your child that you like it when he/she helps around the house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You don't check that your child comes home from school when he/she is supposed to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You don't tell your child where you are going	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your child comes home from school more than an hour past the time you expect him/her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The punishment you give your child depends on your mood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your child is at home without adult supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You spank your child when he/she is misbehaving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

You ignore your child when he/she is misbehaving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You slap your child when he/she has done something wrong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You take away privileges or money from your child as a punishment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You send your child to his/her room as punishment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You hit your child with a belt, switch, or other object when he/she has done something wrong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You yell or scream at your child when he/she has done something wrong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You calmly explain to your child why his/her behavior was wrong when he/she misbehaves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You use time out (make him/her sit or stand in corner) as a punishment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You give your child extra chores as a punishment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

References

- Abidin, R.R., & Brunner, J.F. (1995). Development of a parenting alliance inventory. *Journal of Clinical Child Psychology, 24*(1), 31-40. doi: 10.1207/s15374424jccp2401_4
- Adams, G. A., King, L. A., & King, D.W. (1996). Relationships of job and family involvement, family social support, and work-family conflict with job and life satisfaction. *Journal of Applied Psychology, 81*(4), 411-420. doi: 10.1037/0021-9010.81.4.411
- Addis, J., & Bernard, M.E. (2002). Marital adjustment and irrational beliefs. *Journal of Rational Emotive and Cognitive Behavior Therapy, 20*(1), 3-13. doi: 10.1023/A:1015199803099
- Akiskal, H.S. (1985). Interaction of biologic and psychologic factors in the origin of depressive disorders. *Acta Psychiatrica Scandinavica, 71*(319), 131-139. doi: 10.1111/j.1600-0447.1985.tb08529.x
- Alegria, M., Canino, G., Rios, R., Vera, M., Calderon, J., Rusch, D., & Ortega, A.N. (2002). Mental health care for Latinos: Inequalities in use of specialty mental health services among Latinos, African Americans, and non-Latino Whites. *Psychiatric Services, 53*(12), 1547-1555. doi: 10.1176/appi.ps.53.12.1547
- Allen, T. (2001). Family supportive work environments: The role of organizational perceptions. *Journal of Vocational Behavior, 58*(3), 414-435. doi: 10.1006/jvbe.2000.1774
- Amatea, E.S., Cross, E.G., Clark, J.E., & Bobby, C.L. (1986). Assessing the work and family role expectations of career-oriented men and women: The Life Role Salience Scales. *Journal of Marriage and the Family, 48*(4), 831-838. doi:

10.2307/352576

American Academy of Child and Adolescent Psychiatry. (2006, February 9). *AACAP and APA pledge to work with FDA on determining prevalence of ADHD adverse medication events* (Press release). Retrieved on January 30, 2012 from http://www.aacap.org/cs/root/media/press_releases/2006_press_releases/aacap_and_ap_a_pledge_to_work_with_fda_on_determining_prevalence_of_adhd_adverse_medication_events

American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: Author.

Anastopoulos, A.D., Guevremont, D.C., Shelton, T.L., & DuPaul, G.J. (1992). Parenting stress among families of children with attention deficit hyperactivity disorder. *Journal of Abnormal Child Psychology*, 20(5), 503-520. doi: 10.1007/BF00916812

Anastopoulos, A., Sommer, J., & Schatz, N. (2009). ADHD and family functioning. *Current Attention Disorder Reports*, 1, 167-170. doi: 10.1007/s12618-009-0023-2.

Anjum, N., & Malik, F. (2010). Parenting practices in mothers of children with ADHD: Role of stress and behavioral problems in children. *Pakistan Journal of Social and Clinical Psychology*, 8(1), 18-38. doi: 10.1007/s10826-010-9439-7

Aryee, S. (1992). Antecedents and outcomes of work–family conflict among married professional women: Evidence from Singapore. *Human Relations*, 45(8), 813–

837. doi: 10.1177/001872679204500804

- Aryee, S., Luk, V., Leung, A., & Lo, S. (1999). Role stressors, interrole conflict, and well-being: The moderating influence of spousal support and coping behaviors among employed parents in Hong Kong. *Journal of Vocational Behavior, 54*(2), 259–278. doi: 10.1006/jvbe.1998.1667
- Baker, D. B., & McCal, K. (1995). Parenting stress in parents of children with attention-deficit hyperactivity disorder and parents of children with learning disabilities. *Journal of Child and Family Studies, 4*(1), 57-68. doi: 10.1007/BF02233954
- Baker, E., Israel, B., & Schurman, S. (1996). Role of control and support in occupational stress: An integrated model. *Social Science and Medicine, 43*(7), 1145–1159. doi: 10.1016/0277-9536(96)00064-0
- Baltes, B., Briggs, T., Huff, J., Wright, J., & Neuman, G. (1999). Flexible and compressed workweek schedules: A meta-analysis of their effects on work-related criteria. *Journal of Applied Psychology, 84*(4), 496-513. doi: 10.1037/0021-9010.84.4.496
- Baltes, B., & Heydens-Gahir, H. (2003). Reduction of work–family conflict through the use of selection, optimization, and compensation behaviors. *Journal of Applied Psychology, 88*(6), 1005–1018. doi: 10.1037/0021-9010.88.6.1005
- Barkley, R.A. (1998). Attention-deficit hyperactivity disorder: A handbook for diagnosis and treatment (2nd ed.). Guilford Press, New York.
- Barkley, R. A. (2001). The inattentive type of ADHD as a distinct disorder: What remains to be done. *Clinical Psychology: Science and Practice, 8*(4), 489–

493. doi: 10.1093/slipsy/8.4.489.

- Barkley, R. A., Anastopoulos, A. D., Guevremont, D. C., & Fletcher, K. E. (1992). Adolescents with attention deficit hyperactivity disorder: Mother-adolescent interactions, family beliefs and conflicts, maternal psychopathology. *Journal of Abnormal Child Psychology*, *20*(3), 263–287. doi: 10.1007/BF00916692
- Barkley, R. A., Fischer, M., Edelbrock, C., & Smallish, L. (1991). The adolescent outcome of hyperactive children diagnosed by research criteria—III. Mother-child interactions, family conflicts and maternal psychopathology. *Journal of Child Psychology and Psychiatry*, *32*(2), 233–255. doi: 10.1111/j.1469-610.1991.tb00304.x
- Barnett, R. C. (1998). Toward a review and reconceptualization of the work/family literature. *Genetic, Social, and General Psychology Monographs*, *124*(2), 125–182. Barnett, R. C., & Hyde, J. S. (2001). Women, men, work, and family. *American Psychologist*, *56*(10), 781-796. doi: 10.1037/0003-066X.56.10.781
- Behson, S. J. (2005). The relative contribution of formal and informal organizational work-family support. *Journal of Vocational Behavior*, *66*(3), 487–500. doi: 10.1016/j.jvb.2004.02.004
- Belsky, J. (1984). The determinants of parenting: A process model. *Child Development*, *55*(1), 83-96. doi: 10.2307/1129836
- Belsky, J., Crnic, K., & Gable, S. (1995). The determinants of coparenting in families with toddler boys: Spousal differences and daily hassles. *Child Development*, *66*(3), 629–642. doi: 10.2307/1131939

- Bentley, K. S., & Fox, R. A. (1991). Mothers and fathers of young children: Comparison of parenting styles. *Psychological Reports, 69*(1), 320–322. doi: 10.2466/PRO.69.5.320-322
- Biederman, J. Faraone, S. V., & Lapey, K. (1992). Comorbidity of diagnosis in attention-deficit/hyperactivity disorder. *Child and Adolescent Psychiatric Clinics of North America, 1*, 335-360.
- Biederman, J., Monuteaux, M. C., Mick, E., Spencer, T., Wilens, T. E., Silva, J. M.,...Faraone, S.V. (2006). Young adult outcome of attention deficit hyperactivity disorder: A controlled 10-year follow-up study. *Psychological Medicine, 36*(2), 167-179. doi: 10.1017/S0033291705006410.
- Biederman, J., Newcorn, J., & Sprich, S. (1991). Comorbidity of attention deficit hyperactivity disorder with conduct, depressive, anxiety, and other disorders. *American Journal of Psychiatry, 148*(5), 564-577.
- Biederman, J., Wilens, T., Mick, B., Faraone, S. V., Weber, W., Curtis, S.,...Soriano, J. (1997). Is ADHD a risk factor for psychoactive substance use disorders? Findings from a four-year prospective follow-up study. *Journal of the American Academy of Child and Adolescent Psychiatry, 36*(1), 21-29. doi: 10.1097/00004583-199701000-00013
- Bigelow, B. J. (2006). There's an elephant in the room: The impact of early poverty and neglect on intelligence and common learning disorders in children, adolescents, and their parents. *Developmental Disabilities Bulletin, 34*(1-2), 177-215.

- Blader, J. C. (2004). Symptom, family, and service predictors of children's psychiatric rehospitalization within one year of discharge. *Journal of the American Academy of Child & Adolescent Psychiatry*, 43(4), 440-451. doi: 10.1097/00004583-200404000-00010
- Bloom, B., & Cohen, R. A. (2007). Summary Health Statistics for U.S. Children: National Health Interview Survey, 2006. National Center for Health Statistics. *Vital Health Stat* 10(234). Retrieved on April 25, 2010 from http://www.cdc.gov/nchs/data/series/sr_10/sr10_234.pdf.
- Boulware, L. E., Cooper, L. A., Ratner, L. E., LaVeist, T. A., & Powe, N. R. (2003). Race and trust in the health care system. *Public Health Reports*, 118, 358–365.
- Bradley, R. H., & Corwyn, R. F. (2005). Productive activity and the prevention of behavior problems. *Developmental Psychology*, 41(1), 89–98. doi: 10.1037/0012-1649.41.1.89.
- Bronfenbrenner, U. (1979) *The Ecology of Human Development: Experiments by Nature and Design*. Harvard University Press, Cambridge, MA.
- Brown, R. T., Amler, R. W., Freeman, W. S., Perrin, J. M., Stein, M. T., Feldman, H. M.,...Committee on Quality Improvement, Subcommittee on Attention-Deficit/Hyperactivity Disorder (2005). Treatment of attention deficit/hyperactivity disorder: Overview of the evidence. *American Academy of Pediatrics*, 115(6), 749–757. doi: 10.1542/peds.2004-2560
- Brummett, B.H., Barefoot, J.C., Feaganes, J.R., Yen, S., Bosworth, H.B., Williams, R.B., & Siegler, I.C. (2000). Hostility in marital dyads: Association with

- depressive symptoms. *Journal of Behavioral Medicine*, 23(1), 95-105. doi: 10.1023/A:1005424405056
- Buffardi, L. C., & Erdwins, C. J. (1997). Child-care satisfaction: Linkages to work attitudes, interrole conflict and maternal separation anxiety. *Journal of Occupational Health Psychology*, 2(1), 84-96. doi: 10.1037/1076-8998.2.1.84
- Bussing, R., Koro-Ljungberg, M.E., Williamson, P., Gary, F.A., & Garvan, C.W. (2006). What “Dr. Mom” ordered: A community-based exploratory study of parental self-care responses to children’s ADHD symptoms. *Social Sciences & Medicine*, 63(4), 871-882. doi: 10.1016/j.socscimed.2006.03.014
- Bussing, R., Schoenberg, N.E., & Perwien, A.R. (1998). Knowledge and information and ADHD: Evidence of cultural differences among African-American and white parents. *Social Sciences & Medicine*, 46(7), 919-928. doi: 10.1016/S0277-9536(97)00219-0
- Bussing, R., Zima, R.T., Gary, F.A., & Garvan, C.W. (2003). Barriers to detection, help-seeking, and service use for children with ADHD symptoms. *The Journal of Behavioral Health Services & Research*, 30(2), 176-189. doi: 10.1007/BF02289806
- Byron, K. (2005). A meta-analytic review of work-family conflict and its antecedents. *Journal of Vocational Behavior*, 67(2), 169-198. doi: 10.1016/j.jvb.2004.08.009
- Carlson, D. D., & Kacmar, K. M. (2000). Work–family conflict in the organization: Do life role values make a difference?. *Journal of Management*, 26(5), 1031–1054. doi: 10.1016/S0149-2063(00)00067-2

- Carr, A., & Pike, A. (2011). Maternal scaffolding behavior: Links with parenting style and maternal education. *Developmental Psychology, 48*(2), 1-9.
doi:10.1037/a0025888
- Centers for Disease Control and Prevention (CDC). (2005). Mental health in the United States. Prevalence of diagnosis and medication treatment for attention-deficit/hyperactivity disorder—United States 2003. *MMWR. Morbidity and Mortality Weekly Report, 54*, 842–847.
- Centers for Disease Control and Prevention (CDC). (2010). Increasing prevalence of parent-reported attention-deficit/hyperactivity disorder among children—United States, 2003 and 2007. *MMWR. Morbidity and Mortality Weekly Report, 59*, 1439-1443.
- Chambless, D.L., Fauerbach, J.A., Floyd, F.J., Wilson, K.A., Remen, A.L., & Renneberg, B. (2002). Marital interactions of agoraphobic women: A controlled behavioral observation study. *Journal of Abnormal Psychology, 111*(3), 502-512. doi: 10.1037/0021-843X.111.3.502
- Chi, T. C., & Hinshaw, S. P. (2002). Mother-child relationships of children with ADHD: The role of maternal depressive symptoms and depression-related distortions. *Journal of Abnormal Child Psychopathology, 30*(4), 387-400. doi: 10.1023/A:1015770025043
- Christensen, A., Atkins, D.C., Berns, S., Wheeler, J., Baucom, D. H., & Simpson, I. E. (2004). Traditional versus integrative behavioral couple therapy for significantly and chronically distressed married couples. *Journal of*

Consulting and Clinical Psychology, 72(2), 176-191. doi: 10.1037/0022-006X.72.2.176

Chronis, A. M., Gamble, S. A., Roberts, J. E., & Pelham, W. E. (2006). Cognitive-behavioral depression treatment for mothers of children with Attention-Deficit/Hyperactivity Disorder. *Behavior Therapy*, 37(2), 143-158. doi: 10.1016/j.beth.2005.08.001

Chronis, A.M., Lahey, B. B., Pelham, W. E., Kipp, H. L., Baumann, B. L., & Lee, S. S. (2003). Psychopathology and substance abuse in parents of young children with attention-deficit/hyperactivity disorder. *Journal of the American Academy of Child & Adolescent Psychiatry*, 42(12), 1424-1432. doi: 10.1097/00004583-200312000-00009

Chronis, A. M., Lahey, B. B., Pelham, W. E., Williams, S. H., Baumann, B. L., Kipp, H.,...Rathouz, P.J. (2007). Maternal depression and early positive parenting predict future conduct problems in young children with attention-deficit/hyperactivity disorder. *Developmental Psychology*, 43(1), 70-82. doi: 10.1037/0012-1649.43.1.70

Chronis-Tuscano, A., O'Brien, K.A., Johnston, C., Jones, H.A., Clarke, T.L., Raggi, V.L.,...Seymour, K.E. (2011). The relation between maternal ADHD symptoms & improvement in child behavior following brief behavioral parent training is mediated by change in negative parenting. *Journal of Abnormal Child Psychology*, 39(7), 1047-1057. doi: 10.1007/s10802-011-9518-2.

Chronis-Tuscano, A., Raggi, V. L., Clarke, T. L., Rooney, M. E., Diaz, Y., & Pian, J. (2008a). Associations between maternal Attention Deficit/Hyperactivity

- Disorder symptoms and parenting. *Journal of Abnormal Child Psychology*, 36(8), 1237-1250. doi: 10.1007/s10802-008-9246-4
- Chronis-Tuscano, A., Seymour, K. E., Stein, M. A., Jones, H. A., Jiles, C. D., Rooney, M. E., Conlon, C. J.,...Robb, A.S. (2008b). Efficacy of Osmotic Release Oral System (OROS) methylphenidate for mothers with Attention-Deficit/Hyperactivity Disorder (ADHD): Preliminary report of effects of ADHD symptoms and parenting. *Journal of Clinical Psychiatry*, 69, 1938-1947.
- Cinamon, R. G., & Rich, Y. (2002). Profiles of attribution of importance to life roles and their implications for the work-family conflict. *Journal of Counseling Psychology*, 49(2), 212-220. doi: 10.1037/0022-0167.49.2.212
- Cinamon, R.G., Weisel, A., & Tzuk, K. (2007). Work-family conflict within the family: Crossover effects, perceived parent-child interaction quality, parental self-efficacy, and life role attributions. *Journal of Career Development*, 34(1), 79-100. doi: 10.1177/0894845307304066
- Civic, D., & Holt, V. L. (2000). Maternal depressive symptoms and child behavior problems in a nationally representative normal birthweight sample. *Maternal and Child Health Journal*, 4(4), 215–221. doi: 10.1023/A:10266677200478
- Conger, R. D., Elder, G. H., Jr., Lorenz, F. O., Conger, K. J., Simons, R. L., Whitbeck, L. B.,...Melby,J.N. (1990). Linking economic hardship to marital quality and instability. *Journal of Marriage and the Family*, 52(3), 643-656. doi: 10.2307/352931
- Costigan, C. L., Cox, M. J., & Cauce, A. M. (2003). Work–parenting linkages among

- dual-earner couples at the transition to parenthood. *Journal of Family Psychology*, 17(3), 397-408. doi: 10.1037/0893-3200.17.3.397
- Cuijpers, P., Smit, F., Oostenbrink, J., de Graaf, R., ten Have, M., & Beekman, A. (2007a). Economic costs of minor depression: A population-based study. *Acta Psychiatrica Scandinavica*, 115(3), 229-236. doi: 10.1111/j.1600-0447.2006.00851.x
- Cuijpers, P., Smit, F., & van Straten, A. (2007b). Psychological treatments of subthreshold depression: A meta-analytic review. *Acta Psychiatrica Scandinavica*, 115(6), 434-441. doi: 10.1111/j.1600-0447.2007.00998.x
- Daley, D. (2006). Attention deficit hyperactivity disorder: A review of the essential facts. *Child: Care, Health, & Development*, 32(2), 193-204. doi: 10.1111/j.1365-2214.2006.00572.x
- Danforth, J. S., Barkley, R. A., & Stokes, T. F. (1991). Observations of parent-child interactions with hyperactive children: Research and clinical implications. *Clinical Psychology Review*, 11(6), 703-727. doi: 10.1016/0272-7358(91)90127-G
- Davies, P. T., & Windle, M. (2001). Interparental discord and adolescent adjustment trajectories: The potentiating and protective role of intrapersonal attributes. *Child Development*, 72(4), 1163-1178. doi: 10.1111/1467-8624.00340
- Deater-Deckard, K., & Dunn, J. (1999). Multiple risks and adjustment in young children growing up in different family settings: A British community study of stepparent, single mother, and nondivorced families. In E. M. Hetherington (Ed.), *Coping with divorce, single parenting, and remarriage: A risk and*

resiliency perspective (pp. 47–64). Mahwah, NJ:

Erlbaum.

Deater-Deckard, K., & Scarr, S. (1996). Parenting stress among dual earner mothers and fathers: Are there gender differences? *Journal of Family Psychology*, *10*(1), 45-59. doi: 10.1037/0893-3200.10.1.45

Deault, L. C. (2010). A systematic review of parenting in relation to the development of comorbidities and functional impairments in children with Attention-Deficit/Hyperactivity Disorder. *Child Psychiatry and Human Development*, *41*(2), 168-192. doi: 10.1007/s10578-009-0159-4

Derogatis, L. R. (1993). *Brief symptom inventory: Administration, scoring, and procedures manual*. Minneapolis, MN: National Computer Systems, Inc.

Derogatis, L. R., & Spencer, P. M. (1982). *The Brief Symptom Inventory (BSI): Administration, and Procedures Manual-I*. Baltimore, MD: Clinical Psychometric Research.

DiScala, C., Lescohier, I., Barthel, M., & Li, G. (1998). Injuries to children with attention deficit hyperactivity disorder. *Pediatrics*, *102*(6), 1415-1421. doi: 10.1542/peds.102.6.1415

Dix, T. (1991). The affective organization of parenting: Adaptive and maladaptive processes. *Psychological Bulletin*, *110*(1), 3-25. doi: 10.1037/0033-2909.110.1.3

Dosreis, S., Zito, J.M., Safer, D.J., Soeken, K.L., Mitchell, J.W., Jr., & Ellwood, L.C. (2003). Parental perception and satisfaction with stimulant medication for attention-deficit hyperactivity disorder. *Journal of Developmental and Behavioral Pediatrics*, *24*(3), 155-162.

- Duffy, A. (2010). From predisposition to illness: Genetically sensitive intermediate pathways to mood disorders. *The British Journal of Psychiatry*, *197*, 341-342. doi: 10.1192/bjp.bp.110.079665
- Du Rocher Schudlich, T.D., Papp, L.M., & Cummings, E.M. (2004). Relation of husbands and wives' dysphoria to marital conflict resolution strategies. *Journal of Family Psychology*, *18*(1), 171-183. doi: 10.1037/0893-3200.18.1.171
- Eddy, J. M., Heyman, R. E., & Weiss, R. L. (1991). An empirical evaluation of the Dyadic Adjustment Scale: Exploring the differences between marital "satisfaction" and "adjustment". *Behavioral Assessment*, *13*(3), 199-220.
- Edwards, J. H. (2002). Evidenced-based treatment for child ADHD: "Real-world" practice implications. *Journal of Mental Health Counseling*, *24*(2), 126-140.
- Eiraldi, R.B., Mazzuca, L.B., Clarke, A.T., & Power, T.J. (2006). Service utilization among ethnic minority children with ADHD: A model of help-seeking behavior. *Administration and Policy in Mental Health and Mental Health Services Research*, *33*(5), 607-622. doi: 10.1007/s10488-006-0063-1
- Eisenberg, N., Zhou, Q., Spinrad, T. L., Valiente, C., Fabes, R. A., & Liew, J. (2005). Relations among positive parenting, children's effortful control, and externalizing problems: A three-wave longitudinal study. *Child Development*, *76*(5), 1055-1071. doi: 10.1111/j.1467-8624.2005.00897.x.
- Elgar, F. J., McGrath, P. J., Waschbusch, D. A., Stewart, S. H., & Curtis, L. J. (2004). Mutual influences on maternal depression and child adjustment problems. *Clinical Psychology Review*, *24*(4), 441-459. doi: 10.1016/j.cpr.2004.02.002

- Elliott, M. (2003). Work and family role strain among university employees. *Journal of Family and Economic Issues*, 24(2), 157-181. doi: 10.1023/A:1023614907886
- Ellis, B., & Nigg, J. (2009). Parenting practices and attention-deficit/hyperactivity disorder: New findings suggest partial specificity of effects. *Journal of the American Academy of Child & Adolescent Psychiatry*, 48(2), 146-154. doi: 10.1097/CHI.0b013e31819176d0
- Erdwins, C. J., Buffardi, L. C., Casper, W. J., & O'Brien, A. S. (2001). The relationship of women's role strain to social support, role satisfaction, and self-efficacy. *Family Relations*, 50(3), 230-238. doi: 10.1111/j.1741-3729.2001.00230.x
- Escobar, R., Hervas, A., Soutullo, C., Mardomingo, M. J., Uruñuela, A., & Gilaberte, I. (2008). Attention deficit/hyperactivity disorder: Burden of the disease according to subtypes in recently diagnosed children. *Actas Españolas de Psiquiatría*, 36(5), 285-294.
- Faraone, S. V. (2000). Attention deficit hyperactivity disorder in adults: Implications for theories of diagnosis. *Current Directions in Psychological Science*, 9(1), 33–36. doi: 10.1111/1467-8721.00055
- Faraone, S. V., Biederman, J., Spencer, T., Wilens, T., Seidman, L. J., Mick, E., & Doyle, A.E. (2000). Attention-deficit/hyperactivity disorder in adults: an overview. *Biological Psychiatry*, 48(1), 9–20. doi: 10.1016/S0006-3223(00)00880-1
- Faraone, S. V., Perlis, R. H., Doyle, A. E., Smoller, J. W., Goralnick, J. J., Holmgren,

- M. A., & Sklar, P. (2005). Molecular genetics of attention deficit/hyperactivity disorder. *Biological Psychiatry*, *57*, 1313–1323, doi: 10.1016/j.biopsych.2004.11.024
- Feinfield, K. A., & Baker, B. L. (2004). Empirical support for a treatment program for families of young children with externalizing problems. *Journal of Clinical Child and Adolescent Psychology*, *33*(1), 182-195. doi: 10.1207/S15374424JCCP3301
- Fernandez, M.C., & Arcia, E. (2004). Disruptive behaviors and maternal responsibility: A complex portrait of stigma, self-blame, and other reactions. *Hispanic Journal of Behavioral Sciences*, *26*(3), 356-372. doi: 10.1177/0739986304267208
- Fischer, M. (1990). Parenting stress and the child with attention deficit hyperactivity disorder. *Journal of Clinical Child Psychology*, *19*(4), 337-346. doi: 10.1207/s15374424jccp1904_5
- Fischer, M., Barkley, R. A., Smallish, L., & Fletcher, K. (2007). Hyperactive children as young adults: Driving abilities, safe driving behavior, and adverse driving outcomes. *Accident Analysis and Prevention*, *39*(1), 94-105. doi: 10.1016/j.aap.2006.06.008
- Flisher, A.J., Kramer, R.A., Grosser, R.C., Alegria, M., Bird, H.R., Bourdon, K.H., Goodman, S.H.,...Hoven, C.W. (1997). Correlates of unmet need for mental health services by children and adolescents. *Psychological Medicine: A Journal of Research in Psychiatry and the Allied Sciences*, *27*(5), 1145-1154. doi: 10.1017/S0033291797005412

- Flores, E., Cicchetti, D., & Rogosch, F.A. (2005). Predictors of resilience in maltreated and nonmaltreated Latino children. *Developmental Psychology*, 41(2), 338-351. doi: 10.1037/0012-1649.41.2.338
- Flory, K., Molina, B. S. G., Pelham, W. E., Gnagy, E., & Smith, B. (2006). Childhood ADHD predicts risky sexual behavior in young adulthood. *Journal of Clinical Child and Adolescent Psychology*, 35(4), 571-577. doi: 10.1207/s15374424jccp3504
- Ford, M. T., Heinen, B. A., & Langkamer, K. L. (2007). Work and family satisfaction and conflict: A meta-analysis of cross-domain relations. *Journal of Applied Psychology*, 92(1), 57-80. doi: 10.1037/0021-9010.92.1.57
- Franck, K.L., & Buehler, C. (2007). A family process model of marital hostility , parental depressive affect, and early adolescent problem behavior : The roles of triangulation and parental warmth. *Journal of Family Psychology*, 21(4), 614-624. doi: 10.1037/0893-3200.21.4.614
- Frazier, P.A., Tix, A.P., & Barron, K.E. (2004). Testing moderator and mediator effects in counseling psychology research. *Journal of Counseling Psychology*, 51(1), 115-134. doi: 10.1037/0022-0167.51.1.115
- Frick, P. J., Christian, R. C., & Wootton, J. M. (1999). Age trends in the association between parenting practices and conduct problems. *Behavior Modification*, 23(1), 106-128. doi: 10.1177/0145445599231005
- Frick, P. J., Kimonis, E. R., Dandreaux, D. M., & Farell, J. M. (2003). The 4 year stability of psychopathic traits in non-referred youth. *Behavioral Sciences and the Law*, 21(6), 713-736. doi: 10.1002/bsl.568

- Frick, P. J., Lahey, B. B., Loeber, R., Stouthamer-Loeber, M., Christ, M. A., & Hanson, K. (1992). Familial risk factors to oppositional defiant disorder and conduct disorder: Parental psychopathology and maternal parenting. *Journal of Consulting and Clinical Psychology, 60*(1), 49–55. doi: 10.1037/0022-006X.60.1.49
- Friedman, S. D., & Greenhaus, J. H. (2000). *Work and family — Allies or enemies? What happens when business professionals confront life choices*. New York: Oxford University Press.
- Frone, M. R. (2000). Work-family conflict and employee psychiatric disorders: The national comorbidity survey. *Journal of Applied Psychology, 85*(6), 888-895. doi: 10.1037/0021-9010.85.6.888
- Frone, M. (2003). Work-family balance. In J.C. Quick & L.E. Tetrick. (Eds.) *Handbook of Occupational Health Psychology* (pp. 143-162). Washington, D.C.: American Psychological Association.
- Frone, M., Russell, M., & Cooper, M. (1997a). Relation of work-family conflict to health outcomes: A four-year longitudinal study of employed parents. *Journal of Occupational and Organizational Psychology, 70*(4), 325-335.
- Frone, M. R., Yardley, J. K., & Markel, K. S. (1997b). Developing and testing an integrative model of the work-family interface. *Journal of Vocational Behavior, 50*(2), 145-167. doi: 10.1006/jvbe.1996.1577
- Garrett, P., Ng'andu, N., & Ferron, J. (1994). Poverty experiences of young children and the quality of their home environment. *Child Development, 65*(2), 331-345. doi: 10.2307/1131387

- Gatchel, R.J., Mayer, T.G., Kidner, C.L., & McGeary, D.D. (2005). Are gender, marital status or parenthood risk factors for outcome of treatment for chronic disabling spinal disorders? *Journal of Occupational Rehabilitation, 15*(2), 91-101. doi: 10.1007/s10926-005-1218-8
- Gelso, C., & Fretz, B. (2000). *Counseling psychology* (2nd ed). USA: Wadsworth Publishing.
- Gerdes, A.C., Hoza, B., Arnold, L.E., Pelham, W.E., Swanson, J.M., Wigal, T., & Jensen, P.S. (2007). Maternal depressive symptomology and parenting behavior: Exploration of possible mediators. *Journal of Abnormal Child Psychology, 35*(5), 705-714. doi: 10.1007/s10802-007-9134-3
- Gerkenmeyer, J. E., Perkins, S. M., Scott, E. L., & Wu, J. (2008). Depressive symptoms among primary caregivers of children with mental health needs: Mediating and moderating variables. *Archives of Psychiatric Nursing, 22*(3), 135–146. doi: 10.1016/j.apnu.2007.06.016
- Gilberg, C., Carlstrom, G., & Rasmussen, P. (1983). Hyperkinetic disorders in seven-year-old children with perceptual, motor, and attentional deficits. *Journal of Child Psychology and Psychiatry, 24*, 233-246. doi: 10.1111/j.1469-7610.1983.tb00572.x
- Glass, J. L. & Estes, S. G. (1997). The family responsive workplace. *Annual Review of Sociology, 23*, 289–313. doi: 10.1146/annurev.soc.23.1.289
- Goff, S. J., Mount, M. K., & Jamison, R. L. (1990). Employer supported child care, work/family conflict, and absenteeism: A field study. *Personnel Psychology, 43*(4), 793-809. doi: 10.1111/j.1744-6570.1990.tb00683.x

- Goldman, L. S., Genel, M., Bezman, R. J., & Slanetz, P. J. (1998). Diagnosis and treatment of Attention-Deficit/Hyperactivity Disorder in children and adolescents. *Journal of the American Medical Association*, 279(14), 1100-1107. doi: 10.1001/jama.279.14.1100
- Gordon, M., Rosenman, L., & Cuskelly, M. (2007). Constrained labour: Maternal employment when children have disabilities. *Journal of Applied Research in Intellectual Disabilities*, 20(3), 236-246. doi: 10.1111/j.1468-3148.2006.00325.x
- Gottman, J. (1998). Psychology and the study of marital processes. *Annual Review of Psychology*, 49, 169-197. doi: 10.1146/annurev.psych.49.1.169
- Graham, J., Liu, Y., & Jeziorski, J. (2006). The Dyadic Adjustment Scale: A reliability generalization meta-analysis. *Journal of Marriage and the Family*, 68(3), 701-717. doi: 10.1111/j.1741-3737.2006.00284.x
- Grandey, A., Cordero, B., & Michael, J. (2007). Work-family supportiveness organizational perceptions: Important for the well-being of male blue-collar hourly workers? *Journal of Vocational Behavior*, 71(3), 460-478. doi: 10.1016/j.jvb.2007.08.001
- Grant-Vallone, E. J., & Donaldson, S. I. (2001). Consequences of work-family conflict on employee well-being over time. *Work and Stress*, 15(3), 214-226. doi: 10.1080/02678370110066544
- Graziano, P.A., McNamara, J.P., Geffken, G.R., & Reid, A. (2011). Severity of children's ADHD symptoms and parenting stress: A multiple mediation model of self-regulation. *Journal of Abnormal Child Psychology*, 39(7), 1073-

1083. doi: 10.1007/s10802-011-9528-0

- Greenhaus, J. H. & Parasuraman, S. (1999). Research on work, family, and gender: Current status and future directions. In G.N. Powell (Ed.), *Handbook of gender and work*. Thousand Oaks, CA: Sage.
- Greenhaus, J.H., Parasuraman, S., & Collins, K.M. (2001). Career involvement and family involvement as moderators of relationships between work-family conflict and withdrawal from a profession. *Journal of Occupational Health Psychology, 6*(2), 91-100. doi: 10.1037//10768998.6.2.91
- Greenhaus, J. H., & Powell, G. N. (2006). When work and family are allies: A theory of work-family enrichment. *Academy of Management Review, 31*(1), 72-92.
- Greenhill, L.L., Pliszka, S., Dulcan, M.K., Bernet, W., Arnold, V., Beitchman J., Benson, R.S.,...Kroeger, K. (2001) Summary of the practice parameter for the use of stimulant medications in the treatment of children, adolescents, and adults. *Journal of the American Academy of Child & Adolescent Psychiatry, 40*(11), 1352–1355. doi: 10.1097/00004583-200111000-00020
- Gryczkowski, M.R., Jordan, S.S., & Mercer, S.H. (2010). Differential relations between mothers' and fathers' parenting practices and child externalizing behavior. *Journal of Child and Family Studies, 19*(5), 539-546. doi: 10.1007/s10826-009-9326-2
- Grzywacz, J. G. (2000). Work-family spillover and health during midlife: Is managing conflict everything? *American Journal of Health Promotion, 14*(4), 236-243.

- Grzywacz, J. G., Almeida, D. M., & McDonald, D. A. (2002). Work-family spillover and daily reports of work and family stress in the adult labor force. *Family Relations*, 51(1), 28-36. doi: 10.1111/j.1741-3729.2002.00028.x
- Grzywacz, J. G., & Bass, B. L. (2003). Work, family, and mental health: Testing different models of work-family fit. *Journal of Marriage and Family*, 65(1), 248-262. doi: 10.1111/j.1741-3737.2003.00248.x
- Grzywacz, J., & Marks, N. (2000). Reconceptualizing the work-family interface: An ecological perspective on the correlates of positive and negative spillover between work and family. *Journal of Occupational Health Psychology*, 5(1), 111-126. doi: 10.1037/1076-8998.5.1.111
- Gupta, V. B. (2007). Comparison of parenting stress in different developmental disabilities. *Journal of Developmental and Physical Disabilities*, 19(4), 417-425. doi: 10.1007/s10882-007-9060-x
- Hakkaart-van Roijen, L., Zwirs, B. W. C., Bouwmans, C., Tan, S. S., Schulpen, T. W. J., Vlasveld, L., & Buitelaar, J. K. (2007). Societal costs and quality of life of children suffering from attention deficit hyperactivity disorder (ADHD). *European Child & Adolescent Psychiatry*, 16, 317-326. doi: 10.1007/s00787-007-0603-6
- Haapasalo, J., & Tremblay, R. E. (1994). Physically aggressive boys from ages 6 to 12: Family background, parenting behavior, and prediction of delinquency. *Journal of Consulting and Clinical Psychology*, 62, 1044-1052. doi: 10.1037/0022-006X.62.5.1044
- Haas, L. (1999). Families and work. In M.B. Sussman, S.K. Steinmetz, and G.W.

- Peterson (Eds) *Handbook of Marriage and the Family*, 2nd ed. (pp 571-612).
Plenum, New York, NY.
- Hallahan, M., & Rosenthal, R. (1996). Statistical power: Concepts, procedures, and applications. *Behavior, Research, and Therapy*, 34(5-6), 489-499. doi: 10.1016/0005-7967(95)00082-8
- Hammer, L. B., Cullen, J. C., Neal, M. B., Sinclair, R. R., & Shafiro, M. V. (2005). The longitudinal effects of work-family conflict and positive spillover on depressive symptoms among dual-earner couples. *Journal of Occupational Health Psychology*, 10(2), 138-154. doi: 10.1037/1076-8998.10.2.138
- Härenstam, A., & Bejerot, E. (2001). Combining professional work with family responsibility A burden or a blessing? *Social Welfare*, 10(3), 202-214. doi: 10.1111/1468-2397.00173
- Harvey, E. (1998). Parental employment and conduct problems among children with attention-deficit/hyperactivity disorder: An examination of child care workload and parenting well-being as mediating variables. *Journal of Social & Clinical Psychology*, 17(4), 476-490.
- Hawkins, D.N., & Booth. A. (2005). Unhappily ever after: Effects of long-term, low-quality marriages on well-being. *Social Forces*, 84(1), 451-471. doi: 10.1353/sof.2005.0103
- Heene, E., Buysse, A., & Van Oost, P. (2007). An interpersonal perspective on depression: The role of marital adjustment, conflict communication, attributions, and attachment within a clinical sample. *Family Process*, 46(4), 499-514. doi: 10.1111/j.1545-5300.2007.00228.x

- Heller, D., & Watson, D. (2005). The dynamic spillover between work and marriage: The role of time and mood. *Journal of Applied Psychology, 90*(6), 1273-1279. doi: 10.1037/0021-9010.90.6.1273
- Hettema, J. M., Prescott, C. A., Myers, J. M., Neale, M. C., & Kendler, K. S. (2005). The structure of genetic and environmental risk factors for anxiety disorders in men and women. *Archives of General Psychiatry, 62*, 182–189. doi: 10.1001/archpsyc.62.2.182
- Heyman, R. E., Sayers, S. L., & Bellack, A. S. (1994). Global marital satisfaction versus marital adjustment: An empirical comparison of three measures. *Journal of Family Psychology, 8*(4), 432-446. doi: 10.1037/0893-3200.8.4.432
- Hill, E. (2005). Work-family facilitation and conflict, working fathers and working mothers, work-family stressors and support. *Journal of Family Issues, 26*(6), 793-819. doi: 10.1177/0192513X05277542
- Hill, L.C., & Hilton, J.M. (1999). Changes in roles following divorce. *Journal of Divorce & Remarriage, 31*(3-4), 91-114. doi: 10.1300/J087v31n03_06
- Hinshaw, S., Lahey, B., & Hart, E. (1993). Issues of taxonomy and comorbidity in the development of conduct disorder. *Development and Psychopathology, 5*(1-2), 31-49. doi: 10.1017/S0954579400004247.
- Holden, G.W. & Miller, P. C. (1999) Enduring and different: A meta-analysis of the similarity in parents' child rearing. *Psychological Bulletin, 125*(2), 223–254. doi: 10.1037/0033-2909.125.2.223
- Holt-Lunstad, J., Birmingham, W., & Jones, B.Q. (2008). Is there something unique about marriage? The relative impact of marital status, relationship quality, and

- network social support on ambulatory blood pressure and mental health. *Annals of Behavioral Medicine*, 35(2), 239-244. doi: 10.1007/s12160-008-9018-y
- Hopkins, G. (2007). Father where art though? *Community Care*, 1680, 32-33.
- Jackson, A. P., Bentler, P. M., & Franke, T. M. (2008). Low-wage maternal employment and parenting style. *Social Work*, 53(3), 267-278.
- Jansen, N. W. H., Kant, I., Nijhuis, F. J. N., Swaen, G. M. H., & Kristensen, T. S. (2004). Impact of worktime arrangements on work-home interference among Dutch employees. *Scandinavian Journal of Work, Environment, & Health*, 30(2), 139-148. doi:10.5271/sjweh.771
- Jensen, P. S., Kettle, L., Roper, M. T., Sloan, M. T., Dulcan, M. K., Hoven, C. Bird, H. R.,... Payne, J. D. (1999). Are stimulants overprescribed? Treatment of ADHD in four U.S. communities. *Journal of the Academy of Child and Adolescent Psychiatry*, 38(7), 797-804. doi: 10.1097/00004583-199907000-00008
- Johnson, J.G., Cohen, P., Kasen, S., & Brook, J. S. (2006a). Maternal psychiatric disorders, parenting, and maternal behavior in the home during the child rearing years. *Journal of Child and Family Studies*, 15(1), 97-114. doi: 10.1007/s10826-005-9003-z
- Johnson, J.G., Cohen, P., Kasen, S., Ehrensaft, M.K., & Crawford, T.N. (2006b). Associations of parental personality disorders and Axis 1 disorders with childrearing behavior. *Psychiatry*, 69(4), 336-350. doi: 10.1521/psyc.2006.69.4.336

- Johnson, P.L., & Flake, E.M. (2007). Mental depression and child outcomes. *Psychiatric Annals*, 37(6), 404-410.
- Johnson, J., & Reader, S. (2002). Assessing stress in families of children with ADHD: Preliminary development of the Disruptive Behavior Stress Inventory (DBSI). *Journal of Clinical Psychology in Medical Settings*, 9(1), 51–62. doi:10.1023/A:1014136029697.
- Johnston, C., & Behrenz, K. (1993). Childrearing discussions in families of nonproblem children and ADHD children with higher and lower levels of aggressive-defiant behavior. *Canadian Journal of School Psychology*, 9(1), 53–65. doi: 10.1177/082957358500900106
- Johnston, C., & Jassy, J. S. (2007). Attention-deficit/hyperactivity disorder and oppositional/conduct problems: Links to parent-child interactions. *Journal of the Canadian Academy of Child and Adolescent Psychiatry*. 16(2), 74-79.
- Johnston, C., & Mash, E. J. (2001). Families of children with attention-deficit/hyperactivity disorder: Review and recommendations for future research. *Clinical Child & Family Psychology*, 4(3), 183-207. doi: 10.1023/A:1017592030434
- Joussemet, M., Koestner, R., Lekes, N., & Landry, R. (2005). A longitudinal study of the relationship of maternal autonomy support to children's adjustment and achievement in school. *Journal of Personality*, 73(5), 1215-1235. doi: 10.1111/j.1467-6494.2005.00347.x
- Judge, T. A., Cable, D. M., Boudreau, J. W., & Bretz, R. D. (1995). An empirical

- investigation of the predictors of executive career success. *Personnel Psychology*, 48(3), 485–519. doi: 10.1111/j.1744-6570.1995.tb01767.x
- Kalil, A., Ziol-Guest, K.M., & Coley, R.L. (2005). Perceptions of father involvement patterns in teenage mother families: Predictors and links to mothers' psychological adjustment. *Family Relations*, 54(2), 197-211. doi: 10.1111/j.0197-6664.2005.00016.x
- Karsten, J., Hartman, C.A., Smit, J.H., Zitman, F.G., Beekman, A.T.F., Cuijpers, P., van der Does, A.J.,...Penninx, B.W.J.H. (2011). Psychiatric history and subthreshold symptoms as predictors of the occurrence of depressive or anxiety disorder within 2 years. *The British Journal of Psychiatry*, 198(3), 206-212. doi: 10.1192/bjp.bp.110.080572
- Kashdan, T. B., Jacob, R. G., Pelham, W. E., Lang, A. R., Hoza, B., Blumenthal, J. D., & Gnagy, E. M. (2004). Depression and anxiety in parents of children with ADHD and varying levels of oppositional defiant behaviors: Modeling relationships with family functioning. *Journal of Clinical Child and Adolescent Psychology*, 33(1), 169-81. doi: 10.1207/S15374424JCCP3301
- Katz, L., & Gottman, J. (1996). Spillover effects of marital conflict: In search of parenting and coparenting mechanisms. In J. McHale & P. Cowan (Eds.), *Understanding how family-level dynamics affect children's development: Studies of two-parent families* (pp. 57–76). San Francisco: Jossey-Bass.
- Katz, L.F., & Woodin, E.M. (2002). Hostility, hostile detachment, and conflict engagement in marriages: Effects on child and family functioning. *Child Development*, 73(2), 636-652. doi: 10.1111/1467-8624.00428

- Kazdin, A. E., and Whitley, M. K. (2003). Treatment of parental stress to enhance therapeutic change among children referred for aggressive and antisocial behavior. *Journal of Consulting and Clinical Psychology, 71*(3), 504-515. doi: 10.1037/0022-006X.71.3.504
- Kendler, K. S., Myers, J., & Prescott, C. A. (2005). Sex differences in the relationship between social support and risk for major depression: A longitudinal study of opposite-sex twin pairs. *American Journal of Psychiatry, 162*, 250-256. doi: 10.1176/appi.ajp.162.2.250
- Keown L.J., & Woodward, L.J. (2002). Early parent-child relations and family functioning of preschool boys with pervasive hyperactivity. *Journal of Abnormal Child Psychology, 30*(6), 541-553. doi: 10.1023/A:1020803412247
- Kersh, J., Hedvat, T. T., Hauser-Dram, P., & Warfield, M. E. (2006). The contribution of marital quality to the well-being of parents of children with developmental disabilities. *Journal of Intellectual Disability Research, 50*(12), 883-893. doi: 10.1111/j.1365-2788.2006.00906.x
- Kiecolt-Glasser, J., & Newton, T. (2001). Marriage and health: His and hers. *Psychological Bulletin, 127*(4), 472-503. doi: 10.1037/0033-2909.127.4.472
- Kjøbli, J., & Hagen, K.A. (2009). A mediation model of interparental collaboration, parenting practices, and child externalizing behavior in a clinical sample. *Family Relations, 58*(3), 275-288. doi: 10.1111/j.1741-3729.2009.00552.x
- Klein, R. G., & Mannuzza, S. (1991). Long-term outcome of hyperactive children: A review. *Journal of the American Academy of Child and Adolescent Psychiatry, 30*(3), 383-387. doi: 10.1097/00004583-199105000-00005.

- Koenig, J.L., Barry, R.A., & Kochanska, G. (2010). Rearing difficult children: Parents' personality and children's proneness to anger as predictors of future parenting. *Parenting: Science and Practice, 10*(4), 258-273. doi: 10.1080/15295192.2010.492038
- Kolak, A.M., & Volling, B.L. (2007). Parental expressiveness as moderator of coparenting and marital relationship quality. *Family Relations, 56*(5), 47-478.
- Kossek, E.E., & Ozeki, C. (1998). Work-family conflict, policies, and the job-life satisfaction relationship: A review and directions for organizational behavior-human resources research. *Journal of Applied Psychology, 83*(2), 139-149. doi: 10.1037/0021-9010.83.2.139
- Kurdek, L. A. (1992). Dimensionality of the Dyadic Adjustment Scale: Evidence from heterosexual and homosexual couples. *Journal of Family Psychology, 6*(1), 22-35. doi: 10.1037/0893-3200.6.1.22
- Kurdek, L. A. (2002). Predicting the timing of separation and marital satisfaction: An eight-year prospective longitudinal study. *Journal of Marriage and Family, 64*(1), 163-179. doi: 10.1111/j.1741-3737.2002.00163.x
- Kurstjens, S., & Wolke, D. (2001). Effects of maternal depression on cognitive development of children over the first 7 years of life. *Journal of Child Psychology and Psychiatry, 42*(5), 623-636. doi: 10.1111/1469-7610.00758
- LaForett, D. R., Murray, D. W., & Kollins, S. H. (2008). Psychosocial treatments for preschool-aged children with attention-deficit hyperactivity disorder. *Developmental Disabilities, 14*(4), 300-310. doi: 10.1002/ddrr.36
- Lahey, B. B., McBurnett, K., & Loeber, R. (2000). Are attention-

- deficit/hyperactivity disorder and oppositional defiant disorder development precursors to conduct disorder? In A. Sameroff, M. Lewis, & S. Miller (Eds.), *Handbook of developmental psychopathology* (2nd ed.). Dordrecht, Netherlands: Kluwer Academic Publishers.
- Lavigne, J. V., LeBailly, S. A., Hopkins, J., Gouze, K. R., & Binns, H. J. (2009). The prevalence of ADHD, ODD, depression, and anxiety in a community sample of 4-year-olds. *Journal of Clinical Child & Adolescent Psychology*, 38(3), 315-328. doi: 10.1080/15374410902851382.
- LeCuyer-Maus, E. A., & Houck, G. M. (2002). Mother-toddler interaction and the development of self-regulation in a limit-setting context. *Journal of Pediatric Nursing*, 17(3), 184–200. doi: 10.1053/jpdn.2002.124112.
- Lee, K. (2003). Maternal coping skills as a moderator between depression and stressful life events: Effects on children's behavioral problems in an intervention program. *Journal of Child and Family Studies*, 12(4), 425-437. doi 10.1023/A:1026064007253
- Leggett, C., & Hotham, E. (2011). Treatment experiences of children and adolescents with attention-deficit/hyperactivity disorder. *Journal of Paediatrics and Child Health*, 47(8), 512-517. doi:10.1111/j.1440-1754.2011.02013.x
- Leibson, C.L., Katusic, S.K., Barbaresi, W.J., Ransom, J., & O'Brien, P.C. (2001). Use and costs of medical care for children and adolescents with and without Attention-Deficit/Hyperactivity Disorder. *The Journal of the American Medical Association*, 285(1), 60-66. doi: 10.1001/jama.285.1.60
- Lewis, S., Kagan, C., Heaton, P., & Cranshaw, M. (1999). Economic and

- psychological benefits from employment: The experiences and perspectives of mothers of disabled children. *Disability & Society*, 14(4), 561-575. doi: 10.1080/09687599926127
- Lindahl, K. M. (1998). Family process variables and children's disruptive behavior problems. *Journal of Family Psychology*, 12(3), 420-436. doi: 10.1037/0893-3200.12.3.420
- Lindahl, K.M., Clements, M., & Markman, H. (1997). Predicting marital and parent functioning in dyads and triads: A longitudinal investigation of marital processes. *Journal of Family Psychology*, 11(2), 139-151. doi: 10.1037/0893-3200.11.2.139
- Link, B.G., & Phelan, J. (1995). Social conditions as fundamental causes of disease. *Journal of Health and Social Behavior*, 35, 80-94.
- Linville, P. W. (1985). Self-complexity and affective extremity: Don't put all of your eggs in one cognitive basket. *Social Cognition*, 3(1), 94-120.
- Linville, P. W. (1987). Self-complexity as a cognitive buffer against stress-related illness and depression. *Journal of Personality and Social Psychology*, 52(4), 663-676. doi: 10.1037/0022-3514.52.4.663
- Lloyd, T., & Hastings, R. P. (2008). Psychological variables as correlates of adjustment in mothers of children with intellectual disabilities: Cross-sectional and longitudinal relationships. *Journal of Intellectual Disability Research*, 52(1), 37-48. doi: 10.1111/j.1365-2788.2007.00974.x
- Lobel, S. A., & Kossek, E. E. (1996). Human resource strategies to support diversity in work and personal lifestyles: Beyond the "family friendly" organization. In

- E. E. Kossek & S. A. Lobel (Eds.), *Managing diversity: Human resource strategies for transforming the workplace* (pp. 221–243). Cambridge, MA: Blackwell.
- Lorenz, F. O., Conger, R. D., Montague, R. B., & Wickrama, K. A. S. (1993). Economic conditions, spouse support, and psychological distress of rural husbands and wives. *Rural Sociology*, *58*(2), 247-268. doi: 10.1111/j.1549-0831.1993.tb00493.x
- Lovejoy, C., Weiss, R., O'Hare, E., & Rubin, E. (1999) Development and initial validation of the Parent Behavior Inventory. *Psychological Assessment*, *11*(4), 534-545. doi:10.1037/1040-3590.11.4.534
- Luoma, I., Tamminen, T., Kaukonen, P., Laippala, P., Puura, K., Salmelin, R., & Almovist, F. (2001). Longitudinal study of maternal depressive symptoms and child well-being. *Journal of the American Academy of Child and Adolescent Psychiatry*, *40*(12), 1367–1374. doi: 10.1097/00004583-200112000-00006
- Luthar, S. S., Cicchetti, D., & Becker, B. (2000). The construct of resilience: A critical evaluation and guidelines for future work. *Child Development*, *71*(3), 543-562. doi: 10.1111/1467-8624.00164
- Luthar, S. S., & Zelazo, L. B. (2003). Research on resilience: An integrative review. In S. S. Luthar (Ed.), *Resilience and vulnerability: Adaptation in the context of childhood adversities* (pp. 510–549). New York: Cambridge University Press.
- McKee, T.E., Harvey, E., Danforth, J.S., Ulaszek, W.R., Friedman, J.L. (2004). The relation between parental coping styles and parent-child interactions before

and after treatment for children with ADHD and oppositional disorder.

Journal of Clinical Child and Adolescent Psychology, 33(1), 158-168. doi:

10.1207/S15374424JCCP3301_15

McLoyd, V. C. (1998). Socioeconomic disadvantage and child development.

American Psychologist, 53(2), 185-204. doi: 10.1037/0003-066X.53.2.185

Mannuzza, S., Klein, R. G., Bessler, A., Mallory, P., & LaPadula, M. (1993). Adult

outcome of hyperactive boys: Educational achievement, occupational rank, and psychiatric status. *Archives of General Psychiatry*, 50(7), 565-576.

Mash, E. J., & Johnston, C. (1982). A comparison of mother-child interactions of

younger and older hyperactive and normal children. *Child Development*, 53(5), 1371-1381. doi: 10.2307/1129028

Mash, E. J., & Johnston, C. (1990). Determinants of parenting stress: Illustrations from families of hyperactive and families of physically abused children.

Journal of Clinical Child Psychology, 19(4), 313-328. doi:

10.1207/s15374424jccp1904_3

Masten, A.S. (2001). Ordinary magic: Resilience processes in development.

American Psychologist, 56(3), 227-238. doi: 10.1037/0003-066X.56.3.227

Masten, A. S., & Curtis, W. J. (2000). Integrating competence and psychopathology:

Pathways toward a comprehensive science of adaptation in development.

Development and Psychopathology, 12(3), 529-550. doi:

10.1017/S095457940000314X

Matsui, T., Oshawa, T., & Onglatco, M. L. (1995). Work-family conflict and the stress-

buffering effects of husband support and coping behavior among Japanese

- married, working women. *Journal of Vocational Behavior*, 47(2), 178-192.
doi: 10.1006/jvbe.1995.1034
- Milch, R., Balentine, A. C., & Lynam, D. R. (2001). ADHD combined type and ADHD predominantly inattentive type are distinct and unrelated disorders. *Clinical Psychology: Science and Practice*, 8(4), 463-488. doi: 10.1093/clipsy.8.4.463
- Mills-Koonce, W.R., Appleyard, K., Barnett, M., Deng, M., Putallaz, M., & Cox, M. (2011). Adult attachment style and stress as risk factors for early maternal sensitivity and negativity. *Infant Mental Health Journal*, 32(3), 277-285. doi: 10.1002/imhj.20296
- Modesto, V., Danforth, J.S., & Brooks, D. (2008). ADHD: Does parenting style matter? *Clinical Pediatrics*, 47(9), 865-872. doi: 10.1177/0009922808319963
- Modesto-Lowe, V., Yelunina, L., & Hanjan, K. (2011). Attention-deficit/hyperactivity disorder: A shift toward resilience? *Clinical Pediatrics*, 50(6), 518-524. doi: 10.1177/0009922810394836
- Molina, B. S. G., Pelham, W. E., & Lang, A. R. (1997). Alcohol expectancies and drinking characteristics in parents of children with attention-deficit/hyperactivity disorder. *Alcoholism: Clinical and Experimental Research*, 21(3), 557-566.
- Morrill, M. I., Hines, D. A., Mahmood, S., & Cordova, J. V. (2010). Pathways between marriage and parenting for wives and husbands: The role of coparenting. *Family Processes*, 49(1), 59-73. doi: 10.1111/j.1545-5300.2010.01308.x

- Mothander, P.R., & Moe, R.G. (2010). Self-reported depressive symptoms and parental stress in mothers and fathers who bring their infants to an infant mental health clinic. *Nordic Journal of Psychiatry, 64*(5), 310-316. doi: 10.3109/08039480903528138
- Murray, C., & Johnston, C. (2006). Parenting in mothers with and without Attention-Deficit/Hyperactivity Disorder. *Journal of Abnormal Psychology, 115*(1), 52-61. doi: 10.1037/0021-843X.115.1.52
- National Institute of Child Health and Human Development Early Child Care Research Network (2005). Duration and developmental timing of poverty and children's cognitive and social development from birth through third grade. *Child Development, 76*, 795-810. doi: 10.1111/j.1467-8624.2005.00878.x
- O'Driscoll, M., Poelmans, S., Spector, P., Kalliath, T., Allen, T., Cooper, C., & Sanchez, J. (2003). Family-responsive interventions, perceived organizational and supervisor support, work-family conflict, and psychological strain. *International Journal of Stress Management, 10*(4), 326-344. doi: 10.1037/1072-5245.10.4.326a
- Owens, E. B., Hinshaw, S. P., Kraemer, H. C., Arnold, L. E., Abikoff, H. B., Cantwell, D. P., Conners, C.K.,...Wigal, T. (2003). Which treatment for whom for ADHD? Moderators of treatment response in the MTA. *Journal of Consulting and Clinical Psychology, 71*(3), 540-552. doi: 10.1037/0022-006X.71.3.540
- Ozer, E. M., Barnett, R. C, Brennan, R. T., & Sperling, J. (1998). Does child care involvement increase or decrease distress among dual-earner couples?

- Women's Health: Research on Gender, Behavior, and Policy*, 4(4), 285-311.
- Papp, L.M., Goeke-Morey, M.C., & Cummings, E.M. (2007). Linkages between spouses' psychological distress and marital conflict in the home. *Journal of Family Psychology*, 21(3), 533-537. doi: 10.1037/0893-3200.21.3.533
- Parasuraman, S., & Greenhaus, J. H. (2002). Toward reducing some critical gaps in work-family research. *Human Resource Management Review*, 12(3), 299-312. doi: 10.1016/S1053-4822(02)00062-1
- Parasuraman, S., Purohit, Y. S., Godshalk, V. M., & Beutell, N. (1996). Work and family variables, entrepreneurial career success and psychological well-being. *Journal of Vocational Behavior*, 48(3), 275–300. doi: 10.1006/jvbe.1996.0025
- Parker, L., & Allen, T. (2001). Work/family benefits: Variable related to employees' fairness perceptions. *Journal of Vocational Behavior*, 58(3), 453-468. doi: 10.1006/jvbe.2000.1773
- Paternite, C. E., Loney, J., & Roberts, M. A. (1996). A preliminary validation of subtypes of DSM IV attention deficit/hyperactivity disorder. *Journal of Attention Disorders*, 1(2), 70–86. doi: 10.1177/108705479600100201
- Patten, S.B., Wang, J.L., Williams, J.V.A., Currie, S., Beck, C.A., Maxwell, C.J., & el-Guebaly, N. (2006). Descriptive epidemiology of major depression in Canada. *Canadian Journal of Psychiatry*, 51(2), 84-90.
- Patterson, J. (2002). Understanding family resilience. *Journal of Clinical Psychology*, 58(3), 233-246. doi: 10.1002/jclp.10019
- Patterson, G. R., DeGarmo, D. S., & Knutson, N. (2000). Hyperactive and antisocial behaviors: Comorbid or two points in the same process? *Development and*

Psychopathology, 12(1), 91–106. doi: 10.1017/S0954579400001061

- Pearson, Q. M. (2008). Role overload, job satisfaction, leisure satisfaction and psychological health among employed women. *Journal of Counseling & Development*, 86(1), 57-63.
- Pelham, W. E., Lang, A. R., Atkeson, B., Murphy, D.A., Gnagy, E.M., Greiner, A.R., Vodde-Hamilton, M.,...Greenslade, K.E. (1997). Effects of deviant child behavior on parental distress and alcohol consumption in laboratory interactions. *Journal of Abnormal Child Psychology*, 25(5), 413–424. doi: 10.1023/A:1025789108958
- Pelham, J.M., Wheeler, T., & Chronis, A. (1998). Empirically supported psychosocial treatments for attention deficit hyperactivity disorder. *Journal of Clinical Child Psychology*, 27(2), 190-205. doi: 10.1207/s15374424jccp2702_6
- Perrin, J. M., Fluet, C. F., Kuhlthau, K.A., Anderson, B., Wells, N., Epstein, S., Allen, D.,...Tobias, C. (2007). Benefits for employees with children with special needs: Findings from the collaborative employee benefit study. *Health Affairs*, 26(1), 1096-1103. doi: 10.1377/hlthaff.26.4.1096.
- Perrin, S., & Last, C. G. (1996). Relationship between ADHD and anxiety in boys: Results from a family study. *Journal of the American Academy of Child & Adolescent Psychiatry*, 35(8), 988-996. doi: 10.1097/00004583-199608000-00009
- Perrone, K. M. (2000). Balancing life roles to achieve career happiness and life satisfaction. *Career Planning and Adult Developmental Journal*, 15(4), 49-58.

- Perrone, K. M., Ægisdóttir, S., Webb, L. K., & Blalock, R. H. (2006). Work-family interface: Commitment, conflict, coping, and satisfaction. *Journal of Career Development, 32*(3), 286-300. doi: 10.1177/0894845305283002
- Perry-Jenkins, M., Repetti, R. L., & Crouter, A. C. (2000). Work and family in the 1990s. *Journal of Marriage & the Family, 62*(4), 981-998. doi: 10.1111/j.1741-3737.2000.00981.x
- Podolski, C., & Nigg, J. (2001). Parent stress and coping in relation to child ADHD severity and associated child disruptive behavior problems. *Journal of Clinical Child Psychology, 30*(4), 503–513. doi:10.1207/S15374424JCCP3004_07.
- Polanczyk, G., de Lima, M. S., Horta, B. L., Biederman, J., & Rohde, L. A. (2007). The worldwide prevalence of ADHD: A systematic review and metaregression analysis. *American Journal of Psychiatry, 164*(6), 942-948. doi: 10.1176/appi.ajp.164.6.942
- Poms, L.W., Botsford, W.E., Kaplan, S.A., Buffardi, L.C., & O'Brien, A.S. (2009). The economic impact of work and family issues: Child care satisfaction and financial considerations of employed mothers. *Journal of Occupational Health Psychology, 14*(4), 402-413. doi: 10.1037/a0017143
- Proulx, C., Helms, H., & Buehler, C. (2007). Marital quality and personal well-being: A meta-analysis. *Journal of Marriage and the Family, 69*(3), 576-593. doi: 10.1111/j.1741-3737.2007.00393.x
- Psychogiou, L., Daley, D., Thompson, M., & Sonuga-Bark, E. (2007). Testing the interactive effect of parent and child ADHD on parenting in mothers and

- fathers: A further test of the similarity-fit hypothesis. *British Journal of Developmental Psychology*, 25(3), 419-433. doi: 10.1348/026151006X170281
- Raggi, V. L., Chronis-Tuscano, A., Fishbein, H., & Groomes, A. (2009). Development of a brief, behavioral homework intervention for middle school students with Attention-Deficit/Hyperactivity Disorder. *School Mental Health, 1*, 61-77. doi: 10.1007/s12310-009-9008-7
- Repetti, R. L. (1989). Effects of daily workload on subsequent behavior during marital interaction: The roles of social withdrawal and spouse support. *Journal of Personality and Social Psychology*, 57(4), 651-659. doi: 10.1037/0022-3514.57.4.651
- Rey, J. M., & Sawyer, M. G. (2003). Are psychostimulant drugs being used appropriately to treat child and adolescent disorders? *British Journal of Psychiatry*, 182(4), 284-286. doi: 10.1192/bjp.182.4.284
- Riggle, R. J., Edmondson, D. R., & Hansen, J. D. (2009). A meta-analysis of the relationship between perceived organizational support and job outcomes: 20 years of research. *Journal of Business Research*, 62(10), 1027-1030. doi: 10.1016/j.jbusres.2008.05.003
- Rogers, S., & DeBoer, D. (2001). Change in wives' income: Effects on marital happiness, psychological well-being, and risk for divorce. *Journal of Marriage and the Family*, 63(2), 458-272. doi: 10.1111/j.1741-3737.2001.00458.x
- Rogers, M., & Glendon, A.I. (2003). Blood type and personality. *Personality and Individual Differences*, 34(7), 1099-1112. doi: 10.1016/S0191-

8869(02)00101-0

- Rogers, S. J., & May, D. C. (2003). Spillover between marital quality and job satisfaction: Long-term patterns and gender differences. *Journal of Marriage and the Family*, 65(2), 482–495. doi: 10.1111/j.1741-3737.2003.00482.x
- Rosenfield, S. (1989). The effects of women's employment: Personal control and sex differences in mental health. *Journal of Health and Social Behavior*, 30(1), 77-91. doi: 10.2307/2136914
- Rosenzweig, J. M., Brennan, E. M., & Ogilvie, A. M. (2002). Work-family fit: Voices of parents of children with emotional and behavioral disorders. *Social Work*, 47(4), 415-424.
- Rothbard, N. P. (2001). Enriching or depleting? The dynamics of engagement in work and family roles. *Administrative Science Quarterly*, 46(4), 655-684. doi: 10.2307/3094827
- Rowland, A. S., Lesesne, C. A., Abramowitz, A. J. (2002). The epidemiology of attention-deficit/hyperactivity disorder (ADHD): A public health view. *Mental Retardation Developmental Disability Research Review*, 8(3), 162-70. doi: 10.1002/mrdd.10036
- Roxburgh, S. (1999). Exploring the work and family relationship: Gender differences in the influence of parenthood and social support on job satisfaction. *Journal of Family Issues*, 20(6), 771-788. doi: 10.1177/019251399020006003
- Roxburgh, S. (2009). Untangling inequalities: Gender, race, and socioeconomic differences in depression. *Sociological Forum*, 24(2), 357-381. doi: 10.1111/j.1573-7861.2009.01103.x

- Rucklidge, J. J., & Kaplan, B. J. (1997). Psychological functioning of women identified in adulthood with attention-deficit/hyperactivity disorder. *Journal of Attention Disorders, 2*(3), 167-176. doi: 10.1177/108705479700200303
- Ruderman, M. N., Ohlott, P. J., Panzer, K., & King, S. N. (2002). Benefits of multiple roles for managerial women. *Academy of Management Journal, 45*(2), 369–386. doi: 10.2307/3069352
- Russell, A. (1997). Individual and family factors contributing to mothers' and fathers' positive parenting. *International Journal of Behavioral Development, 21*(1), 111-132. doi: 10.1080/016502597385018
- Rutter, M. L. (1999). Psychosocial adversity and child psychopathology. *British Journal of Psychiatry, 174*, 480-493. doi: 10.1192/bjp.174.6.480
- Rutter, M., & Sroufe, L. A. (2000). Developmental psychopathology: Concepts and challenges. *Development and Psychopathology, 12*(3), 265–296. doi: 10.1017/S0954579400003023
- Sabourin, S., Valois, P., & Lussier, Y. (2005). Development and validation of a brief version of the Dyadic Adjustment Scale with a nonparametric item analysis model. *Psychological Assessment, 17*(1), 15-27. doi: 10.1037/1040-3590.17.1.15
- Satterfield, J. H., & Schell, A. (1997). A prospective study of hyperactive boys with conduct problems and normal boys: Adolescent and adult criminality. *Journal of the American Academy of Child & Adolescent Psychiatry, 36*(12), 1726-1735. doi: 10.1097/00004583-199712000-00021
- Sayal, K., Goodman, R., & Ford, T. (2006). Barriers to the identification of children

- with attention deficit/hyperactivity disorder. *Journal of Child Psychology and Psychiatry*, 47(7), 744-750. doi: 10.1111/j.1469-7610.2005.01553.x
- Schroeder, V.M., & Kelley, M.L. (2009). Associations between family environment, parenting practices, and executive functioning of children with and without ADHD. *Journal of Child and Family Studies*, 18(2), 227-235. doi: 10.1007/s10826-008-9223-0
- Seligman, M., & Csikszentmihalyi, M. (2000). Positive psychology: An introduction. *American Psychologist*, 55(1), 5-14. doi: 10.1037/0003-066X.55.1.5
- Sellstrom, E., Bremberg, S., Garling, A. & Hornquist, J. O. (2000) Risk of childhood injury: predictors of mothers' perceptions. *Scandinavian Journal of Public Health*, 28(3), 188–193. doi: 10.1177/14034948000280030701
- Shearn, J. & Todd, S. (2000) Maternal employment and family responsibilities: the perspectives of mothers of children with intellectual disabilities. *Journal of Applied Research in Intellectual Disabilities* 13(3), 109–131. doi: 10.1046/j.1468-3148.2000.00021.x
- Shelton, K. K., Frick, P. J., & Wootton, J. (1996). Assessment of parenting practices in families of elementary school-age children. *Journal of Clinical Child Psychology*, 25(3), 317-329. doi: 10.1207/s15374424jccp2503_8
- Shockley, K., & Allen, T. (2007). When flexibility helps: Another look at the availability of flexible work arrangements and work-family conflict. *Journal of Vocational Behavior*, 71(3), 479-493. doi: 10.1016/j.jvb.2007.08.006
- Simons, R. L., Lorenz, F. O., Conger, R. D., & Wu, C. (1992). Support from spouse as mediator and moderator of the disruptive influence of economic strain on

- parenting. *Child Development*, 63(5), 1282-1301. doi: 10.2307/1131533
- Smith, J. R., Brooks-Gunn, J., Klebanov, P., & Lee, K. (2000). Welfare and work: Complementary strategies for low-income women? *Journal of Marriage and the Family*, 62(3), 808-822. doi: 10.1111/j.1741-3737.2000.00808.x
- Smith, J. R., Brooks-Gunn, J., Kohen, D., & McCarton, C. (2001). Transitions on and off AFDC: Implications for parenting and children's cognitive development. *Child Development*, 72(5), 1512-1533. doi: 10.1111/1467-8624.00363
- South, S. C., Krueger, R. F., & Iacono, W. G. (2009). Factorial invariance of the Dyadic Adjustment Scale across gender. *Psychological Assessment*, 21(4), 622-628. doi: 10.1037/a0017572
- Spanier, G. (1976). Measuring dyadic adjustment: New scales for assessing the quality of marriage and similar dyads. *Journal of Marriage and the Family*, 38(1), 15-28. doi: 10.2307/350547
- Stanger, C., Dumenci, L., Kamon, J., & Burstein, M. (2004). Parenting and children's externalizing problems in substance abusing families. *Journal of Clinical Child and Adolescent Psychology*, 33(3), 590-600. doi: 10.1207/s15374424jccp3303
- Steinhausen, H.C. (2009). The heterogeneity of causes and courses of attention-deficit/hyperactivity disorder. *Acta Psychiatrica Scandinavica*, 120(5), 392-399. doi: 10.1111/j.1600-0447.2009.01446.x
- Stevens, J., Harman, J.S., & Kelleher, K.J. (2005). Race/ethnicity and insurance status as factors associated with ADHD treatment patterns. *Journal of Child and Adolescent Psychopharmacology*, 15(1), 88-96. doi: 10.1089/cap.2005.15.88

- Sumer, H. C., & Knight, P. A. (2001). How do people with different attachment styles balance work and family? A personality perspective on work-family linkage. *Journal of Applied Psychology, 86*(4), 653-663. doi: 10.1037/0021-9010.86.4.653
- Swensen, A.R., Birnbaum, H.G., Secnik, K., Marynchenko, M., Greenberg, P., & Claxton, A. (2003). Attention-deficit/hyperactivity disorder: Increased costs for patients and their families. *Journal of the American Academy of Child and Adolescent Psychiatry, 42*(12), 1415-1423. doi: 10.1097/01.chi.0000093323.86599.44
- Tebes, J. K., Kaufman, J. S., Adnopoz, J., & Racusin, G. (2001). Resilience and family psychosocial process among children of parents with serious mental disorders. *Journal of Child and Family Studies, 10*(1), 115-136. doi: 10.1023/A:1016685618455
- Thomas, L., & Ganster, D. (1995). Impact of family-supportive work variables on work-family conflict and strain: A control perspective. *Journal of Applied Psychology, 80*(1), 6-15. doi: 10.1037/0021-9010.80.1.6
- Thompson, L. L., Riggs, P. D., Mikulich, S. K., & Crowley, T. J. (1996). Contribution of ADHD symptoms to substance abuse problems and delinquency in conduct-disordered adolescents. *Journal of Abnormal Child Psychology, 24*(3), 325-347. doi: 10.1007/BF01441634
- Thompson, B., & Vacha-Haase, T. (2000). Psychometrics is datametric: The test is not reliable. *Educational and Psychological Measurement, 60*(2), 174-195. doi: 10.1177/00131640021970448

- Turner, S. M., Beidel, D. C., & Costello, A. (1987). Psychopathology in the offspring of anxiety disorders patients. *Journal of Consulting Psychology, 55*(2), 229–235. doi: 10.1037/0022-006X.55.2.229
- U.S. Bureau of Labor Statistics. (2010). *Women in the Labor Force: A Databook*. Washington, DC: Author. Retrieved on December 20, 2011 from <http://www.bls.gov/cps/wlf-databook2010.htm>.
- van Daalen, G., Willemsen, T. M., & Sanders, K. (2006). Reducing work–family conflict through different sources of social support. *Journal of Vocational Behavior, 69*(3), 462–476. doi: 10.1016/j.jvb.2006.07.005
- Von Eye, A., & Schuster, C. (2000). The odds of resilience. *Child Development, 71*(3), 563-566. doi: 10.1111/1467-8624.00165
- Votruba-Drzal, E. (2003). Income changes and cognitive stimulation in young children’s home learning environments. *Journal of Marriage and the Family, 65*(2), 341- 355. doi: 10.1111/j.1741-3737.2003.00341.x
- Voydanoff, P. (2001). Incorporating community into work and family research: A review of basic relationships. *Human Relations, 54*(12), 1609–1637. doi: 10.1177/00187267015412003
- Voydanoff, P., & Donnelly, B.W. (1998). Parents’ risk and protective factors as predictors of parental well-being and behavior. *Journal of Marriage and Family, 60*(2), 344-355. doi: 10.2307/353853
- Voydanoff, P., & Donnelly, B. W. (1999). Multiple roles and psychological distress: The intersection of the paid worker, spouse, and parent roles with the role of the adult child. *Journal of Marriage and the Family, 61*(3), 725-738. doi:

10.2307/353573

- Walsh, F. (2003). Family resilience: A framework for clinical practice. *Family Process, 42*(1), 1-18. doi: 10.1111/j.1545-5300.2003.00001.x
- Waite, L.J. & Gallagher, M. (2000). *The case for marriage: Why married people are happier, healthier, and better off financially*. New York: Doubleday
- Waylen, A., & Stewart-Brown, S. (2010). Factors influencing parenting in early childhood: A prospective longitudinal study focusing on change. *Child: Care, Health, and Development, 36*(2), 198-207. doi: doi:10.1111/j.1365-2214.2009.01037.x
- Wayne, J. H., Grzywacz, J. G., Carlson, D. S., & Kacmar, K. M. (2007). Work–family facilitation: A theoretical explanation and model of primary antecedents and consequences. *Human Resource Management Review, 17*(1), 63–76. doi: 10.1016/j.hrmr.2007.01.002
- Wayne, J. H., Musisca, N., & Fleeson, W. (2004). Considering the role of personality in the work-family experience: Relationships of the big five to work-family conflict and facilitation. *Journal of Vocational Behavior, 64*(1), 108-130. doi: 10.1016/S0001-8791(03)00035-6
- Wayne, J. H., Randel, A. E., & Stevens, J. (2006). The role of identity and work-family support in work-family enrichment and its work-related consequences. *Journal of Vocational Behavior, 69*(3), 445-461. doi: 10.1016/j.jvb.2006.07.002

- Wells, K., Chi, T., Hinshaw, S., Epstein, J., Pfiffner, L., Nebel-Schwalm, Owens, E.B.,... Wigal, T. (2006). Treatment-related changes in objectively measured parenting behaviors in the multimodal treatment study of children with attention-deficit hyperactive disorder. *Journal of Consulting and Clinical Psychology, 74*(4), 649-657. doi: 10.1037/0022-006X.74.4.649
- West, J., Houghton, S., Douglas, G., Wall, M., & Whiting K. (1999). Levels of self-reported depression among mothers of children with Attention-Deficit/Hyperactivity Disorder. *Journal of Attention Disorders, 3*(3), 135-140. doi: 10.1177/108705479900300302
- Whalen, C.K., Odgers, C.L., Reed, P.L., & Henker, B. (2011). Dissecting daily distress in mothers of children with ADHD: An electronic diary study. *Journal of Family Psychology, 25*(3), 402-411. doi: 10.1037/a0023473
- Whisman, M. A. (2001). The association between depression and marital dissatisfaction. In S. R. H. Beach (Ed.), *Marital and family processes in depression: A scientific foundation for clinical practice* (pp. 3 – 24). Washington, DC: American Psychological Association.
- Whisman, M.A. (2007). Marital distress and DSM-IV psychiatric disorders in a population-based national survey. *Journal of Abnormal Psychology, 116*(3), 638-643. doi: 10.1037/0021-843X.116.3.638
- Wymbs, B. T., Pelham, W. E., Molina, B. S. G., & Gnagy, E. M. (2008). Mother and adolescent reports of interparental discord among parents of adolescents with and without attention-deficit/hyperactivity disorder. *Journal of Emotional and Behavioral Disorder, 16*(1), 29-41. doi: 10.1177/1063426607310849