

ABSTRACT

Title of Thesis: A SELF-SELECTED QUALITATIVE STUDY
 EXAMING THE RELATIONSHIP BETWEEN A
 FATHER AND HIS SON WHO HAS ATTENTION
 DEFICIT HYPERACTIVITY DISORDER (ADHD)

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 Development

The purpose of this interpretive study was to examine the relationship that exists between a father and his son who has Attention Deficit Hyperactivity Disorder (ADHD). Since very little information is extant describing the relationship between a father and his son with ADHD, an interview format was developed to explore paternal perceptions, affect, and behaviors in relation to raising a son with ADHD.

Sixteen fathers from an upper-middle class socioeconomic environment, participated in a one hour phone interview. These interviews were tape recorded and later transcribed. The interview attempted to answer the five research questions driving this study.

The narrative data was interpreted by using a qualitative research method developed by Ranata Tesch. This method involved extracting themes (specific participant

responses) and collapsing the themes into larger-overarching categories called metathemes. Metathemes represent shared thoughts and perceptions held in common by all participants. Ten metathemes emerged from the data. The metathemes included such topics as a father's decision to place a child on medication and how and when to use behavior management strategies. Editorial comments from the author preceded response segments from participants (these segments were indented and single spaced).

The data indicated that fathers share a unique relationship with sons who have ADHD. Prior to diagnosis, the majority of fathers described the relationship as tense, frustrating, and often unfulfilling. The relationship following diagnosis was described as significantly more positive and rewarding. This was attributed to two specific changes: 1. the advent of education for fathers' regarding ADHD issues; and, 2. the introduction of stimulant medication.

Fathers agreed that the most effective behavior management strategy was to remain calm, educated, and realistic regarding their Childrens' behavior. The intention of this research was to generate further questions regarding the father - ADHD son relationship. The results of this study are not and cannot be generalized to other cultlures or social groups. Further research is needed which addresses the impact of race, class, and culture on the father and son with ADHD relationship.

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BETWEEN A FATHER AND HIS SON WHO HAS ATTENTION DEFICIT
HYPERACTIVITY DISORDER (ADHD)

by

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DEDICATION

The completion of this dissertation would not have been possible without the tireless support and love of my wife Donna Ray Kilcarr. She has my boundless respect, gratitude, and endless love for the sacrifices she endured in order to share in my dream of completing a Ph.D. You have taught me a great deal about patience.

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CHAPTER 1

INTRODUCTION

Aspects of ADHD: An Overview

Very little is known about the relationship that exists between fathers and their children who have been diagnosed with a neurobiological disorder (disability) called Attention Deficit Hyperactivity Disorder (ADHD). ADHD appears very early in the child's life; mothers frequently recall the child being overly active in the womb (Egeland & Sroufe, 1981; & Jacobvitz & Sroufe, 1987).

In terms of ADHD reflecting a biological predisposition, Frick, et al. (1991) substantiated previous findings indicating that fathers of children with ADHD were significantly more likely to have a history of childhood ADHD. Although they could not isolate a specific biological marker for ADHD, Hynd et al. (1991) suggested a possible genetic basis for ADHD due to known deficiencies in several neurotransmitters in children diagnosed with ADHD and their fathers.

As pointed out by Schachar and Wachsmuth (1990), understanding the biological correlates of ADHD is essential in order to accurately assess, implement, and maintain effective intervention strategies. They stated that patterns suggest parental childhood hyperactivity may be a non-specific risk factor contributing to the development of "externalizing disorders in male offspring"

(p. 390). An undetermined percentage of parents (specifically fathers) of ADHD children grew up as undiagnosed ADHD children and still may bear the wounds of their early childhood experiences (Coker & Thyer, 1990). The degree to which these experiences influence the father-ADHD son interaction is unclear. This study will explore the qualitative relationship between fathers who were (are) ADHD and their ADHD sons to determine if there are consistent or reliable behavioral and emotional responses by fathers in reference to symptoms exhibited by their sons who have ADHD.

The overarching characteristics of a child suffering with ADHD include a reduced attention span (Barkley, 1978; Barkley, 1981; & Barkley, 1982), an inability to complete age appropriate tasks (Goldstein & Goldstein, 1990; & Silver, 1984), a lack of consistent organizational skills (Accardo, Blondis, & Whitman, 1990), aggressive behavior (Campbell, Breaux, Ewing, & Szumowski, 1986; Dubey 1976; Erickson, Sroufe, & Egeland, 1985; Hamdan, et al., 1989; & Hechtman, 1989), conduct disorder (Faraone, Biederman, Keenan, Tsuang, 1991; & Hamdan, et al., 1989), hyperactivity (Cantwell, 1975; Hastings, Barkley, 1978; & Schachar, Logan, Wachsmuth, & Chajczyk, 1988), difficulties in social and academic adjustment (Palfrey, Levine, Walker, & Sullivan (1985), and impulse control problems (Dubey, 1976; Goldstein & Goldstein, 1990; & Palfrey et al., 1985).

Although the intensity and frequency of these characteristics are unique to each diagnosed child, they often differ with respect to the degree rather than the kind of problems these children encounter (Bain, 1991; and Hastings & Barkley, 1978).

Although the symptoms of ADHD manifest early in the child's life, the average age of diagnosis is nine (Bain, 1991). The age at diagnosis is particularly important when considering the enormous amount of negative feedback and interaction unmedicated (and more infrequently medicated) ADHD children experience: The older the child, the more negative experiences he/she has encountered, the greater the probability of entrenched socioemotional difficulties (Accardo, et al., 1990; Barkley, 1981; Erickson, et al., 1985; & Faraone, et al., 1991). Even when medicated, these children have difficulty deciphering environmental information accurately, attempt to compensate for insecurities developed over time through negative social interaction, and are often subjected to intense mood swings and emotional responses (Bain, 1991; Campbell, et al., 1986; Goldstein & Goldstein, 1990; Palfrey, et al., 1985; & Schachar, et al., 1988). Clearly, the age at diagnosis and onset of medication treatment are critical variables in determining the course and intensity of this specific disability (Coker & Thyer, 1990).

This exploratory study will focus primarily on the

effects or ADHD on the child and father versus the effects of ADD/WD (attention deficit disorder-without hyperactivity). Children with ADD/WD experience the same attentional difficulties as do their counterparts who have ADHD, however, these children do not experience the overt hyperactivity and impulse control problems associated with ADHD. Children with ADD/WD are frequently underdiagnosed due to their quiet and unassuming nature. Since they rarely exhibit behavioral problems at an early age, teachers and parents often perceive their lack of ability to accomplish age appropriate tasks as motivational rather than constitutional in nature.

Assumptions Regarding the Interaction Between a Father and his son who has ADHD.

In terms of investigating the relationship that exists between a father and his son who has ADHD, it is important to note that the literature on **parenting** an ADHD child emerges largely from either maternal self-report measures and clinical interviews or methodologies which have not been sensitive enough to distinguish qualitative differences in parenting between mothers and fathers (Lahey, et al., 1988; & Schachar & Wachsuth, 1989). This is due primarily to the discrepancy between maternal availability and willingness to participate in research, and paternal inaccessibility coupled with a reluctance to publicly explore private issues (Collins, 1984; & Hill,

1988). Consequently, researchers extrapolate the maternal findings to be representative of the "marital dyad" and use the neutral term "parent" or "parents" in describing their results and implications.

Based on the often difficult temperament of an ADHD child (Barkley, 1982; Brooks, 1992; & Jacobvitz & Sroufe, 1987), the following research may provide insight into aspects of the dynamics that occur between a father and his son who has ADHD. The fact that children diagnosed with ADHD are temperamentally difficult is beyond dispute (Accardo, et al, 1990; Palfrey, et al, 1985; & Waddell, 1984). Research indicates (Carey, 1986; Freshback 1970, Lamb, 1982; Lamb, 1986; and Shroff and Bates, 1990) that fathers with "temperamentally difficult" children may experience higher levels of stress, lower marital satisfaction, and have a more distant less supportive father/son relationship (Shroff & Bates, 1990).

Fischer (1990) presented a critical review of the research concerning the stress of parenting a child with ADHD. The majority of respondents in these studies were mothers. She noted four parenting domains that were specifically influenced by raising a child with ADHD. First, parents reported increased stress. Second, studies examining parental psychopathology suggested that for some parents psychological disturbance existed independent of the child's pathology and may reflect a genetic (or

biological) predisposition for the same and related disorders. Third, the data indicated that ADHD is associated with increased parental discord. Finally, it is clear that the child attempts to engage the parent more often than the reverse.

Children with ADHD can often display very disruptive, distancing behaviors and are far less responsive to positive feedback than their non-ADHD peers (Brooks, 1992).

The frequency of father-son interaction is directly related to the father's perception of the child's disability and the consistency with which both the father and child can redirect certain inappropriate behaviors (Lamb, 1981; & Lamb, 1986). The ability to redirect inappropriate responses, by both the child and parent, is predicated on the type(s) of intervention methods being consistently employed. If the father does not experience his son as being attentive and responsive to his approach behaviors (behaviors signaling a desire to engage or interact with the child), it is reasonable to assume the father would limit the degree of interaction in order to deter feelings of inadequacy (Radin, 1982).

Since there is no definitive research on this in the ADHD literature, my assumptions with respect to the father's response to his ADHD son are based on reason, the conjecture of other researchers (e.g., Schachar and Wachsmuth, 1990,) personal conjecture, and the

extrapolation of findings from research on paternal responses to "disabled" children, i.e., those with mentally retardation, Down's Syndrome or other pervasive developmental disorders (PDD). This will be expanded in Chapter Two, Review of the Literature.

Because of the inconsistent behavior and emotional volatility specific to ADHD children, fathers may experience limited emotional reward in interacting with the child. The child's negative reaction to the father's overtures may bring out unresolved childhood issues, resulting in distancing behaviors by the father (Schachar & Wachsmuth, 1990). One reaction the father may have is to leave the majority of the parenting and parental guidance to the mother (Lamb, 1982; Lonsdale, 1978; & Olshansky, 1962). This in turn may increase marital dissatisfaction resulting in additional withdrawal behaviors by the father (Easterbrook & Emde, 1988; Fischer, 1990; & Schufeldt & Wurster, 1976).

Parenting ADHD Versus Non-ADHD Children

Often a myriad of obstacles block consistent, positive feedback and the development of mutually satisfying relationships between a child with ADHD and his/her parent(s) (Cantwell, 1975; Hastings and Barkley, 1978; & meyer, 1986). The most profound obstacle is the child's neurobiological inability to consistently self-regulate his/her emotional responses in any given circumstance.

These children frequently experience volatile emotional responses that are out-of-proportion with the demands of the situation (Campbell, et al., 1986; Cantwell; 1975; Edelbrock, et al., 1984; & Rapport, 1988). In order to truly appreciate the struggle that frequently defines the relationship between a parent and child with ADHD, it is essential to hold in relief the variables that define the development of a healthy, normative parent-child relationship.

Research on the development of positive and caring relationships within the family suggests that positive familial relationships (husband-wife and parent-child) evolve out of a mutually satisfying bidirectional process (Sroufe, 1989). Parents most often express satisfaction in their marital and parent/child relationships when they perceive their child as successful in modulating such emotions as anger and sadness, experience competence as a parent, and encourage developmentally appropriate autonomy in their child (Heinicke & Guthrie, 1993). The degree of parental nurturance of a child who has ADHD is based on the developmental stage of the child, the degree of socio-emotional impairment created by the ADHD, and the level of intervention being pursued (Accardo, et al., 1990; Brooks, 1992; & Goldstein and Goldstein, 1990). This is especially true when one considers the nature and intensity of the disability (Bain, 1991). Brown & Pacini (1989), noted that

"parents of children with ADHD perceived their family environment as less supportive and more stressful, and viewed their families as having lower levels of interpersonal relationships in comparison to nondisabled control groups" (p. 581).

In light of this, the "health" of the marital relationship (assuming the parents were/are still married) has a profound influence on the intensity of the child's ADHD symptoms. The potential for a vicious cycle exists in that the parents of a child with ADHD experience lower marital/child relationship satisfaction which in turn increases the presence of ADHD symptoms in the child. The research of Belsky and Pensky (1988) demonstrated that prebirth status of the marital relationship, the parental developmental history, and characteristics (temperament and personality) of the child are the principle determinants of parental adaptational ability and the quality of the parent/child relationship. The impact of a neurologically disabled child can weaken the supports of even the strongest of marriages (Guevremont, 1992) and highlight unresolved family of origin and early child development issues in the parents (Aldous, 1977; Bain, 1991; Brown & Pacini, 1989; & Goldstein & Goldstein, 1990).

There exists the possibility for a paradoxical effect to occur, whereby the ADHD symptoms in a child may exacerbate marital difficulties, resulting in the parents

(mothers and fathers) becoming more involved with the child(ren) as a compensation for an unnurturing and unsatisfying marital relationship (Brody, et al., 1986; Vincent, et al., 1980).

Aspects of Effective Parenting

As will be described in more detail in Chapter 2, models have been developed which guide the parent of a normally achieving child through a process of strengthening the relationship with their child by establishing more effective parenting strategies and problem solving skills (Abidin, 1992; & Belsky, 1984). The difficulty with these models in relation to parenting an ADHD child is that ADHD children frequently struggle in both responding and conforming to appropriate parental demands, feedback, and structure (Boyce, et al., 1991; & Rapport, 1988).

There are specific types of father-son interactions that indicate a healthy and positive relationship. It is evident in the literature that a positive and nurturing father and son relationship evolves out of the concept of dynamic interactionism where both experience one another as approachable, non-punitive, nurturing, understanding, and tolerant of differing personality characteristics (Salt, 1991). A healthy father and son relationship is often defined by fathers actively participating in and organizing family activities, participating in school based projects, and expressing an ongoing desire to discuss topics of

interest with his son (Harris and Philip, 1991). The foundation of a healthy father and son relationship is based on a mutually satisfying grouping of emotionally reinforcing behaviors (Phillips, 1993). This will be examined more fully in the Review of the Literature.

Effects of a Disabled Child on Parenting

To more accurately appreciate the effect ADHD may have on the parents and the family, it is critical to review the socio-emotional impact of parenting a disabled child. ADHD is a recognized disability with all legal rights and privileges conferred to both the child with ADHD and his/her family. There is extensive research on the mother's socio-emotional response to raising a "disabled" child (D'Antonio, 1976; Evans, 1976; Korn et al., 1978; Richards, 1974; & Sieffert, 1978). "Disabled" in this context refers to children who are born with a chronic illness, the features or symptoms of which have limited remediation, i.e., those with mental retardation and other physically or emotionally handicapping conditions. Factors which influence a mother's response to her child with ADHD may also apply to fathers. Such factors include the degree of personal, financial, and environmental stress, the amount of perceived social support, the level of marital satisfaction, the temperament of the child, and the perceived severity of the child's impairment. Previous research indicates a clear link between the degree of

mother responsiveness and the child's level of disability (Cutrono & Troutman, 1987; & Belsky, 1984). With respect to fathers, very little is known about the paternal socio-emotional needs and responses as they relate to a raising a disabled child. The research that has been done in this area focuses primarily on fathers with children diagnosed with mental retardation, Down's syndrome, or other chronic physical and mental handicaps (McConachie, 1982; & Meyers, 1986).

ADHD children comprise a special "disability" category, in that their handicaps are generally behavioral, emotional, and academic in nature, and can frequently can be controlled using a combination of medication, an appropriate academic placement, and behavior modification programs. They rarely display the "hard" physical signs of disability frequently noticed in mentally retarded or Down's syndrome children (Goldstein and Goldstein, 1990). Although the symptoms may be persistent, hyperactivity diminishes for approximately 50% of these children at puberty (Bain, 1991; Barkley, 1981; & Silver, 1984). Even if symptoms persist after puberty, the ADHD related symptoms may not necessarily be considered chronic due to the various intervention options available (Barkley, 1978; Barkley, 1981; & Goldstein and Goldstein, 1990). With this in mind, the sum and substance of parental response to a child with ADHD can have a profound and lasting effect on

the child's overall psychological and social functioning. This lasting effect can be either positive or negative based on the parent's knowledge base regarding ADHD, their degree of empathy for the child's disability, and the degree to which they utilize external resources as well as internal coping strategies (Guevremont, 1992).

Conceptual Model

Before describing the conceptual model, it is essential to describe the limitations of this exploratory study. Since the sample size of this study was 16 respondents and, was comprised largely of fathers from the middle to upper middle income socioeconomic strata, the narrative results of this study are not generalizable. The results provided the opportunity to begin discussions on this topic rather than draw conclusions about any particular culture or socioeconomic group. This study could be considered a probe launched to determine what is out there in reference to the relationship that exists between fathers and their sons who have ADHD.

In order to understand how fathers experience their sons with ADHD, symbolic interactionism will be utilized as the most appropriate conceptual framework. As Charon (1979) states, "This orientation focuses on how individuals define situations, how they act in the present by applying past experiences and future plans, how they define others in the situation, how they coordinate their acts, and how

they solve problems" (p. 176). The main construct of symbolic interactionism involves the inner or phenomenological aspects of human behavior and interaction.

In terms of this study, the phenomenological question of "what is it like to be the father of a son with ADHD?" will guide the interview format. There is a direct correlation between paternal perceptions of the child's personal characteristics and behaviors and the strength of the parent-child relationship (Blumer, 1986).

According to Blumer (1986), symbolic interactionism is based on three concepts: 1. individuals act toward things on the basis of their perceived meaning; 2. meaning derives from social interaction; and 3. meanings are modified through an interpretive process. The strength of a relationship is determined by how an individual interprets the attitudes and behaviors of another. From this interpretation, the individual forms opinions regarding the significance, durability, and overall importance of the relationship. This will determine the degree to which the relationship is pursued or avoided. Consequently, in order to understand the paternal perspective, it is necessary to allow the father to "define the process" of interaction with his son.

An integral component of the symbolic interactionism model is the concept of personal "perspective" as it relates to behaviors and relationships. As Charon states,

"a perspective is attached to a reference group that the individual identifies with." For instance, the person as *father* may assume the perspective of *fathers'* and interpret his behavior and the behavior of his children based on identifying with that particular reference group.

The attitude the father has about being a father, coupled with interpretive feedback from the environment, assists in defining the father's perspective about fatherhood. This perspective in turn results in definitive behaviors and responses to specific situations (Shibutani, 1961).

Perspectives, unlike attitudes, tend to be more pliable, dynamic, and adaptable. It is conceivable that a father's perspective on his son changes in accordance with his son's behavior, attitude, and motivational level (Charon, 1979). According to this model, this process of perspective taking and interpretation is the foundation of all human interaction.

The use of symbolic interactionism concepts in this particular study emphasizes obtaining an "insider knowledge" of the relationship between a father and his son who has ADHD. It goes beyond the behavioral descriptions and observations of parenting behaviors in an attempt to explore how a father's private thoughts, feelings, and perspectives shapes and impacts the relationship with his son who has ADHD.

Purpose of This Study

Since very little is directly known about the relationship that exists between a father and his son who has ADHD, the purpose of this study was to explore this relationship by examining the fathers' perceptions, affect, and behaviors as related to parenting a son with ADHD. Included in this was the examination of intrapersonal areas of competency as related to the father's perception of his parenting. Although research is plentiful on the relationship between a mother and her disabled child (including ADHD children), very little is known about the relationship between a father and his son who has been diagnosed with ADHD; especially from a qualitative perspective.

The father and son relationship is of particular interest when one considers the research which indicates that paternal involvement may have a significant impact on the development of a son's self-esteem, self-concept, and the expression of pro-social behaviors (Brooks, 1992; Bronfenbrenner, 1991; & Meyer, 1986). This is particularly salient in light of the fact that ADHD children are at much higher risk than their normally achieving peers for anti-social behavior, substance abuse, and academic failure (Campbell et al. 1986). There is an inverse relationship between the level of appropriate intervention for mitigating the ADHD symptoms and the child's projected risk

for experiencing chronic socio-emotional problems; as the use of appropriate and consistent intervention strategies increases, the probability of protracted socio-emotional problems decrease.

Even though researchers can confidently point to skills and strategies which enhance parenting normally achieving children, very little is known about the skills and strategies fathers marshal to effectively cope with and parent a son with ADHD. Examination of fathers' perceptions, affect, and behaviors regarding their son with ADHD, is intended to yield a more comprehensive picture of the parenting methodologies relied upon by fathers who have sons with ADHD.

As mentioned previously in this chapter, fathers' are significantly under-represented in both the research and intervention aspects of understanding how to effectively address the needs of children with ADHD. It was the intention of this qualitative study to gain a deeper understanding of how fathers' view the multiple and often confusing aspects of raising a son with ADHD.

It was also the intention of this study to develop a more accurate picture of what constitutes effective or ineffective parenting strategies from the father's perspective. This study used an interview format to go beyond the overt behavior of the father to a deeper level of exploration and motivation. As Goodnow (1988) suggests,

focusing solely on the parents' overt behavior (actions), which occurs in most quantitative studies, is "to treat them as unthinking creatures, ignoring the fact that they interpret events and have feelings about them" (p. 287). And it is precisely these interpretations and feelings that lead to specific types of patterned behaviors.

Significance of the Study

This study suggested a new depth of understanding in reference to the relationship that exists between a father and his son who has ADHD. It attempted to create a point of departure from which further study of a phenomenon that is little understood can be explored. Research indicates that in order for children with ADHD to reach their full potential, parental involvement in the intervention process must occur at a significant and consistent level. In fact, parental involvement can be considered the paramount contributor to the child exercising consistent pro-social and achievement-oriented behavior (Cox, et al, 1989; East, 1991; & Goldstein and Goldstein, 1990). Parents act as the mortar which holds together and strengthens the child's positive view of self and other (Cummings, 1976).

Without the proper guidance and encouragement from their parent(s), children with ADHD experience a decrease in self-esteem, below average academic achievements, a movement away from positive social risk-taking, and engage in more "risky" behaviors, i.e., aggressive behaviors

toward others, destruction of property, and actions which put their physical safety in jeopardy (Biederman, 1991; & Whalen, Henker, & Hinshow, 1985).

In terms of outcome, it is the intention of this author that the information generated through the interviews with fathers has the potential to positively effect the quality of life for fathers, family members, and the children with ADHD who must grapple with their disability on a daily basis. Exploring the dynamics that exist between a father and his son who has ADHD may provide us with a clearer understanding of the type of support structures and parental involvement that foster the most positive and rewarding interactions. On the other hand, exploring these dynamics also featured interaction sequences between the father and his son which were particularly problematic.

Definition of Terms

1. Affect: that which arouses emotion rather than being stimulated by thought or perception. To be touched or moved emotionally.
2. Disabled: an individual who experiences an inability or possesses a lack of ability to accomplish an age appropriate or desired task.
3. Motivation: that which drives or compels an individual to act in a particular way.
4. Perception: the act of perceiving - to become aware of something through the five senses. To perceive is to understand or apprehend something through the mind.
5. Behavior: what an individual actually does in any given situation. It is the outcome of affect, perception, and motivation.

6. Strategy: What an individual actually does in order to accomplish a specific task or achieve a particular outcome.

7. Normally Achieving Child: A child who does not have a diagnosed or noticeable disability which hinders his or her performance or ability to achieve a desired outcome based on their innate ability level.

Research Questions

Five Research Questions guide this study:

1. How are fathers generally affected by the relationship they have with their sons who have Attention Deficit Hyperactivity Disorder (ADHD)?
2. What forms of discipline do fathers of sons with ADHD rely on most in dealing with undesirable or inappropriate behavior?
3. What aspects of the relationship do fathers' perceive as positive and how do they facilitate positive interaction with their sons?
4. What aspects of the relationship do fathers' perceive as particularly negative and how does this effect the quality of the relationship?
5. Do fathers utilize external resources to help facilitate more effective parenting strategies when interacting with their sons who have ADHD?

Assumptions

Imbedded in all research are certain assumptions regarding the behaviors of the particular population being studied. Explicitly expressing these assumptions is

essential. An interpretive study like this one recognizes that, "humans see the world through perspectives, developed socially, reality is *social*, and what we see "out there" (and within ourselves) is developed in interaction with others" (Charon, p. 36). As stated previously, the purpose is not to make generalizations and predictions based on the narrative data, but rather to gain a more accurate understanding of the interaction and relationship. This is an exploratory methodology focusing on a particular subgroup's interaction patterns, e.g., fathers and their sons who have ADHD. The intent is to gain a perspective on the idiosyncracies of the interaction, rather than formulate generalizable results. It is the intention of this study to raise further questions rather than draw conclusions about this particular population.

Summary

Children with ADHD are often "temperamentally difficult" to manage and behaviorally inconsistent, which may facilitate higher levels of paternal stress, place strain on the marital relationship due to different parenting strategies, and result in a father who is further disengaged from and less supportive of his son who has ADHD (Park and Sawin, 1980). Research on normative parent-child interaction suggests that positive familial relationships evolve out of a mutually satisfying exchange of give and take (Sroufe, 1989), where extreme emotions (sadness/anger)

are modulated and both parent and child are perceived as competent and empathic (Cox et al., 1989). Even when medicated, it is difficult for children with ADHD to maintain, on a consistent basis, the behavioral and emotional qualities often requisite in initiating and maintaining positive relationships.

Parenting that tends to be effective in raising normally achieving children often fails to help regulate or modify the behaviors associated with ADHD (Rosenbaum and Baker, 1984). These children often need authoritative parents (Baumrind, 1971) who can provide clear structures (rules and regulations), boundaries, and limits in the context of a caring and nurturing parental environment.

Due to the lack of data, it is unreasonable to assume that one can make accurate inferences about the relationship that exists between a father and his son who has ADHD. Since ADHD affects the son's adjustment and interaction at multiple levels (emotional, academic, and social), it is realistic to assume that fathers are frequently confronted with and frustrated by behaviors associated with ADHD. Since these children encounter so many difficult psycho-socio-emotional tasks, appropriate and nurturing paternal involvement is critical in helping these children enter into and sustain effective relationships.

Literature Review

Chapter II

The ADHD Child in Review:

This study examined the qualitative relationship that exists between a son diagnosed with ADHD and his father. The literature review demonstrates that although there is a wealth of data regarding a mother and her child who has ADHD, there is very little quantitative or qualitative information specific to the relationship that exists between a father and his son with ADHD. Consequently, this chapter profiles from current literature characteristics unique to children with ADHD and examines the impact these children have on the mother, the environment, and the marital dyad. It was the intention of this exploratory study to facilitate an understanding of how fathers perceive, are affected by, and respond to their their sons who have ADHD.

The ADHD Child in Review:

Children diagnosed with the neurobiological disorder known as Attention Deficit Hyperactivity Disorder (ADHD) are at a distinct disadvantage for achieving academically, establishing positive social relationships, experiencing nurturing relationships at home, and formulating age-appropriate levels of self-esteem and self-confidence (Barkley, 1978; Goldstein and Goldstein, 1990; and Schachar

et al., 1988). These children both interpret and respond to environmental information and cues differently than their non-ADHD peers (Whalen et al., 1985).

Children who are not involved in multiple intervention strategies in response to their disability, frequently experience social isolation and interpersonal distance from both peers and essential care givers (i.e., parent/guardian) (Faraone et al., 1991).

Hechtman (1991) in an elaborate longitudinal study demonstrated that in late adolescence and adulthood, children with ADHD continued to have symptoms of restlessness, experienced attentional and cognitive difficulties, often resulting in serious academic, social, and emotional problems.

In this particular study, the characteristics of the child which influenced levels of social connectedness and parental nurturance included age, health, temperament, emotional and psychological aspects as well as the family's socioeconomic status (SES).

The children with the greatest social, familial, and academic difficulties had volatile tempers, were difficult to soothe, evidenced signs of aggression, had strained parental interaction, and had limited access to community resources (low SES). Unfortunately, the mediating effects of intervention strategies received very little attention in this study.

The Influence of Temperament:

In terms of this research, the temperament of the ADHD child will be of paramount importance. It is the child's temperament and attitude that will often determine the quality of response by the father (Schachar, et al., 1988). Researchers Such as Thomas, Chess, and Birch (1968) and Thomas and Chess (1977) describe the characteristics of a difficult temperament as high intensity in affective expression and negative mood, a tendency to withdraw in new situations, and slow adaptability to environmental change. ADHD children are frequently observed as being overly aggressive, moody, caustic, demanding, withdrawn, and difficult to soothe (Bain, 1991; Biederman, 1991; Edelbrock, et al., 1984; & Palfrey, et al., 1985). Consequently, the following research will feature parental responsiveness to children characterized as "temperamentally difficult". Although the subjects in these research studies are not specifically ADHD children, the description of the subjects characterize many ADHD children.

Most theorists concede that temperament is influenced by biological factors, reflects a behavioral tendency, and remains relatively stable when compared to other aspects of behavior (Goldsmith, Buss, Plomin, Rothbart, Thomas, chess, Hinde & McGall, 1987). Werry et al., (1987) noted that ADHD children often fit the category of "difficult

temperament" in that the majority of children diagnosed with ADHD express varying amounts of verbal, physical, or psychological aggressiveness toward peers and/or family members. They also resist following directions, have difficulty yielding control to others, and have problems sustaining appropriate interaction patterns with peers and adults.

As Hechtman noted, the temperament of the child is a pivotal developmental characteristic often determining the strength of social and familial connectedness. The type of feedback this child receives from his/her environment becomes a defining agent in terms of how the child perceives support and acceptance. The logical outcome of this interaction is the child's perception of self in relation to the world (Schaffer, 1988). Children who experience chronic negative feedback regarding their behavior and performance will ultimately define themselves as incapable or troublesome (Bain, 1991; & Goldstein & Goldstein, 1994).

In the classic study on child temperament, Thomas, Chess, & Birch (1968) and Thomas and Chess (1977), concluded that children with a more difficult to manage temperament had poorer developmental outcomes, less social and familial support, and significantly less academic success as compared to their peers with easier to manage temperaments. The research by Shroff & Bates (1990)

substantiated these findings and noted a strong relationship between early temperament and later family conflict. In this study, temperament variables were assessed by maternal report at 6, 13, and, 24 months and averaged across three years. Conflict was assessed by direct observation of family interactions at home at age 4. Children with difficult temperaments were predictive of family conflict in the follow-up observations. (For a "Conflict Taxonomy", please refer to appendix A of this research study).

In a study on temperament by Beziraganian and Cohen (1992), these authors examined how parenting influenced the temperament of the young boys in this study and how temperament influenced parenting. The results indicated that boys manifesting a difficult temperament had fathers who were less engaged, more punitive, and more controlling of the child's behavior, which in turn tended to amplify the unappealing characteristics in the child's temperament.

Unfortunately, the paternal self-report scales measuring the child's identification with the father, closeness to father, involvement with father, and discipline by father, were based on maternal and child reports only, due to the fact that, "no paternal report had been obtained for the father-child scales" (p. 796). This was due to the fathers failure to return the completed instruments.

East (1991) examined the degree of parent-child

supportiveness with children who were identified as withdrawn, aggressive or sociable. She concluded that the boys in this study with the most difficult temperaments, either aggressive or noncompliant, "had relatively lower perceptions of support within their father-child relationship than did other children" (p. 437). Fathers reported feeling less nurturing of and attached to their aggressive boys. This research reinforced the findings of Belsky (1984) who proposed that parenting behavior was determined by three factors: parental characteristics, the family's social and economic context (SES), and characteristics of the child. Olweus (1980) found that a boy who demonstrated ill-temperdness predicted subsequent indifference by the father which, in turn, served to sustain the child's aggression. In examining the literature on the temperament of an ADHD child, it could be suggested that these children have less engaged/supportive relationships with their fathers due to noncompliant/aggressive tendencies.

The literature examining the effects of parenting a difficult child indicates that mothers report significantly lower perceptions of self-esteem and higher levels of depression than mothers parenting children with milder temperaments (Belsky, 1984; Cutona & Troutman, 1986; Hannan & Luster, 1990; Mash & Johnston, 1982; & Shroff & Bates, 1990). There also appears to be a consistent correlation

between mothers of temperamentally difficult children and low self-esteem, elevated levels of depression, and poor marital satisfaction (Bond & McMahon, 1984; & Cutrona & Troutman, 1986). Marital satisfaction is further associated with the mothers' perception of her children's behavior.

The research by Bond & McMahon (1984) demonstrated that the maritally distressed mother perceives her child (age 3 to 7) as being difficult to manage while concomitantly exhibiting persistent behavior problems. This research failed to discern if the marital discord was a major contributing factor to the child's behavior problems, or if the child's behavior problems exacerbated marital distress.

Easterbrook (1984) suggests that parents of temperamentally difficult children may expend more energy on the parent-child relationship and, in turn, may neglect the marital relationship. The research of Mash and Johnston (1982) indicates that mothers of aggressive, oppositional, hyperactive, and conduct-disordered children report lower self-esteem and more strained marital relationships than mothers of normally achieving children.

The child who is not demanding, by contrast, allows the parents more time to focus on the marital relationship, thus enhancing self-concept and self-esteem (Crockenberg & McCluskey, 1986).

Child Characteristics:

It is important to note that just because a child has a "difficult temperament", it is not a *fait accompli* that he/she will experience ongoing intra-and interpersonal difficulties. Carey (1986) observed that the development of behavior problems in a child with a difficult temperament depends on the vigor and persistence of the characteristics and the level of stress and/or support provided by the child's environment. Environment in this context includes spheres of influence in the child's life, such as school, home, day care, peers, athletic activities, and personal hobbies. Carey does emphasize the essential role care givers, especially parents, play in the degree of integration the child feels with self and others. It is noted that the difficult temperament frequently associated with a ADHD is often effectively and consistently moderated by using a combination of psychotropic medication and behavior modification strategies (Goldstein and Goldstein, 1990).

Success in establishing a supportive and nurturing environment for a child who is temperamentally difficult frequently occurs in relation to the degree of stress the parent(s) are experiencing in terms of their child's behavior. Contributing stress external to the family environment also significantly influences the parent-child interaction (Adamakos, et al., 1986). Goldsmith, et al.

(1987) noted that major developmental or temperamental problems with a child account for the most significant source of parenting stress and that parents who experience this type of stress have more negative and strained interaction with the child (and within the marital relationship). In order for the parent(s) to provide a supportive environment for the child, the parents themselves must experience support to help mediate parenting stresses (Carey, 1986). Social support must be considered when examining the effect of the child on parenting stress. The research by Antonucci & Israel (1986) determined that social support or the perception of social support was an essential variable in reducing parenting stress and, in certain instances, enhancing the marital relationship. The availability of social support is especially necessary for a single parent responsible for raising a temperamentally difficult child (Cutrona & Troutman, 1986).

Contextual Variables:

Studies examining the relation between difficult temperaments and parenting have produced inconsistent outcomes (Crockenberg, 1986). It is not clear if characteristics of the difficult child adversely affect the quality of parenting or if poor parenting and/or an unsupportive environment lead to disruptive characteristics in the child. In all probability, it is a combination of

these variables.

The research by Belsky (1984) and the more recent findings by Hannan and Luster (1990) indicate certain contextual variables have a significant impact on a parent's ability to adequately attend to the needs of a child who is temperamentally difficult. Belsky argued that the three primary determinants of parenting previously mentioned were not equally influential. He asserted that the personal resources of the parents were most important, followed by contextual sources of stress and support, and finally by child characteristics. If the parents are experiencing emotional difficulties and limited real or perceived resources, parental competence will be negatively affected (Hannan and Luster, 1990).

The findings of Hannan and Luster (1990) suggest that for families to "function adequately, there must be a favorable balance between resources and stressors...In terms of resources, parents must receive emotional support, knowledge (e.g., about child development, positive parenting practices), and instrumental support (e.g., helping families locate needed goods and services)" (p. 15). These resources will help parents realistically interpret the difficult behavior of their children. Parents who are emotionally stable, have adequate socioeconomic support, and are knowledgeable with respect to their child's developmental issues consistently

demonstrate a more supportive/nurturing environment for their temperamentally difficult child (Clinton et al., 1988).

It is also important to note that moderating contextual variables helps some families more than others. Research has suggested that families which are overwhelmed by multiple problems (e.g., unemployment, poverty, poor housing, substance abuse problems) have difficulty focusing their concerns on the developmental needs of the children or the quality of the parent-child relationship (Bromwich & Parmelee, 1979). These authors observed that intervention strategies aimed at enhancing the parent-child relationship tended to be unsuccessful with parents who encountered multiple levels of stress. Consequently, the socioeconomic status of the family and the emotional characteristics of the father will be an essential component of this study.

Models of Effective Parenting:

In consideration of the above material, a review of the literature on effective parent-child relationships revealed that several authors have developed "parenting models" which attempt to guide parents and parent educators through a process in which nurturing and adaptive relationships are formed and sustained. The following examines several parenting models in order to demonstrate how these models often do not apply when attempting to parent an ADHD child. This is due largely to the issues of

temperament previously discussed. In all probability, these models will need to be refined to conform to the unique interaction patterns specific to the relationship that exists between a father and his son who has ADHD.

With respect to developing models which predict parenting behavior, Abidin (1992) presented a predictive parenting model which proposed integrating sociological, environmental, and behavioral factors, as well as personality characteristics of the parent, to determine specific parent-child outcomes. This transactional process model permits the determination of the intensity and duration of relevant parenting stressors (both internal and external), the parents' cognitive appraisals as a moderator of stress, the level of arousal and motivation generated by the stress, the resources perceived by the parents, and ultimately the parent's behavior (outcome). This model expanded a process model proposed by Belsky (1984) which did not emphasize the impact of "stress" on the husband-wife/parent-child relationship.

Researchers such as Cook (1993), Maccoby (1980), Harter (1978), and Rotter (1966) share the perspective that the parent-child relationship plays a critical role in the child developing an early sense of control over aspects of his/her environment, understanding contingency based behavior, and establishing secure attachments to those comprising his social world. Maccoby (1980) extends this

notion and shares with Social Learning Theory the bidirectional belief that when the parent's behavior is contingent on the child's behavior (parental responsiveness), the child is more likely to develop a sense of internal control. In terms of this exploratory study, it is critical to consider what happens when appropriate paternal responsiveness is not positively received by the infant or child. Referring to Abidin's model, I propose this would increase paternal stress, decrease the perception of resources, and thus increase the likelihood of avoidant behaviors (outcome).

The Relationship between ADHD and Parental Stress:

As noted in the research on temperament, Breen and Barkley (1988) point out that the vast majority of research examining parent-ADHD child interactions and the degree of stress in the relationship have "predominantly involved ADHD boys and their mothers" (p. 266). This is significant in that very little is known about the paternal feelings, interpretations, and perceptions of the father with respect to his child who has ADHD. Consequently, the majority of findings in this section emerges from maternal self-report measures and clinical interviews.

In a study conducted by Mash and Johnson (1983), Abidin's Parenting Stress Index (1983) was administered. The authors found mothers of ADHD children were more depressed, socially isolated, and experienced greater

restrictions in their parenting roles than mothers of non-ADHD children. They reported that mothers and fathers experienced more stress in their attachment to their child with ADHD, expressed a deflated sense of parental competence, and had a more pessimistic outlook on the future. There also was a distinct difference in the parent-child relationship between children who received stimulant medication versus those ADHD children who did not. Children receiving medication approximated the non-ADHD population in terms of positive responsiveness to parental commands, discipline, and supervision. This was also found in research conducted by Barkley et al. (1985) and Crnic & Greenberg (1990). Parental stress was greater in parents of younger ADHD children than in older ADHD children. In keeping with previous research, this study examined primarily mother-son dyads.

In two separate studies (Brown & Pacini, 1989; and Lahey, 1985), it was concluded that both mothers and fathers of ADHD boys experienced more depression and feelings of familial disenfranchisement resulting from perceived disturbed interpersonal relationships in the family. Specifically, depressed mothers and fathers tended to perceive their family environments as unsupportive and stressed and their families as lacking in cohesion, high in conflict, and low in autonomy and expressiveness. Fathers seemed to deal with their depression by attempting to deny

it; they attempted to engage the family in a multitude of activities as a source of distraction and personal compensation. This allowed fathers to ward off the depression while simultaneously imposing greater family control. The fathers' tendency to impose control on their childrens behavior may discourage autonomy and the expression of emotions. In support of Mash and Johnson (1983) and Barkley et al. (1985), Brown and Pacini also noted that fathers of ADHD children are more punitive/authoritarian, less supportive, more conflictual, less achievement-oriented, and less grounded in moral/religious practices.

Investigating further the relationship between parental stress and children with ADHD, Anastopoulos, Guevremont, Shelton, and DuPaul (1992) used a multi-method assessment to study 104 clinic-referred children to determine if there were characteristics particular to an ADHD child that resulted in increased parental stress. They noted a positive relationship between ADHD symptoms and parental stress: children exhibiting consistent negative ADHD symptoms, i.e., outbursts, academic difficulties, oppositional-defiant behaviors, and social difficulties had parents (specifically mothers) who demonstrated high stress scores on Abidin's Parenting Stress Index (1983). Studies by Barkley (1990) and Fisher (1990) acknowledge that parenting stress may stem from

multiple sources. However, they assert that it is the child's ADHD and other clinically relevant child characteristics that are the primary determinants of parental stress. Indirect evidence supporting this assertion comes from controlled studies in which both parental stress and quality of parent-child interaction were measured when the ADHD child was both on and off stimulant medication. These studies clearly demonstrated that as the child's ADHD symptoms improved while on medication, there were concomitant changes in parental behavior. As alluded to earlier, parents of medicated ADHD children issue fewer commands, voice less criticism, engage in more nondirective interactions, and express more warmth (Barkley, 1989).

Stress and Coping Among Parents of Handicapped Children:

ADHD is a federally and state recognized disability, which confers upon the child and the family all the rights and privileges associated with acquiring and providing services for a "handicapped" child (see under Individuals with Disabilities Act-Public Law 94-142). However, ADHD is a unique form of disability in that, by implementing a multilevel intervention strategy including medication, an ADHD child can often function and achieve like his/her normally achieving peers, albeit on a more erratic and inconsistent basis.

Even with a well-devised intervention strategy, an

ADHD child produces an inordinate amount of stress and concern for the parent(s) (Goldstein and Goldstein, 1994; Schachar & Wachsmuth, 1990; Silver, 1984; Sroufe, 1989). In light of this, it is worth noting the type of pressures and stress perceived by parents raising a disabled child. Although this may be different when parenting an ADHD child, important information can be extrapolated from the following findings in terms of how parents of ADHD children adjust and cope.

In a study involving 48 young handicapped children, Frey et al. (1989) examined the relationship between child characteristics, family social network, parent belief systems, and coping styles as they relate to parent outcome. Their results noted that child characteristics, such as the severity of the disability, had a dramatic impact on the experience of mothers and fathers. Children demonstrating poor communication skills significantly influenced the psychological distress of the fathers, but not mothers. This is consistent with the finding of Blacher et al. (1987). Fathers experienced a much more difficult time accepting and being supportive of a disabled boy than a disabled girl. Parental beliefs were the single most powerful correlate of parent outcome. Fathers who had a negative or pessimistic perception of their child's handicap tended to express the highest levels of personal stress and psychological distress. The outcome research of

Frey et al. concluded that, "the impact of child characteristics on fathers suggests that future research and intervention need to include fathers more frequently" (1989, p. 247).

The Research findings of Margalit & Ankonina (1991) who compared 142 families, half with a disabled child and half with a normally achieving child, supported the findings of Frey et al. (1989). They noted significant differences between the disabled and normally achieving subgroups. Parents of disabled children reported higher levels of negative (distressed) affect, adopted more avoidant coping strategies, experienced a more strained and disapproving marital relationship, and viewed their family environment to be more combative and less cooperative. It is important to note that a significant goal of this study was to look beyond the inherent stresses imbedded in parenting a disabled child to examine what factors determine stress-resistance in parents. Margalit & Ankonina (1991) indicate that the positive attitude of parents with disabled children depended not only on parents' attempts to become more actively involved in "directly coping with their problems, but also on supportive family interactions and a family climate that encouraged the personal growth of its members" (p. 297). This is also a central premise in the research by Holahan and Moos (1990). An increased use of avoidance as a coping

style was the central factor predicting negative affect in parents of disabled children. If in fact the fathers of ADHD boys tend to utilize avoidance behaviors as a major coping strategy, the impact on the family and the child is overwhelmingly negative.

The Relationship between Marital Adaptation and Child Outcome:

As Sroufe (1989) points out in his research, positive marital relationships foster in children a sense of security, positiveness, and worthiness. This secure self, "emerges out of and promotes the parent's capacity to both recognize and respond efficiently to the needs of the child" (Heinicke and Guthrie, 1992, p. 110). As noted earlier, a child's temperament and personality characteristics often have a profound impact on how the parent responds to and meets the emotional needs of the child. There is a bidirectional effect between the marital relationship and child characteristics: one necessarily influences the other (Heinicke & Guthrie, 1992). If the child is extremely needy or of difficult disposition, the parent(s) may respond by being too punitive, emotionally abusive, or emotionally withholding (Heinicke et al. 1986). This may frustrate the child resulting in an exacerbation of the negative behaviors.

Although there tends to be conflicting evidence on the impact of the marital relationship on fatherhood, Dickstein

and Parke (1988) suggest that unhappily married men not only withdraw from their wives but also may distance themselves from their children. "The variable that mediates the effect of marriage on the involvement of fathers with children may be the attitudes they develop toward their children and toward their roles as fathers" (Cox et al., 1989, p 1022). A strong marital relationship may fortify, and thus encourage, the fathers to engage their temperamentally difficult sons with more compassion and understanding.

Heinicke and Guthrie (1993) noted that marital satisfaction is frequently associated with and determined by, "the partner's empathy with and need satisfaction of the other and clarity of partner communication" (p.110). Consistent with the studies done by Cox et al. (1989), Goldberg & Easterbrook (1984), and Heinicke & Lampl (1988), the quality of marital functioning is seen as dynamically related to each partner's personality characteristics as indicated by their capacity for developing intimacy within the marital relationship, ability to solve problems and manage relationship conflict, and the depth of their personal self-worth or self-esteem. In combination, these idiosyncratic qualities determine the degree to which an individual can both give and receive support in the marital relationship. Discrepancies in parenting styles and expectations often elevate parental stress, resulting in a

diminished opportunity for mutual problem solving and nurturance (East, 1991).

The literature on marital relationships suggests that families with handicapped children are more likely to experience marital conflict (Boyce et al., 1991) and higher rates of divorce than their same age cohorts (Kazak & Marvin, 1984; & Schufeti & Wurster, 1976). Featherstone (1980) noted that, "a child's handicap attacks the fabric of a marriage in four ways. It excites powerful emotions in both parents. It acts as a dispiriting symbol of shared failure. It reshapes the organization of the family. It creates fertile ground for conflict (p. 91).

Despite this somewhat disheartening description, the author's overall message appears to be one of struggle and difficulty, not necessarily resignation and defeat. Parenting an ADHD child is a particular struggle because the child's difficult temperament and demanding behavior vary in accordance with medication levels, environmental influences, parental levels of stress, and personal perceptions of self (Barnett et al., 1980; & Campbell et al., 1986).

Research indicates that couples who communicate openly and regularly about their handicapped child and who have a clearly defined social support system to help cope with their stress have a more stable, supportive, and nurturing marital relationship (Coker & Thayer, 1990; Lahey et al.,

1988; Lonsdale, 1978; Palfrey et al., 1985; & Seiffert, 1978). Caplan and Killilea (1976) defined social support as, "attachments among individuals or between individuals and groups that serve to improve adaptive competence in dealing with short-term challenges, stresses, and privation" (p. 41). In addition, they document three major ways in which social support accomplishes this: providing emotional mastery, offering guidance regarding predictable problems and methods of dealing with them, and providing feedback on behavior that fosters improved performance.

With respect to the marital relationship and ADHD, mothers, much more so than fathers, attempt to create a social network to aid in mitigating the stress associated with parenting an ADHD child (Anastopoulos et al., 1992; & Fisher, 1990). This elevates the personal competency of the mother while highlighting the perceived lack of commitment and ineffectiveness of the father. This by necessity alienates the father and widens the emotional gap in the marital relationship (Boyce et al., 1991; & Erhardt et al., 1990).

The Relationship between a Father and His Son:

The impact of father-presence on the development of boys has been modestly addressed in the research literature (Levine, 1993). Studies focusing on father-involvement have generally been interested in sex-role development (correlational studies) (Lamb, 1986; & Baruch & Barnett,

1979), psychological adjustment and social competence (father absence studies), or the overall cognitive development of the child. For the purposes of this study, the areas of psychological adjustment, social competence, and cognitive development will briefly be discussed to stimulate a deeper understanding of the relationship between father involvement and child development.

Psychological Adjustment and Social Competence

The extensive literature on the effect of father absence may be relevant in this research study in that fathers of sons with ADHD may deem it more emotionally beneficial to severely limit interaction with their sons and, in doing so, create a relationship defined by absence and detachment. The literature seems to indicate that boys from fatherless families experience problems achieving academically and controlling aggression (Adams, Milner, & Schrepf, 1984). Brofenbrenner (1991) paints a bleak picture, stating that children who have real or perceived absent fathers are at, "greater risk for experiencing a variety of behavioral and educational problems, including extremes of hyperactivity or withdrawal, lack of attentiveness in the classroom, difficulty in deferring gratification, impaired academic achievement, school misbehavior, suicide, vandalism, violence, and criminal acts" (p. 4). Brofenbrenner seems to suggest that the combination of an absent father and ADHD can have a doubly

destructive impact on the child.

Even with fathers' present in the home, the natural course of the ADHD neurobiological impairment negatively impacts academic achievement while often being accompanied by heightened aggression (Coker & Thayer, 1990). Consequently, it is not clear precisely what type of outcome exists for a child with ADHD whose father demonstrates consistent investment in his son's academic, social, and psychological achievement.

In terms of the current study, these findings are significant in that fathers of ADHD boys may be physically and/or emotionally unavailable and therefore unable to deal with the social, academic, and emotional difficulties that often accompany an ADHD diagnosis. Since these children are already at risk for experiencing behavior problems (Lehey, et al., 1988; Olweus, 1980; Schachar & Wachsuth, 1990; Silver, 1984; & Sroufe, 1989), it is conjectured that father presence is even more critical as a means of prevention and stabilization (Goldstein and Goldstein, 1990). Prevention in this context refers to minimizing the comorbid symptoms which often accompany the neurobiological problems associated with ADHD.

Comorbidity is the indication of psychiatric illness coexisting with and further complicating the symptoms associated with ADHD. More than one in three children with ADHD will develop a psychiatric illness in conjunction with

the ADHD (Faigel, 1995). The type of psychiatric illness that may develop include bipolar disorder (manic-depression), conduct disorder (oppositional disorder), major depression (clinical depression), and various degrees of alcohol or other drug dependence (Goldstein and Goldstein, 1990). It is conjectured that comorbidity develops as a result of intense feelings of failure, rejection, and psychological and emotional pain (Cocores et al., 1987).

As mentioned earlier, the research by Beziraganian and Cohen (1992) determined that young boys with difficult temperaments had fathers who were less engaged, more punitive, and less nurturing. It is important to note that whether the father is absent or consistently neglectful may ultimately yield the same result in terms of the child's emotional, psychological, and social development (Levine, 1993).

The outcome literature clearly favors father presence over father absence. However, father presence alone is necessary but not sufficient to insure the psychological wellbeing and social competence of the child (Levine, 1993). Boys whose fathers emphasized quality time and expressed consistent nurturing and affirmation experienced a greater locus of control and positive self-esteem (Pruett, 1987; Reuter & Biller, 1973; & Sagi, 1982). Thus, availability and style of interaction or the nature of the

relationship between a father and his son appear to be essential to the psychosocial development of the child.

Cognitive Development:

Radin and Russell (1983) point out that father contact leads to intellectual development in boys and, "the more nurturant the father, the more the young boy models him and internalizes his modes of thinking and problem solving" (p. 211). On the other hand paternal hostility, restrictiveness, and authoritarian control have been negatively associated with the cognitive development in boys (Bronfenbrenner, 1991). This can have profound implications when one considers that the behavior of ADHD children often bring out an overly demanding and restrictive parenting response. Lamb (1986) believes that the quality of father presence is a significant contributor to the emotional and cognitive development of the child. "The characteristics of the father as a parent rather than the characteristics of the father as a man appear pivotal in the development of the child" (p. 14).

Although this exploratory study will draw from a middle to upper class socioeconomic subject pool, the aforementioned results on father involvement as it relates to influencing child development tend to be consistent across socio-economic and racial boundaries (Honig and Mayne, 1982; & McAdoo, 1981). Honig and Mayne (1982) studied black fathers from three socioeconomic classes and

concluded that middle class men were the most responsive to preschoolers' developmental needs. They further noted findings recently supported by Levine (1993) that the nature of the father-son relationship, rather than the amount of father participation, is an area of much needed study.

In order to better understand the relationship between a father and his ADHD son, it is essential to understand the relationship between a father and son in general. Sheehy (1979) indicates that it is increasingly apparent that the majority of modern fathers do not want to be peripheral figures in the lives and socialization of their children. These fathers want to be integrally involved with their children (Pleck, 1979). This entails taking more responsibility for all aspects of child care (Lamb, 1982; & Sheehy, 1979). On the other hand, in today's society there are a significant number of fathers who consistently neglect or abandon their children altogether. Children emerging from a home of neglect are at a steep disadvantage socially, emotionally, and academically (Goldstein and Goldstein, 1990; & Lamb and Goldberg, 1982).

For example, paternal participation in parenting responsibilities which are both instrumental (encouraging the child to be more self-directed and appropriately autonomous) and expressive (nurturing behaviors) has been linked to raising children who have elevated self-esteem

(Russell, 1978), are more motivated and achievement-oriented (Lamb, 1982), and feel more capable in interpersonal relationships (Santrock & Warshak, 1979). Children with ADHD often experience considerable difficulty in the following three areas. First, they often have a lower self-esteem than their same age peers. Second, they interpret their ability to achieve as substandard. Finally, they frequently experience difficulty establishing and maintaining interpersonal relationships (Barkley, 1978; Barkley, 1981; Goldstein and Goldstein, 1990). Considering the scope of these problems, involvement by the father has been shown to enhance the child's self-esteem, improve academic achievement, and stabilize interpersonal functioning (Goldstein and Goldstein, 1990 & Phillips, 1993). As noted above, if poorly attended to, these primary difficulties can evolve into an emotional or psychiatric disorder.

Researchers such as Lamb & Goldberg (1982) point out that the amount of time fathers spend with their children is not linearly related to the amount of influence they have. Empirical and theoretical considerations indicate that the amount of time spent with the parent is a poor predictor of the quality of the child's relationship with either the mother or father (Belsky, 1979). This leads one to the conclusion that the quality of the interaction and the father's behavior (Aldous, 1977) are far more important

than the quantity of time spent together. A few hours of pleasurable interaction may be much more conducive to the formation of strong and secure attachments than hours of cohabitation with dissatisfied, harassed, or distant fathers (Lamb & Goldberg, 1982).

Lahey et al. (1988) noted that parents of children with ADHD, in comparison with nondisabled controls, held significantly lower aspirations for their children, spent less time interacting, and used more physical discipline. This parental belief system and mode of discipline often resulted in decreased parent-child interaction and diminished quality of interaction. As Bain (1991) noted, "the quality of the parental interaction is an essential ingredient in determining the trajectory and prognosis of the ADHD symptoms during the critical developmental stages of the child" (p. 198).

A study by East (1991) revealed a positive relationship between paternal involvement and the psychological, social, and emotional development of their children in general and sons in particular. The more interested, communicative, open, and accepting fathers were of their sons, the more positive and satisfying the children perceived the relationship to be. East (1991) explains further that "fathers of aggressive boys perceived less support in their relationship than did other parents and, aggressive boys perceived less support in their

father-child relationship" (P. 425). Although it is more difficult for fathers of sons with ADHD to remain engaged with their sons due to the mercurial nature of the disability, fathers who can sustain openness and maintain positive communication have sons who are less aggressive, more socially appropriate, and fall within the normal limits on scales measuring self-esteem (Bain, 1991; Palfrey, et al., 1985; & Rapport, 1988).

Dweck (1977), postulates that negative parent-child relationships can foster, in either the child or parent, a concept called "learned helplessness," in which a person feels a sense of incompetency in response to sustained negative interaction. Although an ADHD child displays distancing behaviors, the parents' response to those behaviors determines the degree to which they are reinforced. The father's typical response to his ADHD son's behavior acts as a bellwether in determining levels of closeness and adaptability (Cook, 1993). As Dweck aptly points out, "the way in which the child reacts to the behavior of another person is, in large part, dependent upon the subtle, but powerful, social cues which operate in the situation" (p. 258). Because of their powerful ability to act as a role model in their sons lives, fathers are in a unique position to strengthen their sons during difficult social, academic, or emotional experiences, and in doing so, instill levels of realistic hope about future

interactions.

Paternal Expectations:

Although children with ADHD are not handicapped in the traditional sense - where individual and emotional functioning is severely impaired - ADHD can have debilitating effects on the child as well as his/her environment. Before discussing the potential effects of a handicapping condition on the father, it is relevant to briefly examine what traditional behaviors fathers expect from their sons.

With respect to traditional parenting roles, the majority of fathers stress (and expect) that their sons act more instrumentally, i.e., act independently, be guided by an internal locus of control, and express autonomous thinking patterns. In contrast, mothers tend to be more expressive, resulting in the reinforcement of varied dependency behaviors and emotionality in their children (Lamb, 1986).

It is important to note that in order for a boy to adopt a masculine identity (defined stereotypically) his father must be perceived as both powerful and nurturing (Radin, 1982; & Sagi, 1982). If the son experiences his father as powerful but non-nurturing, the boy may question his own masculinity, thus negatively affecting self-esteem, self-concept, personal development (Lamb, 1982). Sagi (1982) points out that highly involved fathers frequently

reflect on the quality and quantity of involvement with their sons. A father's recollections of his own father's involvement is clearly a motivating factor in his level of involvement. This does not take into account the child's individual characteristics and temperament which, as discussed previously, may be inviting or repelling based on the father's perceptions. Satisfaction with parenthood may cause the father to be more responsive and sensitive with his children. On the other hand, a lack of satisfaction may result in the opposite degree of nurturing and involvement (Easterbrook & Emde, 1988; & Reuter & Biller, 1973).

Park and Sawin (1980) indicated that when traditional fathers demonstrate nurturing attitudes and behaviors, their children develop greater generosity and altruism than children of less expressive and nurturing fathers. Hoffman and Manis (1978) found that more involved fathers facilitate a higher level of moral internalization and empathic behavior in their sons. Warm and sensitive fathers help lay the basis for social competence in the child and establish a better capacity for establishing healthy interpersonal relationships (Boyce et al., 1991; Lamb & Goldberg, 1982; Lamb, 1986; Loeb, 1975).

Based on the previous description of the various intrapersonal and interpersonal obstacles a child with ADHD encounters, it becomes clear that boys with ADHD by virtue

of their neurobiology cannot, without intervention, meet the a priori expectations of a father regarding traditional instrumental male functioning. It is not clear how or if fathers adjust their traditional expectations to accommodate the idiosyncrasies of their son who has ADHD. Mothers, on the other hand, tend to be more tolerant and supportive of the child with ADHD because of their expressive orientation i.e., willingness to oblige more needy or dependent behavior (Anastopoulos, et al., 1992; Barkley, 1989; & Befera & Barkley, 1985).

In terms of the type of relationship that exists between a father and his normally achieving son, Levant and Kelly (1989) note that "a father engages in roughhousing and other forms of physical play (toughness) with his son, and is much more likely to allow greater degrees of exploratory freedom." (p. 163). This is of course if the father perceives the son to be socially competent and demonstrates varying levels of self-control and personal maturity.

A father participates more fully in the many dimensions of his son's life provided the child is receptive to the father's feedback as evidenced through the child's thoughts, attitudes, and behaviors (Philips, 1993). Normally achieving children who have interested and involved fathers engage in what Harris et al., (1991) describe as "Dynamic Interactionism" which is a positive

process by which both father and son reinforce the behaviors and situations they experience as personally appealing and rewarding. This dynamic is seen as a spiral, where the individual and environment are constantly evolving and influencing each other. Consequently, the traditional father of a normally achieving child will often reward his son's independent thinking and willingness to take positive social risks with increased or sustained positive involvement. This in turn creates a feedback loop where both father and son are in mutually satisfying relationship. It is important to note that dynamic interactionism can also manifest in a negative feedback loop or spiral comprised of contentious and avoidant behaviors.

The following is a brief overview of the types of interaction patterns commonly associated with a positive father-son relationship. A father in a mutually satisfying relationship with his son (child) will often demonstrate the following type of behaviors: 1. he will take the time to discuss rather than lecture about a particular subject (Harris et al., 1991); 2. he will actively participate in the process of problem identification, problem solving, and conflict resolution; 3. there will be clear and consistent boundaries and limits regarding both acceptable and unacceptable behavior (Ross and Taylor, 1989); 4. the father will often use parenting strategies that strive to

build the child's self-discipline rather than demand compliance through using intimidation or inappropriate forms of punishment (Mare and Tzeng, 1989); 5. the father is consistent in his affection for his son through the use of appropriate touch and holding (Salt, 1991); 6. he has an accurate understanding of his son's intellectual, social, and emotional ability level; 7. he positively encourages his son to operate and perform at or above his level of ability (Harris et al., 1991); 8. he maintains approachability in order to serve as an effective sounding board and advocate; 9. he models for his son an ability to adjust to and be strengthened by necessary change (Mare and Tzeng, 1989); 10. the father views his son's behavior as socially acceptable and rewards his son's ability to demonstrate self-control (Bowman, 1993); and, 11. the father has a fairly stable self-concept (self-esteem) and is conscious not to burden his son with fulfilling lost hopes or dreams once held by the father (Phillips, 1993).

These are the standards or markers by which we can evaluate the strength of the father and son relationship in our culture. This study is by no means an attempt to generalize the above characteristics to speak to the father-son relationship found in other cultures. It has been demonstrated in our culture that Positive relationships between a normally achieving son and his father vary along the above relationship continuum with

respect to degree rather than kind. While all positive father-son relationships do not incorporate all of the above stated characteristics, it is evident that a variation on many of these characteristics are operating within the relationship (Phillips, 1993).

The Impact Of a Handicapped Son On the Father:

In light of the fact that there is little quantitative or qualitative data on the father's perceptions, beliefs, and feelings regarding parenting an ADHD child, a more general discussion will occur here regarding paternal responses to raising a handicapped son.

Since there are few noticeable physical features of ADHD, parents assume that their infant will develop and mature in accordance with traditional developmental markers, i.e., walking, talking, learning to soothe themselves, and exhibiting aspects of self-regulation (Goldstein & Goldstein, 1990; & Silver, 1984). Even if the infant is irritable or experienced colic, there is no reason for a parent to anticipate the type of developmental delays and behavioral difficulties associated with ADHD (Bain, 1991; Barkley, 1990; & Cantwell, 1975). In light of this, the issues that face a parent of an ADHD child are decidedly different than those facing the parent of a child suffering with a pervasive developmental disorder (PDD), Down's Syndrome or mental retardation.

As Meyer (1986) alludes to, very little is known about

the paternal experiences and concerns with respect to parenting a handicapped son. In a review of the literature, Blacher et al. (1987) also found that a scarcity of information existed regarding the impact of the child's disability on the father. The studies existing on fathers focus primarily on the initial reaction to the diagnosis and initial aspects of adaptation (e.g., the social, emotional, and financial adjustment to reality of the child's disability). A father's reaction to a disabled son would in all probability be predicated on multiple variables: behavioral characteristics, level of disability, intellectual functioning, physical characteristics and ability level, and the father's personal belief system and reliance on outside resources for support (Blacher et al., 1987; Erhardt & Baker, 1990; Korn et al., 1978; & Lamb, 1986).

Frey et al. (1989) point out, "A potentially challenging task for parents of a handicapped child is to formulate appropriate and encouraging standards of comparison for both the child and for themselves as parents" (p. 241). Since ADHD children for all intents and purposes look "normal", the parents of these children may erroneously use as a point of comparison normally achieving children versus other ADHD children or children with similar difficulties such as a learning disabled child. As noted previously, ADHD children do not achieve along a

traditional developmental continuum. Consequently, when their behavior or achievement is compared with their non-ADHD peers, severe disruption in the parent-child relationship can occur resulting in the child developing a negative self-concept (Anastopoulos, 1992).

Blacher, Nihira, & Meyers (1987) proposed that the severity of the child's disability has a dramatic impact on the experience of the parents. The outcome studies by Frey et al. (1989) discovered that coping efforts and the father's attitude toward the disabled child were directly related to the appraisals and beliefs held by the father. Paternal avoidance and wishful thinking were associated with high distress and strained family relationships. These authors suggest that interventions aimed at challenging appraisal and belief systems might enhance family adjustment and reduce psychological distress. The fathers of ADHD children may harbor the belief that because their children look normal, they should act normal. This view is especially reinforced by the mercurial nature of the child's behavior: one day the child can be focused, communicative, engaging, funny, and self-regulated, while the next day the opposite may be true (Barkley, 1990). Even on medication, these children tend to demonstrate extreme moods and behaviors.

As mentioned in Chapter 1, there appears to be evidence that children with ADHD often have biological

fathers who had (or continue to have in adulthood) similar ADHD characteristics. (Bain, 1991; Barkley, 1978; Barkley, 1990; Faraone et al., 1991; Goldstein & Goldstein, 1990; Palfrey, et al., 1985; & Weiss & Hechtman, 1986). Even though these fathers may share similar experiences with their sons in terms of the impact ADHD has had on their lives, it is not certain how these fathers typically react to their sons' behavior and intense dependency needs. Extrapolating from the work of Feshbach (1970), the symptoms associated with the ADHD may bring up unresolved childhood issues with which the father is either unprepared or ill-prepared to deal. Unless the father is knowledgeable about the symptoms associated with ADHD and has a sense of the impact ADHD had/has on his life, the father's ability to be present to and supportive of his son may be seriously compromised.

Rotter's (1966) research, with the Locus of Control Scale (I-E Scale), noted that if an individual perceived the occurrence of events beyond his/her control (e.g., the temperament of a child with ADHD) and those perceptions had a negative impact on either the individual's self-concept or the relationship, the individual may exercise distancing behaviors to establish an internal locus of control in order to create an environment he/she has direct control over. On the other hand, the more experience the individual has with a situation (ongoing interaction with

the ADHD child), the "more the sense of control will be determined by situationally specific factors and the less it will reflect generalized expectancies" (Cook, 1993, p. 587). In other words, through ongoing exposure to the child, the use of external resources, and periodic reevaluating of his cognitive appraisals and expectations of child's behavior, a father can approach his temperamentally difficult child with realistic expectations and a renewed sense of hope (Meyer, 1986).

Developmental Perspective:

Research has indicated that fathers, like mothers, frequently react to their children's disability in accordance with a series of emotional stages (Lonsdale, 1978; McConachie, 1982; Meyer, 1986; Palfrey et al., 1985). Generally, the first stage resembles a period of disintegration, characterized by shock, denial, and emotional disorganization. This is followed by adjustment, which is an admixture of both acceptance and denial. The final stage is reintegration, comprising more realistic and effective functioning by the parents (Cummings, 1976). While parents regain equilibrium following the initial diagnosis, their adjustment may be temporary. Chronic, stressful reminders of the disability occur in various ways throughout the child's life. The parents of an ADHD child must continually contend with their child's response to medication, special academic needs, strained social

relationships, and overall emotional stability (Bain, 1991; Brooks, 1992; Goldstein & Goldstein, 1990; Rapport, 1988; Silver, 1984).

Cummings (1976) noted that fathers with disabled children were often depressed and preoccupied with their child's special needs. Many felt inferior as fathers or were dissatisfied with their children and spouses. Gallagher, Cross, and Scharfman (1981) noted that when a father reacts to the disability by decreasing his involvement, he increases the mother's burden, exacerbating the adverse effects the disability will have on the family (Brown & Pacini, 1989). Also, families that dealt appropriately with the disability displayed open lines of communication within the marital unit, had two parents who pursued resources to help them cope more effectively with the disability, and were adequately informed about treatment options and the projected course of the disability and the impact it would potentially have on their child, themselves, and the family.

After a period of parental adjustment to the diagnosis, and possibly reintegration, the child approaches the age where he or she will enter preschool or elementary school. The child's developmental delays during this period rekindles parental concern and increases marital and family stress (Gallagher, Beckman, & Cross (1983); & Wikler, 1981). During this time fathers tend to be more

sensitive than mothers to the child's effect on the family's social and community image. Gallagher et al. (1983) note that even when a child is mainstreamed with normally achieving children and the stigma of special schooling is removed, parents may experience varying levels of stress due to the discrepancy in achievement between their child and the normally achieving peers. These research findings tend to corroborate the earlier observations by Cummings (1976) who pointed out that fathers' self-esteem (both generally and in terms as their worth as a father) was lower on scales measuring expressed self-acceptance and sense of paternal competence.

Implications For Intervention:

Fortunately, the sentiments described by Cummings (1976) are generally not applicable to fathers of ADHD children. He states, "fathers characteristically have fewer opportunities to do something directly helpful for their handicapped child, something which provides concrete evidence of their loving, caring and benevolent concern" (p. 253). As previously addressed, ADHD as a disability is extremely amenable to intervention. Parental understanding, nurturance, and interaction can frequently mean the difference between a battered self-esteem and a child who experiences personal confidence and a strong self-image regardless of their ADHD (Bain, 1991). When fathers are involved with disabled children several things

occur: improved family communication, reduced stress and tension, increased sharing of burdens and responsibilities, an enhanced family support system, increased acceptance of the child, more consistent discipline, and more harmonious family functioning (Meyer, 1986).

Summary:

There is very little reliable information regarding the perceptions, feelings, and behaviors a father has toward his son who has ADHD. Research has clearly documented that even in the best case scenario, parenting an ADHD child requires more effort, entails more stress, is more time consuming, and frequently leaves parents feeling overwhelmed (Cutona & Troutman, 1986; Easterbrook, 1984; Marsh and Johnson, 1983; & Shroff & Bates, 1990). In light of this, and because these children often have "difficult temperaments", these parents are at increased risk for marital and family problems and are frequently faced with immoderate amounts of socio-emotional stress (Crockenberg, 1986; & Johnson, 1982). Although the majority of parenting data regarding ADHD has emerged from maternal self-report measures and clinical observation, there are probably noteworthy similarities and differences fathers face as they attempt to adequately parent their ADHD son (Carey, 1986). Unfortunately, the unique role a father assumes in the life of his son who has ADHD is unclear. This is particularly salient when you consider that approximately

40% or more of the fathers could have been or were diagnosed with ADHD in childhood (Bain, 1991).

CHAPTER III

METHODOLOGY

The purpose of this study was to gain a deeper understanding of the relationship that existed between a son with ADHD and his father. Consequently, an interpretive methodology was used to study how fathers defined and attached meaning to different situations and events which shaped their relationship with their sons who have ADHD. Obtaining and analyzing the interpretive data of this study relied on the concepts of symbolic interactionism fostered by Blumer (1986) and Charon (1979) and the method of discovering "emerging themes" in narrative text as developed by Tesch (1987). In this chapter, the interpretive methodology is explained, sample selection and procedures are described, and data collection and analysis are presented.

Symbolic Interactionism:

The objective of this Symbolic Interactionism is to gain a more complete and integrated picture of the relationship that exists between a father and his son who has ADHD than could be obtained through statistical data. "Symbolic interactionism focuses on the nature of interaction, the dynamic social activities taking place between persons" (Charon, p. 23). An essential aspect of this study will be to probe a father's "perspective" of the "conceptual framework, set of assumptions, set of values,

and set of ideas, which influence individual perceptions leading to specific actions" (Charon, p. 7). An individual has many perspectives. Perspectives evolve out of interaction with others and are often role related. Blumer advocates exploration of the "lived experience" as a more accurate tool for evaluating specific perceptions and interaction sequences, i.e., a father's interpretation of his response toward specific behaviors exhibited by his son. Examining the sequence of behaviors and interactions may provide insight into a priori perceptions the father holds regarding his son's behavior.

Blumer's description of "sympathetic introspection" requires intensive readings of the data in order to gain a more accurate understanding of the phenomenon under study. Blumer insists that the topic under study must have significance for the researcher and be one where much was already known at the personal, experiential level. Tesch (1987) suggests that "Phenomenological researchers study an experience because of its special significance for them. They have become deeply involved with the phenomenon. It is at the center of their personal and professional interests" (p. 236).

This researcher is the father of an eight year old son who has ADHD and has been deeply immersed in this phenomenon since the initial ADHD diagnosis 4.5 years ago. Further, his education and training as a marriage and

family therapist helped hone active listening skills and expert assessment capabilities which are essential in conducting in-depth narrative accounts of family interaction patterns, perceptions, and behaviors.

In light of this, the researcher is confident that his personal and professional experience with this topic would permit him to enter into the participants "lived experience" and capture the richness and uniqueness of a father's perceptions, affect, and behaviors as they relate to the interaction he has with his son who has ADHD.

The following points (Charon, 1979, p. 31) summarize the perspective of symbolic interactionism as related to this particular research study:

1. Symbolic interactionism focuses on interaction rather than on personality or social structure. Both stability and change in the individual and society are understood through understanding interaction.
2. Humans are conceptualized as influenced by their perspectives, which are always dynamic, guiding (not determining) influences. Humans do not passively respond to social stimuli but actively interpret and guide the social situation.
3. Perspectives are learned through communication (interactions) and the individual can take on one of many perspectives, each one associated with a reference group or society.

Procedure

Patricia Quinn M.D., a Developmental Pediatrician in private practice in the Washington D.C. area who has approximately 300 children in her practice, agreed to act as an intermediary between this researcher and her patients.

This researcher sent 50 letters each describing the study and requesting paternal participation (see appendix A) with stamped envelopes, which she addressed and sent to the fathers of her male patients - boys between the ages of 5 and 10 who have been diagnosed within the past three years or placed on a medication regimen within the last year.

A follow up letter (see appendix D) was sent one month after the initial letter in order maximize participation in this study. The mailings generated 16 fathers requesting participation in this study. This satisfied the criteria set for this study regarding the necessary number of participants needed to generate data.

The letters invited the fathers to participate in a 45-60 minute interview designed to gather information specific to the relationship that exists between a father and his son who has ADHD. Enclosed with the envelopes sent to the fathers was a consent form (appendix C), self-addressed and stamped envelope for return, and a request for convenient days and time they would be available for a

telephone interview (to be discussed below).

Subjects

This exploratory study was interested in the fathers' reaction to and relationship with their sons who have ADHD. The way fathers often interact with their young children is a harbinger of how they will treat them throughout their development (Lamb, 1986).

Because ADHD is a fairly stable, chronic neurobiological problem, the degree of difficulty may change over time, but will rarely disappear. Consequently, the early interaction patterns with and interpretations by fathers of their sons who have ADHD are critical.

The research strongly indicates that children who are appropriately diagnosed with ADHD and subsequently medicated, demonstrate positive behavioral change with a positive prognosis for future functioning (Goldstein and Goldstein, 1990). For this reason, fathers of pre-adolescent age children (age 5 through 10) were invited to participate in this study. It was also of interest to determine if the father interacts differently with the son when he is medicated versus when he is not.

For purposes of this exploratory study, the narrative data emerging from the father interviews were compared to the extant literature on what constitutes a healthy father and son relationship (refer to Literature Review, Chapter II).

Characteristics of the Son with ADHD

The average age of the respondents sons' in this study was 8 years and 7 months. It was essential that the child had either been diagnosed within the last three years or placed on a medication schedule within the last year. The responses of the fathers in relation to the age of the child, the age the child was diagnosed, and the age the child was medicated provided vital information with respect to the impact of these three characteristics on the father-son relationship.

It was also the intention of this research study to interview fathers who were believed to be or could have been diagnosed in childhood with ADHD. This information was available to Dr. Quinn through a comprehensive assessment of family history which is gathered at the initial intake interview. Approximately 8 of the 16 fathers acknowledged displaying characteristics similar to their sons' ADHD either in childhood or currently.

Demographic Information Related to fathers

The fathers who participated in this self-selected study were primarily white upper-middle class, with two of the fathers being of Middle Eastern heritage. The average family income, based on the information from 13 of the 16 participants was \$210,000. The occupations ranged from financial experts to medical doctors. There was no common profession or occupation among participants. 13

participants remained married to their first wife with an average of 9 years married. 13 participants had two or more children, where only 2 of the participants had more than one child with ADHD. 7 of the participants who reported having more than one child stated that their son with ADHD was the oldest child. The average age of participants was 44. The average age the child was diagnosed was 7 and the average age medicated was also 7. Medication use generally followed diagnoses almost immediately.

Data Collection

After much consideration and review of the literature on father participation in research studies, it was decided to interview the fathers via a telephone interview. Although social scientists have considered the telephone primarily a survey instrument, Montemayor and Hanson (1985) used in-depth telephone interviews to gather significant interpretive data on family conflict and interaction patterns, while Felson and Reed (1986) collected rich information pertaining to parental assessments of their childrens' abilities in a variety of different domains. This format was continued by Montemayor and Brownlee (1987) who used extensive telephone interviews to explore adolescents' perception of and contentment with their parent(s). Further evidence suggests that phone interviews with fathers may be the most appropriate data gathering

format, in that fathers are more influenced by researcher's presence, thus more likely to stage responses in terms of expected or desirable answers (Baumrind, 1987).

There are three components of this study which may have contributed to generating paternal receptiveness: 1. the direct relevance of the research topic; 2. the degree of anonymity naturally imbedded in telephone interviews; and, 3. the brief interview format is appealing in terms of time commitment. As Hill (1988) pointed out, fathers are less tolerant of extensive questionnaires and interviews which they may deem as lacking immediate significance.

Since this was an interpretive research study, the questions used in the interview were critical. Open ended questions were devised (see Appendix B) which allowed for in-depth responses and permitted participants to answer the question on a variety of different levels. A number of different probes were developed to encourage participants to move farther in to their response. For example, if a respondent were to say, "Well, it really is difficult when my son begins acting inappropriately in public," the probe could be, "So when that happens, how do you generally respond?" The probes are often used in therapeutic settings to move clients deeper into their personal experiences.

It was intended that the mood and pace of the interview be conversational in style and that all responses

were greeted with non-judgmental affirmation. Considering the potential power of the topic area, when strong emotions emerged from respondents they will be affirmed, i.e., "It seems like this is a difficult subject to explore," and if it was too difficult to continue, the researcher suggested moving to another topic area. The purpose to this interpretive interview format was to explore paternal perceptions, affect, and behavior regarding parenting a son who has been diagnosed with ADHD. Respondents were informed in the "Introductory Letter" (Appendix A) that all phone interviews would be tape recorded. Tape recording the interviews assured more accurate gathering of the narrative data. It also allowed the researcher to concentrate on what the respondent was saying rather than having to write down responses which may have slowed the tempo of the interview. All participants agreed to the tape recording of the interview.

As described below, the interview format was based on dominant themes emerging from the current research and literature on ADHD. Since the format was based on open ended questions and accompanying probes, the paternal data emerging from the interview was individually interpreted as well as compared with the data from other respondents. The following outlines the themes driving the interview questions. The actual interview questions, which this outline is drawn from, can be found in Appendix B.

Parenting

The interview began with more global questions regarding the potential impact of parenting a child with ADHD. Respondents were invited to give as much detail as possible about the relationship that exists in the father-son relationship. Essentially, what is it like being the father of a son who has been diagnosed with ADHD? Is it more personally rewarding to parent his son when the child is on medication? Respondents were encouraged to operationally define terms such as discipline, temper, ADHD, and parenting. The father's perspective of the relationship was explored to determine paternal expectations as they relate to the child's behavior and attitudes.

Marital relationship

Participants were asked to assess the different parenting styles (if any) that exists/existed between them and their spouses or former spouses. Differing styles may determine the level of marital closeness and degree of impact of the ADHD on the marital dyad. As the literature suggests, the strength of the marital dyad has a definitive impact on how parents interact with a disabled child.

Discipline

Fathers were asked to evaluate their parenting "strategy" in dealing with their sons. [What forms of discipline did fathers perceive as most effective in terms

of changing inappropriate or bothersome behavior?] There was also an interest in determining if fathers rely on one specific form of discipline or if discipline varied in accordance with the situation or the fathers' interpretation of their sons' behavior.

Emotional

This area explored the emotional constellation of the respondents. The purpose was to determine the relationship that exists between the father's emotional response to his child and the overt behaviors that are directed toward the child. This takes into account research question 1, which explored the fathers affect with respect to the father-son relationship. For instance, what type of emotional response did a father have toward his son's behavior and how did this translate behaviorally for the father?

The interviewer also used probing questions to determine the extent to which fathers and sons interact positively and in a "nurturing" capacity. How did fathers facilitate positive interaction with their sons? Further, what happened when the father attempted to interact positively with his son, only to have his overtures met with resistance or refusal? This section concluded with fathers describing what they believe, if any, the greatest barriers were to parenting a son with ADHD. Understanding the degree of emotional responsiveness by the fathers provided a clearer understanding of how the father feels

about and perceives his son.

Nurturing

Fathers were asked to consider what it means for their sons to be "successful" and what they believed it will take for their sons to experience academic, social, and emotional success. Based on this inquiry, fathers were asked to reflect on the amount of leverage they feel they have personally in helping their sons achieve important developmental milestones, i.e., establishing lasting relationships, achieving at their academic potential, and having a robust and healthy self-esteem. As fathers reflected on these issues it was important to determine how affectionate or approachable the son and father were in relation to one another.

Personal Impact

The respondent was encouraged to reflect on the possible ways raising a son with ADHD has taught him about himself. In the course of this reflection, if a father acknowledged that he could personally relate to his child's experience, further probes were used to determine how the father dealt with these issues and how it has influenced his relationship or interaction with his son who has ADHD. This type of probing allowed for a deeper assessment of what the father has learned about self through parenting a son who has ADHD.

Use of Resources

This area probed the degree to which a father recognized the need to use external resources and the actual level at which resources were pursued. This can include marital and family counseling, attending parent support groups, and reading material which addresses the effects of ADHD on both the child and the family. This section concluded by asking the respondent what resources, if any, would he consider being involved in if they existed.

Conclusion

The conclusion of the interview allowed the participants to mention anything that may have been overlooked. This covered aspects of the father-son relationship which had not been discussed. During this time, most fathers tended to reemphasize issues discussed previously in the interview. After the interview, if fathers desired to pursue resources related to ADHD, this researcher offered interested participants a list of local resources (see Appendix E).

Demographic information, including the father's age, son's age, number of children in the family, marital status, education, and ethnic group, were requested at the conclusion of the interview. During the phone conversation, the interviewer made notes on potential themes, interpretations, ideas, and emotions to guide in the total analyses of the information emerging from the

conversations.

Data Analysis

Obtaining Data:

In order to understand the perceptions, affect, and behaviors of the respondents as they relate to their sons who have ADHD, a qualitative rather than quantitative scheme of measurement (which assesses data via an independent and dependent variable) was utilized for this study. As noted previously, Blumer (1986) suggests that in order to understand the meaning of behavior, one has to look beyond the "events of experience presumed by the independent variable and the formed behavior represented by the dependent variable" (p. 134). This exploratory study attempted to discover meaning in the relationship that exists between a father and his son with ADHD by uncovering both "themes" and "metathemes" in the narrative data emerging from respondent interviews. This concept of extracting themes and metathemes from narrative data was developed by Tesch (1987).

In order to discern common themes between and among the respondents, an exploratory phase attended to what the fathers were saying about their sons, the reasoning behind specific behaviors, and the overall emotional impact associated with parenting a son with ADHD. Once all the paternal interviews were finished, the transcripts from the respondents were thoroughly scrutinized to determine if

there were common themes specific to the father and son with ADHD relationship. As will be described below in Chapter IV, the researcher distilled from the interviews common parenting strategies, paternal reactions to specific ADHD associated behaviors, the impact of the marital relationship on the fathers parenting style (when appropriate), methods used in reducing stress, and types of resources used to better manage and parent the child with ADHD.

In terms of the exploratory phase, Stryker (1959) eloquently describes the degree to which interaction with others shapes our perspective of self:

We come to know what we are through others' responses to us. Others supply us with a name, and they provide the meaning attached to that symbol. They categorize us in particular ways - as an infant, as a boy, et cetera. On the basis of such categorization, they expect particular behaviors from us; on the basis of these expectations, they act toward us. The manner in which they act toward us defines our "self," we come to categorize ourselves as they categorize us, and we act in ways appropriate to their expectations. (p. 116)

In order to grasp an initial understanding of the type of relationship that exists between a father and his son who has ADHD, an exploration of the father's perceptions, affect and behaviors regarding his son's disability and accompanying attitudes and behaviors had to occur first.

Inspection

Once the interviews were completed the researcher examined the data to determine if there were perceptual and

parenting similarities existing among respondents. The similarities that were discovered were then collapsed into a "metatheme" or overarching category that accurately captured the perceptions, affect, and behaviors commonly held by fathers parenting a son with ADHD. The number of metathemes were determined by the amount and type of similarities existing among respondents.

Analyzing Data

Themes and Metathemes:

The interpretive concept of discovering themes and metathemes in data was introduced by Ranata Tesch (1987). Tesch's concept illustrates how researchers can extract "themes" and "metathemes" from narrative data in order to more fully appreciate and understand aspects of a specific phenomenon. The term "theme" means "something akin to the content, or topic, or statement, or fact, in a piece of data; expressed more simply, what the data segment is about" (Tesch, 1987, p. 231). Themes emerge through a process of clustering or gathering statements which are conceptually similar.

The term "metatheme" refers to a "major dimension, major aspect, or constituent of the phenomenon studied; expressed more simply, a partial descriptor of the phenomenon" (Tesch, 1987, p. 231). Metathemes, in their polished and final form, are the phenomenological researcher's equivalent of the study's "results." When the

word theme is used, it is referring to the brief statements that describe the content of individual units of data.

From common themes emerge "unique themes." It is this unique theme that the phenomenologists often call the essence of the phenomenon - the fundamental constituents. For instance a common theme emerging from this study's data may be that "all fathers experience frustration in dealing with the ADHD sons." A metatheme may be that "fathers who utilize external resources to better understand their sons' disability expressed more success and satisfaction in day-to-day interaction with their sons."

A metatheme such as this may feature a qualitative difference in outcome between fathers who pursue information versus those who do not or who do so on a limited basis. The metatheme goes beyond the description of themes and creates a new gestalt or larger understanding for specific types of behavior or interaction.

Concrete illustrations from the data are often utilized to make the metathemes come alive. Tesch describes the relationship between themes and metathemes to be similar to the "relationship between members of a group and the group as a whole" (p. 235, 1987). The members form the group and are part of it.

Themes emerge by using a process that Tesch refers to as "panning" (p.232). During the panning process the researcher looks for descriptive expressions in the

narrative data that appear to be at the center of the experience, those that address its nature or directly pertain to the phenomenon. After working with each transcript, the researcher's attention is broadened in order to compare the themes from one transcript with those from the others. The researcher is trying to identify common themes that are shared among respondents, which may combine to create a larger metatheme. According to Tesch (1987), themes and metathemes require a sense-making ability, an order-making ability, and a recognition-producing ability. The sense-making ability requires the researcher to discern the figure against the background. As Tesch states; "Words, sentences, phrases, and observations could not possibly be dealt with if the researcher were not ready for a sense-making paradigm that allows the details to retreat to the background" (1987, p. 237). The order-making ability refers to the researcher's need to break down information into smaller units, to discriminate and identify similar trends emerging in the data. The recognition-producing ability relies on both the researcher's intuition and intense "pre-reflective" familiarity with the phenomenon being studied.

Closure

Since the outcome of this study will not be determined through the use of quantitative data analysis, how will the researcher know when the research has come to a conclusion?

Tesch would answer when "nothing new can be added" (p. 239). The research can be concluded when the following questions can be answered affirmatively: Have I worded this theme correctly? is this what the respondent really means? Do these concepts belong together? Have I accurately captured the sense of the theme? In fact did the themes emerge, or did I make them up? As Tesch points out: "The answers are never definite. Their validity depends to a large degree on the researcher's own situation and ability.

Data Analysis:

The average length for each transcript in this study was 23 pages. The transcript generally followed the interview questions in this study (Appendix c). After reading all the transcripts through once, the researcher placed all common themes emerging from the data on a 3 by 5 index card. For example, each participant in this study mentioned the decision making process involved in placing their son on medication. The responses to placing their sons on medication would be considered a theme or content response.

These responses were marked in the transcript with a number and letter, i.e., 2b. The number indicated the particular theme category (e.g., 2 = the response category "Medication"), while the letter indicated the first letter of the respondent in the transcript. In situations where respondents had the same first name or beginning letter the

theme would receive a roman numeral designation (e.g., II). Where II indicated the second respondent with the same name or same first letter.

The theme category would ultimately be collapsed into the larger metatheme. Response categories included medication, marital issues, control versus lack of control, etc. Consequently, medication had the number 2 assigned, while marital issues had the number 4 assigned. So respondent "C" would have a designation of 4c every time he mentioned issues related to marriage. This would be marked on the 3 by 5 card designated for each respondent as well as in the transcript. This way, an observer could look at Respondent "C's" 3 by 5 card(s) and glean a sense of the number of responses he was making in any particular response category.

On the 3 by 5 card, a response category such as "medication" would be indicated along with its page number within the transcript. This was designated with a page number on the right side of the number and letter (e.g., 2c15, 15 being its location in the transcript). To further clarity: the transcript "Dan" had responses relating to medication on page 3, 4, 7, 12, 13, 15, 19, 22, 24, and 25. These page numbers with the designated number and letter marked in the transcript were found on the 3 by 5 card.

Once all the themes had been recorded within the specific response categories, a Metatheme was developed

that seemed to accurately address the sum and substance of participant responses. The themes or content responses were then transferred from the respondents' cards to a separate 3 by 5 card with the designated metatheme on the top of the card relating specifically to the themes on that card. The author then went back to each transcript and pulled out all of the responses under the specific metatheme indicated on the 3 by 5 card. This often entailed collapsing many responses to make a unified content response. This maintained the integrity of the responses. It was putting several responses together to create a better flow of the response for the reader. There were ten metathemes in all.

All the index cards were then placed on poster board in order to visually discriminate both the metathemes and accompanying responses.

Verifying Emerging Themes and Metathemes

In order for this researcher to verify the themes and metathemes emerging from the narrative data, Patricia Quinn, M.D., an expert in the field of ADHD, read the finished (after the author abstracted the themes from the transcripts to form the overarching metathemes) metathemes and accompanying themes or content responses to ensure accuracy in terms of the themes and metathemes identified by this researcher. Except for two content responses within two different metathemes, there was unilateral agreement between this researcher and Dr. Quinn regarding

the themes and broader metathemes that emerged. After discussion with Dr. Quinn, she agreed that the two responses that she originally questioned, were appropriately placed in the designated metatheme.

In this exploratory study, segments of the data illustrating specific identified metathemes were abstracted from the narrative text and highlighted in the body of the research study. Each data segment (content response) reflected a theme occurring both within and between respondents' narrative data. Relevant data segments were then clustered to form an overarching metatheme. All respondents mentioned in their interview aspects of the 10 metathemes which emerged in this study.

Summary:

Chapter three described precisely how this exploratory study was to be performed. Concepts familiar to Symbolic Interactionism, such as the relationship between an individuals perceptions, affect, and behaviors gave this researcher insight into the relationship that exists between a father and his son who has ADHD. The narrative data utilized for this study came from a one hour structured phone interview with 16 fathers who have sons with an ADHD diagnosis. The resulting data was analysed by using the descriptive method fostered by Ranata Tesch (1987). This method searched the narrative data for common themes existing both within and among respondents in order

to discover a larger metatheme which added a deeper level of meaning and understanding to how fathers both perceived and related to their sons who have ADHD.

Chapter IV

PRESENTATION OF THE METATHEMES

The following presentation of metathemes will be supported by the use of illustrative quotations from study participants. These quotations represent the themes or content emerging from the experiential data. The themes, which form the larger metathemes, run along a response continuum. For example, deciding to place a child on medication was clearly a metatheme emerging from the narrative data. However, the participant's responses to the use of medication for their sons ranged in intensity.

The quotations from participants will delineate this range of responses that coalesce to form the larger Metatheme. Tesch (1987) suggests that the only way to truly understand experiential data, and support the existing metathemes, is to use participant quotations. She considers documenting the "lived experience" of the participants to be fundamental in understanding the metathemes that capture a shared experience for the particular population studied. Consequently, this interpretive study will document the metathemes through the use of participant language and perceptions.

The participant quotations that follow represent the condensation into one large paragraph a series of responses fathers had to specific questions regarding their

perceptions of the relationship they have with their son who has ADHD. It is believed these responses most exemplify and support the metathemes in this study. The participant population used in this study consisted of men who were extremely articulate, well-read, and who have deeply considered the impact of ADHD on their lives and the lives of their sons.

Ten common metathemes emerged from these narrative data. Each metatheme will receive a Roman numeral and will be underlined. The diverse participant responses (Beginning with an asterisk, single spaced and indented) that follow the metatheme will be **prefaced** with editorial comments from this researcher. The editorial comments are double spaced and will elaborate the essence of the participants' responses. Following each editorial comment there may be one or several participant quotations (Beginning with an asterisk, single spaced and indented). It is intended that the varied participant responses will capture the attitude, affect, and perceptions of the relationship that exists between a father and his son who has ADHD.

An interpretation of the information found in this chapter will be discussed in Chapter V.

Metatheme I. One of the most difficult decisions facing the father of a child with ADHD was whether or not to use medication. Even though the resultant use of medication was positive, fathers continued to question their decision or the long-term impact that medication would have on their sons.

Fathers were very reluctant to use medication, despite the knowledge that their sons suffered from a neurological problem that could be stabilized by using medication. Fathers did not want to believe that their sons required the ongoing use of medication to help them both gain and maintain control. Even when the fathers permitted the use of medication and saw marked differences in their sons' behavior and ability, they were still reluctant to use it consistently. This implies the emotional difficulty involved in placing their sons on mood-altering substances like Ritalin.

* Stevie was diagnosed three years ago and was immediately put on Ritalin. At first we used it only occasionally because we want to see what the overall effects of the medication would be, and it he could function without being on it all the time. So we initially didn't give it to him on weekends or when he came home from school. It was recommended that he remain on it twice a day and weekends. We began to notice that he really did have all-around better days when he was on medication, and his temperament was a lot more even and agreeable. He could focus on his required tasks and complete them with relative ease, and it slowed him down enough to feel a sense of control over his world. I just felt uncomfortable keeping him on it so, despite the positive results, I was loath to give it to him regularly. As I think back, I probably wasn't doing him any favors -- I mean by putting my needs or worries above his general well-being, principally because the medication had a positive effect. It wasn't like he had a bad reaction to it, and the professionals said keep giving it to him anyway.

* After our son was diagnosed, we were informed that medication would enhance his performance, attention, and general ability level. Before we started the medication, however, and because I was opposed to having him rely on some chemical to

socially or academically fit in, we tried a series of behavior management tactics to help him establish control over the areas he was having so much trouble in. We asked his teacher to put him in the front of the class to reduce distraction, we had him on a reward system both at school and at home, we asked that he be allowed to run errands for the teacher and clap out the erasers, etc. All of these things allowed David to take a significant step forward, but I think when we finally decided to introduce the Ritalin, it allowed him to take maybe another two steps forward. We decided on medication because all we were doing just didn't seem to be enough, or create the gains we had hoped for David. Since being on Ritalin, there is a noticeable difference in his mood, self-confidence, and willingness to participate in activities he used to shy away from, like organized sports.

* The only thing that I was slow on or had some denial about was seeking out medical help for Jacob. I didn't like the thought of my son being on medication. I had done some reading about hyperactive children and the majority of the literature said your child was going to be medicated if in fact he was hyperactive. I wanted to try other things before bringing him to the doctor. I don't like chemicals and I don't like behavior that is modified by chemicals. I suppose that happens to be a shortcoming of mine. I also think it delayed getting the type of help that Jacob needed. Even though we now have Jacob on medication, I think you need to get them off as quickly as humanly possible and let them adjust to the world they are going to live in without relying on popping pills every time they are upset or have bad feelings. Otherwise, as they get older, they may rely solely on using the pill to cope with life's problems.

It just bothers me that he is going to have to take this pill to perform in life. I was also worried about using Ritalin because no medication is a guarantee, and they really haven't resolved the side effects associated with the medicine. I felt it was depriving him of an appetite. When he isn't on the medication his appetite is excellent. To be honest we haven't been giving it to him as regularly as we should, so it is hard to develop a stable routine that lets him eat either before the medication or after it wears off. The other piece is that he needs medication for focusing not for

direct behavioral problems. It's not like he was standing on the desk in class. If we forgot to give him an afternoon dose of Ritalin I could not tell the difference in his behavior, although I may not be the most objective source.

The decision to use medication is reinforced by the resultant behavior and attitude change accompanying medication use. The following addresses the issue of the medication providing the child the opportunity to slow down and internalize more pro-social and positive coping strategies.

* Once Bart was diagnosed, the physician stated that medication would probably provide Bart with the added social and academic boost he needed to feel successful. At first I was very reluctant to put him on any medication. While my wife took him to another doctor for a second opinion, I went to the library and read several articles on Ritalin and stimulant medication. The evidence seemed to indicate -- although there were some articles that were more equivocal -- that Ritalin really could make a difference in his functioning on a broad-based level. Based on what we have seen over the past couple of years, the Ritalin clearly has given Bart the chance to feel competent, in control, and pretty successful. In fact, when he is not on the medication, there is a distinct difference in his attitude, emotional state, and level of compliance. As he is getting older, I can see how the medication is allowing him to internalize some ways to cope when he is not on medication.

Putting the child on medication generated in some fathers a sense of relief. They reported having the opportunity to develop, or at least approximate, the type of relationship with their son that they always wanted. Fathers describe a process whereby they could begin being available and supportive in new ways for their sons. The

fathers had a definitive positive response to their sons' attitude and behavior changes.

* Before Kevin was diagnosed, things were pretty rough in terms of his behavior and ability to follow basic rules and structures. After the diagnosis I remember feeling this real sense of relief -- that number one, he is not this bad or purposefully defiant kid; and two, there was a medication with a proven track record that could help him get some control and reduce his problem behavior. One we started him on Ritalin it was as if he were a different kid. He was attentive, respectful, cuddly, inquisitive, and fun. The air of tension that hung over our house lifted. I also noticed that I felt different about him. I looked forward to seeing him when I got home from work, or I wanted to be around him more. He still has his moments, but they are short in duration and nothing compared to before.

The following describes the realization by some fathers that, although medication increased their sons' functioning in certain areas, it definitely was not a panacea for the multiple issues that a child with ADHD must confront. Some fathers wanted to make it clear that the mere fact that a child was on medication did not make him automatically conform to social and academic demands. Stimulant medication gives the child "a boost up", it is not some magical substance that transforms the child into something perfect.

* When Jimmy started on medication, I had this fantasy that it would somehow "fix" all problems he was having. Certainly the medication has had a positive effect on him, but it gives him the strength to hang on tighter and pull himself up, rather than boost him to the top. These medications have not evened him out in the traditional sense, he is still pretty intense, and can dip into some old behavior. What is troubling is that once his teachers learn that he is on

medication it is like, "O.K., now we can expect him to be a little angel and not disturb us while we attend to all the other kids in the class". Fortunately, the medication allows his personality and energy to remain intact, so he slows down, and is more thoughtful, but he still is a boy with funny ideas and a sense of adventure. The teachers just don't seem to fully understand what ADHD is, and that supporting Jimmy is an ongoing issue. It doesn't stop once he swallows a pill.

* My son is a big kid for his age, so other kids in his class could be intimidated by him. The teachers were complaining that he was aggressive on the playground and the other kids were scared of him. Plus, he was disruptive in class, to the point where he either was sitting in his desk in the corner of the class or working in the principal's office. After we had him evaluated, the doctor said that Ritalin would slow him down and allow him to experience a sense of control and success in school. In the beginning I just thought he was being a boy. I didn't see all the need for alarm and concern.

I am very physical and wrestle with him a lot, so I thought that maybe I was the instigator in his behavior. As it turns out, his behavior was different than the other kids in the class, and it seemed he really couldn't hold it together. Since being on medication, the reports from school are much more positive, although he still has a tendency to be aggressive on the playground. We are using behavior management techniques to help control some of this. I can honestly say that the medication has given him a sense of control. you can see it in the way he carries himself, the things he says, and basic attitude.

* The medication hasn't been terribly effective. I told his teacher this year when she asked whether he was going to be on medication this year that, "Look, I want you to know that, granted, he has been on medications before. They haven't been particularly successful. They have helped him with some things but they have had some side effects that we did not think were good. He's been on them and off them over the past couple of years. We are investigating other alternatives and possibly other medications. You have to understand that this isn't something that is real exact. Until we figure this out, we need to know what you can do for him or how we can help

you in terms of his class behavior." Some teachers think that medication is the panacea for every kid's problem. Part of what I feel I am doing with the teachers is educating them that even if these kids are on medication, they still are going to require more support and follow-up than most of the other kids.

* We started having him tested in second grade, as a result of his first real academic year in first grade that showed some developmental problems if not real learning disabilities. He was diagnosed as being ADHD in the second grade. He started on Ritalin shortly after he was diagnosed. I was somewhat skeptical at first about putting him on medication, especially since Peter was so young. My wife felt that if there was a pill that could make things better for him, then put him on it. I do not subscribe to the belief of "better living through chemistry". I went along with putting him on medication. I felt as long as there wasn't a serious downside, we might as well give it a try. Since this is not a condition that you can detect through a blood test or MRIs, the only way to really monitor the course of ADHD is by the child's behavior.

Once he began taking the medication he did seem more compliant and better able to attend to tasks. Even though he has been on medication, he still has a hard time with basic organizational skills. He was forever forgetting or losing or misplacing things and, in order to get his work done, required a lot of additional support. The medication has slowed him down so he is more reflective of what he needs to do. His ability to organize his responsibilities has come a long way. I credit the medication, behavior management tools, and tutoring for the difference in his grades and behavior. Without medication, I don't think he could have slowed down enough to take advantage of the tutoring or follow some of the behavior management tasks. He is doing well, and I can notice a difference in his attitude and behavior when he is not on medication. He seems better-adjusted and happier all the way around.

Some fathers acknowledged that the medication was effective in modifying certain behaviors; however, they expressed concern regarding their sons' reliance on

medication to socially and academically function. An interesting phenomena was alluded to where fathers, like their sons, experienced a degree of reliance upon medication for behavioral control once the positive effects were realized. It would also seem that fathers could benefit from further education regarding the short- and long-term effects of medication on their son and family.

* Knowing that my son has to take medication to get along in this world bothers me a lot. I know he needs it by the positive effect it has on his daily functioning, but I still am bothered by his need to use this external substance to function. I am reminded of the movie *Awakening*, where the main character could only achieve a normal existence through the use of medication.

Eventually the medication stopped having the positive effect of reversing these severe neurological effects, and he returned to his disabled state. I worry that this medication creates an illusion -- that what I am seeing really isn't my son, and that eventually the medication will stop working and we will have to adjust to his true nature. There is also a piece that, since I now know how effective the medication can be, I don't want to see him off of it. This obviously creates some confusion for me based on what I just said.

* I suppose the most difficult issue for me around Jeff's use of medication is that it creates behavior and compliance which are artifacts. By that I mean it isn't really his disposition or behavior. So when the medication wears off, we have to adjust our psyche to deal with this kid who is kind of bonkers -- behaviorally, that is. It is like he has this emotional meltdown when he is off meds. He becomes loud, acts five years younger than his age. I don't understand some of his questions or thought processes. I mean it's like he really regresses.

There is a piece of me that is extremely resentful that Jeffrey and the family have to go through this emotional rollercoaster. It just doesn't seem fair. So part of me just wants to keep him off medicine and learn to deal with him

as he is, not as I want him to be or the way the medication temporarily makes him fit in. Granted, the medicine makes a big difference in his personality and willingness to participate appropriately, but I can't help wonder how it must make him feel to know that the only reason he is getting along so well with others and in school is because of this pill he swallows three times a day. He must wonder about his own abilities, or inabilities as it were, to control himself without outside intervention.

There is evidence that a father's decision to place his son on medication is conditional in the beginning. Fathers report initially not dispensing the medication as prescribed by their physician. They would often put the child on medication as needed situationally, rather than develop a consistent schedule. It seems fathers are missing significant educational insight in terms of the importance of maintaining a consistent schedule. It is intimated that by giving the child medication only occasionally, the chronicity of the ADHD is somehow ameliorated. Also, there is a tendency to want to get the child off medication as soon as possible. This tendency may not be in the best interest of the child.

* Generally we don't give our son medication on the weekends. He gets it during the week. From what I gather, the medication is working during the week, in that he is concentrating better in school. At night when he is home, and off medication, he does not seem to be able to concentrate as well on his homework. In fact focusing is a major problem for him at night. Even though he is not very focused, my wife pushes him to complete his assignments. He is doing well in school. He is getting Es and As and I think that is a marvelous, marvelous improvement. He wants to excel. He is overly, overly concerned about grades. Teachers all tell me that he is

preoccupied with grades.

* I can't say for sure if the medication makes an appreciable difference in his behavior or not. I am not around him much when he is up in the morning before school and when he gets home. By the time I get home, the medication has worn off. Since we don't give it to him on the weekends, I have to honestly say I don't see a noticeable behavioral change. We don't give it to him on the weekends, because he is getting old enough to control a lot of the irritating behaviors we used to see when he was younger. Although he seems to always have this edge about him on the weekends, the negative behavior we used to deal with has abated considerably. I suppose the medication could help with the irritability, but I just never really thought about it. We used to give him the medication all the time because he had a lot of inappropriate behaviors cropping up on a consistent basis.

There is an awareness that the use of medication on a consistent basis will create a context where, as the child matures, he will be able to internalize positive coping strategies. There is also a sense that the medication has allowed the child to achieve and excel in ways that were previously blocked.

* I think it is important to understand why we put him on Ritalin. We put him on Ritalin because we want him to focus and gain a certain level of personal maturity. It is hoped that, at some point, once he receives the benefits of the drug, he can stop taking the medication. Hopefully the Ritalin will allow him to gain the necessary skills he will need to succeed in an increasingly competitive and difficult world. Ritalin slows him down enough for him to get a lot of positive feedback and learn some valuable ways of treating and interacting with other people. He genuinely wants to please others and positively participate with other kids. He is a great athlete, and the Ritalin has slowed him down enough to concentrate and take in information regarding the fundamental skills he needs to excel athletically. Although I don't like my son to have to take medication, I am

always aware of what it was like before he went on medication, as well as the transformative effect the Ritalin has had on both his and my life.

* I would have to consider one of the toughest decisions of my adult life was deciding to place our son on medication. I initially had a fairly strong emotional resistance to the whole concept of medication - especially medicating a four-year-old. However, on an objective, more rational level I realized, "This isn't forever or doesn't have to be forever. We ought to give it a try and see how it works. If it does what it is supposed to do then we would be remiss not to offer it to Paul." For us it was an obviously positive decision and outcome. Paul's confidence level and overall attitude eclipses his former self. It's made a huge difference in all of our lives.

Fathers are challenged to pay particular attention to the effects of the medication on their children. When medication is wearing off for a child, the effect can range from no noticeable effect to being overly sensitive. A father's awareness of this transitional period can make a significant difference for both the child and the family.

* I definitely notice a difference when he is not on medication. When he is on medicine he will have an occasional headache and his appetite is affected. He eats much more on a weekend or on days when he's not medicated. I have noticed that as the medication is wearing off he is much more fragile and volatile. When he is on the medication he is fine. When he is off the medication completely he is O.K. It is the transition from on- to off-medication that he appears to be fragile. What I mean by fragile is that you can't push at all, whether it's to clean up his room, get his homework started, or to take it easy with his brother. Any of these things can lapse pretty quickly into an emotional outburst.

Even though some fathers probably would not actively pursue medication intervention for their sons who have ADHD, when faced with the decision fathers generally put

the needs of their sons above their own.

* I personally have noticed zero difference in his behavior or attitude, although the school reports him being more focused and my wife says that in the morning time and evening time after school he is much calmer and compliant. I suppose since I do not see him medicated much, I am not the best objective source. I personally don't think that his unmedicated behavior is bad. I mean he is pretty aggressive and a hard charger. I think those are important qualities to have today, especially in the business climate and world we live in. I don't particularly mind if he gets loud or opinionated. Since I was never allowed to express myself when I was younger, I wanted to give him the opportunities to cut loose in the ways I couldn't. I also realize that "in order to get along you must go along." And I can say that at times he can be extremely stubborn. The difficulty in focusing and staying on task is the greatest concern for me. If he can't focus and is all over the place, people are going to think he is dumb or lazy. I want him to avoid a label like that. So if the medicine helps him avoid that label, then it is probably worth it.

Metatheme II. A father's awareness of issues related to his child's development has a profound impact on how the father interacts with and supports his son. There appears to be an important relationship between a father's knowledge of the impact of ADHD on his son's development and the level of the father's emotional support for his son.

The following suggests that personal maturation plays a fundamental role in the overall amelioration of symptoms related to ADHD. Fathers recognize that the combination of medication and the personal maturity of their children work in unison to help the child create and maintain an array of positive coping skills. It is also evident that fathers can clearly mark a developmental difference in their sons prior to the diagnosis and after the onset of treatment intervention.

* By using medication his metabolism has slowed down enough for him to both conform to the larger societal demands as well as live up to his developmental potential. Before taking medication he was a 5-year-old in a eight-year-old's body. He especially seemed to be delayed emotionally, in comparison to his same-age peers. He is also maturing as well as being on medication, so he is learning how to handle his world in a much more constructive and positive manner. He is learning to problem solve effectively and deal with frustration and delayed gratification much more reasonably. In many ways, he even seems more mature than the kids he hangs around. ADHD has really forced us early on to be aware of John's personal development, and not take anything for granted. I think that, in many ways, John has behaviorally benefitted from us being so aware of what was and was not developmentally appropriate for him at certain stages.

* I think in the beginning I resisted placing Tim on medication because I did not want to admit that my son had a disability and that he was going to be different, by virtue of taking the medication, then the other kids in his class. I wanted to believe that he could find some way to compensate for the attentional and behavioral problems, Or that we could find some way.

I remember we put him into therapy hoping that he would "decide" to concentrate more. What therapy did was indicate even further that Tim would be limping through life for quite a while unless he got the necessary support he needed now by taking medication. I just wanted to believe that this was some kind of developmental blip on the screen that would go away if we all tried really hard. Well, we are all trying really hard, and even with medication Tim has his work cut out for him. It is evident, however, that he has been able to achieve and even surpass a lot of what his peers are doing. So I feel extremely grateful for his progress and stability.

* I think the principal thing you must accept or remember is that whatever you choose to label the problem, a person with ADHD is like dealing with someone who has a broken leg. He is experiencing a handicap on a part of his body that needs special attention. These kids are the same way. There are certain things they cannot do. Their bodies or brains are not going to allow it

unless they are on medicine and/or until they grow older and can learn to cope with their environment. I believe most of all the parent really makes the difference in how the child feels about self in relation to the larger world. I know with Joey that he feels genuinely loved and cared-for regardless of what and who he is. If he scores the winning basket in the game, well, isn't that great? If he misses the winning shot, well, isn't that great he tried? I have learned that I cannot and should not try to push him beyond what he is capable.

Our daughter, who is two years older than Joe, is in second grade but reads on a fourth-grade level. She is ready, willing, and able to excel in reading. We recognize this and try to accommodate her specific needs. Joey, on the other hand, has immense difficulty in reading. So we don't push it. We encourage him to move at his own speed and do what he can. The kids let us know what they are ready for and how capable they can be at achieving the task.

* Justin is really a bright boy in his own way. He probably could get all As if he could learn to focus more. A lot of it is just getting him started, getting him focused or setting him up, organizing him. This definitely helps him be more successful in finishing his projects. He tends to run under the power of a different current than his friends. Even though his friends may not want to do their homework, they do it because they have to, they have no choice. For Justin, it is not a matter of choice. It is a matter of if he is on medication, if he is organized enough to start the project, and if he is emotionally settled down enough to focus.

With this said, I also recognize that I am often too demanding. I tend to forget or dismiss that he needs more time or less pressure to accomplish things. I'm an organization-type person. It is easy for me to get started on projects. I think my expectations out-pace me or Justin in some respects. When there is resistance by him, it's more often than not my expectations and pressure getting in the way. It's interesting that, even though I know how to encourage him, I forget and generate problems between us.

A father's sensitivity to his child's developmental capabilities has a profound positive influence on both the

son and the father. An understanding of developmental concepts, and the personal "readiness" to undertake certain tasks, produced fathers who were more relaxed and realistic about their sons' developmental trajectory. This also enabled fathers to meet their sons where they were at, rather than trying to squeeze their sons into a developmental framework which was not respectful of their ability level. The following excerpts convey the remarkable impact that a father's sensitivity and awareness can have on the son specifically, and the father-son relationship in general.

* I am a big organization person. I know being organized has really helped me not only succeed in life, but make my life more manageable. I remember that, when Tim was seven, almost eight, I introduced the concept of outlining projects or assignments so he could see the beginning, middle, and end of a project. I know how important outlining is for me, so I would initially get frustrated when he seemed to resist learning how to outline. As it turns out, he really just was not developmentally able to absorb it. Other kids in his class were using aspects of outlining as a class assignment, and he just wanted nothing to do with it. I know our physician said that even though Tim is bright, he was more equivalent to a four-year-old emotionally and even intellectually in some things. Organization is one of the most difficult concepts for him to learn. Once I understood that he was just not ready to use the outlining tool, I backed off and worked with him to find strategies that would make his work more enjoyable.

* I feel that being respectful of what he is developmentally capable of doing has allowed us to create and maintain a very close and caring relationship. Although it has been difficult to see him struggle, and it continues to be difficult in certain situations, I know fundamentally that he is going to succeed and do fine. He feels

basically good about who he is and experiences a strong sense of accomplishment in most situations he undertakes. I have learned how to be both a friend and a father to him. He doesn't see me only as this authoritative guy who is monitoring the degree to which he does things right, but he also sees me as an ally and advocate when things don't go so great. He struggles in school and has L.D. (learning disability) issues interwoven with ADHD. This can make for a very frustrating mix.

In the beginning, before I had a sense of what was going on with him, I did a lot of hand-wringing and lecturing. Now I can tell when something is bothering him, and if he doesn't bring it up, I can share my observations with him just to let him know I am here if he needs me. I have gotten a lot of mileage out of this approach in terms of both our relationship and how he resolves tension and problems in his life. In a lot of ways, ADHD has allowed him to work on and acquire some pretty high-level problem-solving skills that many people twice his age don't have. I also feel confident that, as he grows older and pushes into the teenage years, he will be making some good choices, versus following the crowd to please his peers or to be included. I believe he will be able to really talk with me about concerns he faces such as sex, drugs, alcohol use, and relationships. Although I have no crystal ball, I think the kind of relationship we now have will allow us to be close and honest in the future.

* What I am doing now is trying to prepare Petey for when he enters junior high school and is confronted with some tough choices. You know, like girls, drugs, etc. I feel the time I spend with him is setting him up to make solid and responsible choices when he gets older. Since I spent very little time with my father, I can already see the value of the time Petey and I spend together. I am very involved in his personal development and try to support the decisions that he makes. Even if it is not a terribly positive decision, we take the time to discuss how he would do it differently next time. I think that this approach, and being respectful of what he is capable of doing, is paying off big dividends. Even though he has ADHD, I can see at a young age that he is developing a solid morality and understanding about what constitutes good choices and bad choices.

* Mike is something of a contradiction: on one hand, he is quiet and shy; on the other he is quite jubilant. He tries really hard to do well. I know a lot of these kids with ADHD just want to give up or go astray, but he tries incredibly hard. He tries to learn the structure and I think the school we have been sending him to really helps him feel confident and motivated. Both the home and school environment tries to meet his individual needs and adjust to what works best for him. He struggles in certain areas, both academically and socially, but he doesn't let it get him down, and he keeps plugging away. I invest a lot of time with him in hopes it will pay off down the road.

Both understanding and responding to the unique temperament of the child with ADHD allows the son to move through difficult situations quicker and with more confidence.

* Part of being sensitive to Carl's needs is for me to be aware that he takes criticism very hard. I'll go up to his room after he feels put down and I'll say, "It's not worth getting worked up over. It's not a big deal." Maybe with a normal kid it would roll off his shoulders. It doesn't roll off his. If I get angry because he is blowing something out of proportion or if I disrespect what he is feeling, it makes the situation much more intense. I know he can't shake as easy as others, so I say it's O.K., and wait for him to gather himself back together. If he feels overwhelmed or picked on, he'll withdraw. He won't participate in whatever the function was. When he is in this space he responds really well to affection and hugs, although he would not actively ask for or pursue affection from me or my wife. I do notice he is becoming more confident and less uptight if someone says something he doesn't like. I think that is a big step. He is getting older, he is taking medication, and he is learning how to cope better.

Once a child is placed on medication, and the positive effects are realized, some fathers recognize the ongoing

and intensive struggle their child would have faced without the benefit of medication. The medication provided the child with the opportunity to maximize his potential and experience varying levels of success.

* Before we really understood what Kenny was experiencing with ADHD, I remember having this belief that if I tell the children to do something, it better get done. Kenny always seemed defiant and resistant to my requests. He would either say "no" flat out, or he would just not do it. I remember saying to him on multiple occasions, "I am going to beat you until you listen and do as I say." Interestingly enough, this would have little impact on him. As I learned later, after he was diagnosed with ADHD, he could not really help his intransigent behavior. I regret much of my interaction with him in the earlier years. How does the song go, "I wish I knew than what I know now"? The fact of the matter is that he just couldn't help it. He didn't have the internal resolve to focus and accommodate the demands my wife and I were making on him.

* I do not get hooked by his volatile behavior anymore. I realize that, due to ADHD, he often cannot help it when his emotions run away with him. I used to be extremely confrontational with him when he didn't listen or didn't follow through. Now, when he has a problem, I really try to remember that he can't help it, and that if he could he would not be acting this way. It is also obvious how different he is when he is on Ritalin. He just doesn't dissolve or react the way he does when he isn't.

* As a parent of a child who has ADHD I feel we are held to a higher standard than parents who kids do not have any obvious disabilities. I don't like to think of my two sons as having a disability, but the fact is they do. Once I got beyond the ADHD diagnosis, and realized there is a whole lot I can do for them that I previously was not doing, I had to change not only my behavior but my thinking. These two beautiful boys have neurological and developmental difficulties. I remember sitting late one night in my chair just saying that over and over! I just wanted to

scream. How can I really help these two characters who have such a large satchel to carry through life? This is what I thought. After doing some reading and certainly talking with my wife, I realized there was a huge amount I could personally do to insure that my boys could develop to the best of their personal ability.

The most difficult thing for me was realizing that they had difficulties holding it together emotionally, they were impulsive, and could stay focused anything for very long. This was particularly hard because I am such a believer in remaining emotionally calm and levelheaded. I remember my father being so rigid around not showing emotion to others. For him, I think, it represented some type of emotional weakness. So I was battling all these early- learning and belief systems. I got a sense of what they could handle and accomplish, and what was going to be difficult for them, and we devised a daily structure that would play to their developmental strengths.

The following underscores the tremendous impact that acceptance of the ADHD diagnosis can have on the father-son relationship. One father described experiencing a type of metanoia or behavioral conversion regarding the type of positive impact he realized he could have on his child's development. Prior to the diagnosis, the relationship was tense and stressful. Another father describes the drastic change that occurred in the relationship once he stepped back and allowed his son freedom of expression, and relied on his son's behavior to signal what type of support was welcomed from his father. This takes a great deal of patience and acceptance by the father.

* After we learned that Steve had ADHD, I wanted some type of definitive test which would tell us that he has this disorder. But there is no blood test or magical questionnaire that will say he has ADHD. The only way we, and others, can know for sure that he has ADHD is through his

behavior. His behavior indicates what he can, and for now cannot, do. He has some developmental delays and also struggles with certain learning disabilities. What this says to me is that I cannot compare his development to that of some other six-year-old kid. I have to let Steve lead the way and let us know behaviorally what he can handle. Since he is so young, he cannot verbally express his frustration. His frustration right now comes out in his behavior.

Although it took me a while to realize this, I now look to his behavior to signal what my appropriate response should be, rather than demand he fit in to my goals and desires. I really don't focus on what other kids are doing or what they can do at Steve's age. I focus on what Steve can do and I try to challenge him at that level. For instance, he is talented in athletics but struggles academically. I praise his accomplishments, regardless what they may be, and try to subtly challenge him to reach a little farther than his grasp. He seems to like this approach with athletics but resists challenging himself above and beyond what is required academically.

The following conveys a true sense of sensitivity and respect for a son's developmental needs. This father tries to read his son in order to determine the most effective way to offer support. A recognition of the son's developmental phase permits the father to be an advocate for his son.

* I think that the way I spend time with him and talk to him is very respectful of where he is developmentally. I rarely yell at him or apply emotional pressure to conform to any given situation. If I think he is going astray or stumbling a bit, we'll go play a round of golf. He likes to do that, and it gives us time alone so we can walk around and have a conversation. I give him the opportunity to discuss things with me to the extent that he is willing to tell me about his feelings or personal issues. As he is getting older, he is less inclined to share with me the way he used to. But that's O.K., because I know he is moving into an age where he is more private

and less willing to share. Even with this, I see our relationship fairly stable and open. We also share a love of soccer. I help coach his team, and he sees me interacting with and influencing a lot of other kids his age. I think this has helped in his respect for me and his willingness to confide in me. Even though he is moving into a more private developmental time, I believe he knows I am here and will always be here to support him and advocate for him.

Most of the fathers in this study considered the prognosis for their sons with ADHD. There was a general feeling their sons would do extremely well as they matured and entered adolescence. The fathers largely attributed this positive outlook on the investment of their time, the varying levels of treatment their sons have received, and an ongoing willingness to work with their sons on issues related to the ADHD diagnosis. They feel the early efforts will yield positive rewards as their sons develop and mature.

* I suppose the greatest challenge I see coming up for him is to feel more self-assured and self-confident in the face of his friends wanting to do things that may be ill-advised or wrong. But I am not sure how different that is for any child, irrespective of whether or not he has ADHD. I am often not quite sure what is figure from ground in terms of normal development versus the kid who has to cope with ADHD. In a lot of ways I see the early work we have done with Ben paying off in spades. Except for the obvious focusing problems, I see Ben developmentally superior to a lot of his friends. I think our strong involvement with him has modeled for him that he really can accomplish anything he puts his mind to. Also, a lot of the early out-of-control behavior occurs much less frequently. I think because of some of the early school experiences he had, being with other children who had some profound disabilities, he is much more respectful and sensitive to the needs and feelings of others. I think this is beyond

his years developmentally. Working and supporting him has had a major impact on how he feels about himself, his personal work ethic, and how he treats others.

Learning about normative developmental functioning assisted fathers in accepting that their sons were having difficulties, both socially and academically.

* When Jake was diagnosed he was only two years old, or young I should say. I thought the problems he was having in day care were related to the fairly rigid structure they had. He was only two. How much can a two-year-old follow any type of structure? I considered that the structure they expected him to fit into was out-of-sync with his age. He wanted to run and play, and not sit and work on projects for hours at a time. Jake was the only child we had at that time, so I really had nothing to compare his behavior with. My wife seemed to think he was overly active and unable to attend to age-related tasks. I just saw him as very active and rambunctious kid. I felt that maybe he was rebelling against all the structure of the day care. After he was diagnosed, to the degree that they can diagnose a two-year-old, I was informed about what types of behaviors are developmentally appropriate and which ones signal a potential problem. Now I can see where he does struggle following directions, focusing on required tasks, and completing things he starts. Understanding what other children his age are doing helped gain a better perspective on Jake and his ability level.

There is an awareness by fathers that because their sons carry around the diagnosis of ADHD, their behavior and attitude is frequently and often unfairly scrutinized. They feel their sons are judged by their ADHD rather than other more normative standards. There is a feeling that the diagnosis sets the child up to be scapegoated or academically pigeon-holed. Fathers are concerned that this type of "living under the microscope" can create additional

social and emotional problems. They note that educating the teachers and others in their community helps dissipate scapegoating.

* Because of Tray's behavioral difficulties, he has always had the eye on him. He does not live without much scrutiny, both at home and in school. He's always the guy who finds the one thing he is not supposed to find. He'll open the drawer with the sharpest knives or he just always gets into the wrong or inappropriate things. It seems everyone has always kept him under a giant microscope. So as you can imagine, he is pretty self-conscious about his behavior and his attitude. You know, he is only six, so often I just want to say, "Maybe just leave him alone. Let's treat him like a normal kid, rather than a bomb ready to explode." When we see he is antsy or having a hard time holding it together, we let him go outside to run around and just feel the freedom of being a kid. There is so much pressure on him to perform and conform. Before, if he were doing his homework and he started playing around and not paying attention, I would start yelling and bullying him into conforming. I now know he just can't do what is required when he loses his focus. So we let him go find it by giving him permission to cut loose.

* The one thing about our son having ADHD is that any time he makes a mistake or has a problem, it's because he has ADHD. This is terribly confining. Since he and we have worked so hard on issues related to his having ADHD, I see him more mature and thoughtful than many of his friends who do not have ADHD. I feel John walks around with this target on his back. In school, if John gets angry or becomes distracted, it's because he has ADHD or the medication isn't working. All the while, there are kids in the class who act comparably or even worse and their behavior is dismissed or overlooked. I feel at some level that we have done him a disservice by attaching this label of having ADHD. I get the impression from his teachers that they are always anticipating a problem, even though John is one of the better-behaved kids in the class. Granted, he is on medication. But he tries incredibly hard to do what is appropriate and expected out of him.

* I often see Pat as a scapegoat with his peers and even in school. What I noticed was that people were just assuming that Pat was at the center of the problem if something went wrong or if a child began crying. Actually, there were numerous occasions where he was provoked or had nothing to do with the problem. The child may have tripped on his own or had a run-in with one of the other kids. They would look at Pat and think, "This kid has a reputation of being hot-headed or unmanageable, he probably had something to do with it." He got labeled as the aggressor or instigator. I pointed this out to my wife, and we both began making a conscious effort to talk with Pat before we went anywhere about his behavior, and his need to have fun but keep his hands to himself, or get an adult if he is being bothered. It has definitely helped, but he still has difficulty at times becoming overexcited, and when that happens, the impulsiveness tends to lead the way. For a kid who has these developmental problems, he really has done extremely well. He tries to monitor his behavior and attitude in ways I rarely see his peers doing. As he is growing older he is accepting more responsibility for his actions and the impact he has on people.

Children can get an indication of self-value in two major ways: parental feedback and accomplishments in school or sports. Because children with ADHD will often find a greater degree of difficulty obtaining positive responses in these areas, the feedback they will receive can be inconsistent, confusing, and less wholly positive than it could be otherwise. This is another reason to be particularly sensitive to their needs at home and possible "extra" consideration when it comes to schoolwork and achievement. These children are intensely trying to define self in a positive manner and achieve praise as well as goals. The scholastic forum, with its frequent performance evaluation and clear recognition of hard work in terms of

numerical/percentage grade results, can take on an exaggerated meaning as a result -- and, when characteristics of ADHD contrive to hamper their efforts, can correspondingly have an accentuated negative consequence.

* I just want my son to get a fair shake in life. He has been saddled with this disability that is definitely treatable and manageable, but it seems unfair at times that such a little person has to cope with so much. I want people to give him the benefit of the doubt and not judge him. It is easy with a kid like this to push him aside and attend to the children who "seem" to want to succeed. I don't think anyone wants to succeed more than Greg. He realizes he has some developmental problems right now that, with time and patience, will even out. Sometimes my heart breaks for him, because he really can't control these surges that overtake him. Every day it seems he is doing better and is winning the war against ADHD; but it is a constant battle he has to engage in. The more we treat him like an eight-year-old, with appropriate responsibilities and rewards, the stronger he becomes. He really rises to the occasion when he is positively challenged, whether it's doing chores, school work, or whatever. We treat him like any other eight-year-old, with the realization that there are some things that take him longer, or some things he is not able to master yet, like reading. It will come with time. His time, not the school's time or our time, his time.

* I have the sense that Mark will do very well in this world. He gets a lot of support from us, he has a good character, he is well- liked, funny, and creative. He loves to interact with kids so I think he'll do pretty well. As far as school goes I think He'll be able to get by. I also think focusing too much on the ADHD is a danger because it becomes the defining principle by which he is judged or evaluated. To the degree he has problems focusing, I feel it is an irony to overfocus on his deficits or problems. He is a young boy with tremendous energy. That's what I focus on, with an understanding that he also has limitations. I remember a doctor saying to us,

"Don't you want him to be the best he can be?" And my response is, of course I do. But an occasional B, C, or even D isn't going to ruin him. He is a good person and likes what he's doing and he is happy. His feeling content is the most important thing of all. I also look forward to the day when he no longer needs the medication to function. But if he must remain on it for whatever reason, that's O.K. too. I think that over time if he begin directing all his energy toward something he really loves like a sport or drama, I think he will do just fine. Right now, however, everything he is involved in is because he either has to or we put him in it. The time is coming where he must choose what to do with his energy.

Although children with hyperactivity often do well in organized sports, parents must be aware of the fit between the designated sport and the child's ability to attend and focus during practices. Hyperactive children have difficulty standing still and patiently waiting their turn. This can often result in inappropriate behavior by the child and potential embarrassment for the parents. Knowing the child's personal limits and abilities and finding an appropriate match can often circumvent this problem.

* I am a physical dad. We wrestle a lot, I'll tickle him, hold him upside down, and get out a lot of energy. We go bike riding together. We go for walks in the woods and near the river. We do a lot of action-oriented and physical stuff together. If he gets tired I'll throw him on my shoulders. I try to do things with him that will compliment his energy level and offset the more difficult things he has to do like school and homework. School is a challenge for him, a challenge he has done beautifully with. I recently started him in soccer. Here is an example for you of how even athletic programs can be tough for Billy, and maybe even for all the seven-year-olds on the team. It's first grade soccer. They just teach them skills. They don't

even really play games. They just run them through these drills. I think there are maybe 30 kids on the team and they split them up into about 6 groups of five and they do these drills and move around the field. But there is only one ball per group so the kids stand there at 9 o'clock on a Saturday morning and he's got to wait for this ball and people are kicking around and he's bored. So he starts entertaining himself. He starts getting into it with the other kids. They'll tussle, grab each other, and chase one another around. He'll take the ball and go a little bit further than other kids or he'll run in some circles and keep it away from the other kids, or the kid whose turn is next. It's obvious he wants to run and play, exert energy, and get tired. That kind of structure does not play to his strength.

Developmentally, he cannot just sit there and wait patiently like some of these other kids. He is impulsive and that means he is not taking into account the rules, structure, and feelings of the other children when he is playing or standing there. When I see him running around chasing the kids or running after the ball when it isn't his turn, I don't get upset or constantly reprimand him. My wife, on the other hand, finds it too stressful that he can't conform to the rules and she takes him home. Sometimes I really feel we set him up for problems because we want him to do what we want versus what he can developmentally do.

Fathers report that structuring family time and the implementation of house rules must take into account and accommodate the special needs of their sons. Structure without rigidity can create an atmosphere of reduced stress and tension. Making the child comply with a rigid structure can exacerbate tension.

* As Stan is getting older, I can see maturation playing a critical role in his behavior and attitude. He rarely engages in the negative or oppositional behavior he did when he was younger. It's evident that he actively tries to control his response to things. Through the maturing, he has gain tremendous self-confidence

in his decision-making abilities. We have also structured our home to accommodate his particular needs and style. For instance, our meals are not always at 6:00 pm. We are flexible in terms of when he is hungry and when he wants to eat. It doesn't pay to be rigid to the point where it breeds confrontation. My feeling is the path he is on will enable him eventually to live without medication. He is acquiring some excellent coping behaviors that he uses whether he is on or off medication. As a ten-year-old, he is dealing with some tough stuff without losing it or emotionally regressing. I attribute this to his own development and the skills he has been acquiring along the way.

Many of the fathers in the study described how they advocated for things that were in the best interest of their sons. A father has a certain expert status in terms of knowing the temperament, ability level, and frustration level of his child. Since these children have difficulty advocating for themselves, fathers can model effective problem-solving strategies for their children.

* It's been helpful for my son to hear that I struggled in school and had a rough time of it. It's also helpful for me because I can empathize with what he has to do or what the teachers are expecting out of him. I know he wants to do the work, but it is just too hard to do it the way the teachers expect. My wife and I let the teachers know that he is capable of doing a certain amount of the work, but is overwhelmed and frustrated by doing it all. Since we see him all the time, we know what is best for him. He also requires a lot of hands-on assistance from us. If it takes sitting down with him until he finishes what he can, then that is what we do. We don't coddle him or do the work for him; we act as a sounding board for him to bounce ideas off of.

* To put things in perspective for you, my son is almost 12 and is 6 feet 4 inches tall. He is extremely sophisticated in his speech, his manner, his ability to communicate with people, so ever since he was 9 and 10 he has always given the

impression of being much older and more mature than his chronological age. Especially now, he looks much older than he is. The expectations directed toward him are based on his size rather than the amount of time he has been on Earth. I think that has created a lot of problems for him. The expectations are often totally unrealistic with respect to his ability level.

Because of his size I lose sight of the fact that he is really only this young kid who has neurological problems to boot. When you are sitting across from or standing next to this large person, your perception and your senses are telling you one thing and, no matter how careful and assiduously you keep in mind that this is a child, he doesn't look like a child. I am always struck when I go to a soccer game and his peers are standing next to him at least a foot shorter and I think, "Jeez, this is my child. He doesn't look like a child." The expectations heaped on him makes it doubly difficult for him to perform or feel good about what he is doing.

Occasionally, a dynamic occurs whereby a father acknowledges that his son has ADHD, but does not believe that the ADHD has any bearing on issues related to self-control and personal discipline. A father may consider the lack of self-control a matter of willful disobedience rather than a neurological inability to focus and follow the designated structure.

* I know it's hard for Tony, but even though it's hard he still has to finish his work or follow the rules. If he starts fussing or crying I just make him sit there until it is done. My letting him get up or finish later just reinforces that he doesn't have to focus and complete his assignments. Often homework ends in yelling matches between my wife and Tony and, when I am there, between me and Tony. He just doesn't seem to have much discipline. I know right when he gets home he is not on medication, but there is a part of me that sees him purposefully try not to control himself. He loses a lot of play time because he refuses to do homework or takes a night and a day to finish it.

When a father chooses not to overfocus on his child's deficits as related to ADHD, both the father and son experience tremendous gains in the relationship. The father feels a sense of positive feedback and optimism, while the son continues to thrive and strive. The positive focus by the father also creates an emotionally safe environment for the child.

* It doesn't do any good to stay in the hand-wringing stage regarding ADHD. I hear about a lot of parents who really expend large amounts of energy concentrating on what their kids are not doing well. I also think it is easy to do that because these kids present them with so many problems. I try to focus on what my son is doing well or what he is doing right. Granted, he could in the next second do something inappropriate, but I try not to focus on that. I see a lot of gains from Chad when he feels I am on the same team with him, versus being his opponent.

* Basically, Jamie has two great things going for him -- he has a wonderful personality which people obviously enjoy, and he is very bright. These two gifts will serve him well in whatever he decides to do. I also think these help compensate for his short attention span and difficulties with focusing. I see him using his gifts to their full potential. I do not focus on his problems very often, and I am careful not to use language that will force him to look at his deficits. I mean like saying, "Why can't you just pay attention for once?", you know, that type of thing. It's not always easy, but I think calling out the positive stuff dodges a bunch of problems. It also sets him up to take more positive challenges and try out new things. If he thought I was going to criticize him all the time, I don't think he would be quite so adventurous and outgoing. At least this is what I believe.

* I think Ron's having ADHD has required him to deal with issues and confront situations that very few of his peers have had to deal with. He has had to learn a lot about himself and the family in order to achieve varying levels of success.

Because of the ADHD we take very little for granted in terms of dealing with feelings or issues in our family. I think ADHD has in fact made him more mature, more sensitive, and better able to adjust to the attitudes and behaviors of others. I say that because he is aware at a conscious level what it is like for him and the family when he has a meltdown. I notice that, for such a young person, he is not quick to judge or criticize. He is aware when someone causes an injustice or is doing something contrary to our values.

A dichotomy appears to exist with children who have ADHD. On one hand they can be exceedingly kind and generous, while, on the other hand, they can either miss or not attend to fundamental social cues indicating that their behavior is inappropriate. Several fathers also alluded to a disquieting developmental shift occurring in their children between toddlerhood and the preschool years. As the children grew older, and ADHD became more pronounced, some fathers noticed a dramatic negative shift in their children's attitude and behavior.

* Our earliest impressions of Lanny was how affectionate a child he was. He was unusually caring and giving. We both have been a little surprised that, as he has gotten older, and I am not sure if it has anything to do with his ADHD or not, he seems not to pick up on signals or communications that people are sending, whether it is body language or facial expression or tone of voice or whatever. The reason I mention this is because now, at the age of 10, this inability to accurately read people makes him seem insensitive or uncaring to others. This is such a different experience than when he was 5, 6, and 7 years old. His teachers would frequently comment about his sensitivity. Even though he doesn't read people very well, he still is very affectionate with me. He'll hold my hand in the shopping mall and feel very secure in his display of affection, whereas my 8 year old will not. And Lanny is the sort of

guy that once he realizes that someone is sad, unhappy, or uncomfortable he will go out of his way to make them feel better. On the other side of that, he can, in the spirit of fun and play, be teasing or playing and it is clear that the person he is playing with is getting fed up, and he doesn't pick up on it. That type of behavior probably isn't that unusual for a 10 year old. He just doesn't back off the accelerator quickly enough. This may have something to do with learning disability he has in terms of being able to process information and cues appropriately. It stands as somewhat of a contrast in my mind and my wife's mind that someone who distinguished himself at a young age as being sensitive and affectionate seems to miss some of these basic human cues.

* I recall that at the age of one or two, he was both an engaging and thoughtful child -- at least he gave me the impression of being very thoughtful. He doesn't give that impression now. When he was two he could sit quietly for long periods of time without complaining. He would sit quietly and focus and really stay on task. Now in many respects it seems like the opposite. I miss that part of him that used to sit and ponder the world in a way that seemed very advanced to me. Around kindergarten, or age 5, he just could not sit still or follow reasonable directions.

Fathers who educate themselves about normal child development appear to develop a greater empathy for their sons whose development is often adversely affected by ADHD. Ongoing education of fathers can be one of the most effective tools in strengthening the father-son relationship.

* My wife and I have been fairly diligent about reading books relating to the different stages of our son's development. There is a series of books that addresses things to look for and expect in your one-, two-, three-, four-year-old, and the like. We have also read many books about ADHD so we can better gauge how he is doing developmentally as a eight-year-old boy with ADHD. We also read articles in anticipation of some of the questions he will ask, whether it's about

ADHD, his friends, or his own development. We have both read books about what a child goes through at this time in his life. And actually, I have had some good conversations with my son about growing up, being ten, and what his body and mind is going through. I think it was evident that my greatest frustration with him before he was diagnosed was with his inability to listen and follow directions. The greatest frustration we have now is with his forgetfulness. I also know through reading that this is definitely something that certain kids with ADHD have a problem with. It still drives me nuts sometimes -- even though I know he really can't help it.

* He was never a behavior problem in the sense that he was disruptive. Never defiant. He was always a very polite, amiable, pleasant, cooperative child. The school problems and problems at home unfolded and emerged in such a subtle way that it is almost hard to define when I noticed he really was having problems. Most of the problem occurred in school where he didn't integrate well with the other children. He had a hard time bonding with and developing friendships. You know, like a chum or buddy that you hang with, go to the creek with and catch frogs, play with a recess, that type of thing. He wasn't an outcast, but he was never as popular or connected with the other kids the way he wanted to be.

* In his early years Jace was a dream child. Absolutely delightful, very, very bright, very cute and sweet, and very easy. It was almost concurrent in that he started school relatively early. he went to an organized play school-type setting. Early on, especially because he spoke very early, he mastered the language early, quickly, and thoroughly. He still has very high verbal skills. We even suspected that early on he might be talented and gifted. We had him tested to see if he was a TAG kid, but the testing came back he was "bright-normal" but not TAG. So we set out on a course to provide him with the optimal academic environment in which he could develop. It was strange, but once he entered kindergarten we began hearing that he was having a lot of difficulties following the program. The problems in school were also confluent with emotional problems arising between Jace and his brother. There was a terrible sibling rivalry. It seemed the educational problems and the

emotional problems were inseparable from the onset. It was such a stark contrast to the young boy we saw growing up that we were at a loss to figure out what to do. It's like his body was possessed by something that robbed him of his former self.

Being the father of a child with ADHD creates an opportunity for the father to learn more about himself. Since children with ADHD can often be difficult to parent, some fathers in this study capitalized on ADHD by learning more about parenting styles and what personal areas needed reinforcement.

* In reflecting on my relationship with Tod, it is hard to know what to associate with general parenthood and what to associate with being the parent of an ADHD child. I realize that I am not as patient a person as I thought I was or would have thought I was. That is probably true even without an ADHD child, but I think it is much clearer with an ADHD child. Tod has allowed me to learn the true meaning of patience and, to a degree, tolerance. I have to learn how to hold my child when my first instinct would be to yell or walk away. This has been the greatest lesson for me: that when I meet him where he is at developmentally, he comes out of it, although not right away, with a sense that he is O.K., and that struggles are part of life. His own growth and courage has made me stretch in ways I probably would not have chosen to stretch as a parent. The ADHD has permitted me to confront certain aspects of my own perceived limitations as a father and a man.

* I know ADHD is more common in boys than in girls. It is not a virus that comes from the environment, that kids randomly catch. It is probably genetic in its origins and consequently in dealing with my son I am sure there is a vestige of this issue in myself. Because of this, it probably makes it difficult at times for me to connect with him or feel supportive of him. On the other hand, I have a great deal of empathy for my son, because many of his current struggles are very similar to struggles I encountered. I also

find myself being harsher on him when he displays characteristics or traits that I also have, but don't particularly like. I don't want him to have the traits, so I try to shake them out of him, sometimes literally. My son is an extension of me -- be that good, bad, or indifferent. I must assume responsibility of my role in modeling behavior for him and helping him accept parts of himself that may not be terribly flattering. I have learned that before I can really help my son, I have to look at my own behaviors and responses to the world. That has not been an easy starting place.

Many fathers have difficulty making a clear distinction between what is specifically ADHD-related behavior and what is attributable to normal development. As stated earlier, it would seem that further education on child development would help dispel some of the confusion fathers are experiencing regarding their children's attitude and temperament. It is also possible that intense and/or negative sibling rivalry may be due to the discrepancy in ability level between the child with ADHD and his or her sibling(s). Without the proper family intervention and family education about the importance of sibling differences, natural sibling tension could develop into something unhealthy.

* I don't know if this is related to ADHD or not -- I suspect it is -- but Andy appears not to push himself or try very hard with things that he could excel at with practice and dedication. If he has to put forth a modest amount of effort to accomplish something, he rather just not do it, even if the payoff is substantial. He has a hard time entertaining himself. I have rarely over the years ever seen him initiate an activity like building with Legos or watercoloring. It seems like he has a hard time or is frustrated being with himself. I know that sounds strange, but

there seems to be this internal resolve missing which would spur him on to try new things, practice at getting better at existing things, and generally find pleasure in doing quieter more reflective-type activities. This is amplified by the fact that Andy has a younger brother who is the opposite of the way I just described Andy. The distinguishing factor is that Gerrad applies himself in almost everything he does. I see this creating tremendous pressure between the two boys. Gerrad does not have to struggle with ADHD and he seems to have a robust self-esteem. Often times I really don't know how to help Andy, or how to ply him with encouragement.

Children with ADHD do not necessarily lack motivation; rather, they lack the internal resolve to conform to specific social and academic standards. If children with ADHD are criticized enough, they will develop an anti- or amotivational attitude toward things which require significant social or academic risk. It is essential to know how far and how much to push in order to achieve success. There is also an awareness that although a child has ADHD, it cannot be used as an excuse of either failing or not acting for fear of failure.

* I remember when we were seeing a family therapist I asked, "So where does personal motivation fit into his overall behavior?" She replied, "In a sense it doesn't. He could be perfectly motivated. He could have the most burning desire to achieve and to please, but, because he is hard-wired differently than most children his age, he would not have the sufficient tools to follow through. He wouldn't be capable whether he was motivated or not." I still think about that statement often, because I know there are some things he is not yet able to do, yet the lack of motivation seems apparent across-the-board. It is evident in things he should be able to do, or at least try. But it's like there is no ember glowing. Consequently, there is no way to ignite the fire. He is bright enough to get by,

so that is what he does: he gets by. I would hate to see ADHD used as an excuse for failing the try or thrive. ADHD is an obstacle; it is not a dead end.

If children with ADHD are reluctant to take age-appropriate social or academic risks, they may seek out less challenging social or academic structures which present a pseudo-"self-confidence", when in fact their choices only serve to reinforce a negative self-image. The following observation by a father seems to depict a situation where, although the son is very able, he seeks out low-risk choices to minimize social failure and rejection. This may be related to a reinforced feeling of inadequacy during his earlier developmental years.

* Berry could have any friend or group of friends he wants. He is big and physically attractive and gives off an air of being very cool. Even though he could have his pick of acquaintances and friends, he always seems to seek out the misfits. Unquestionably he is the leader of the band of outcasts, like Robin Hood. I think this really is an issue of self-esteem and self-confidence. When he is with his friends he is in the driver's seat, so to speak. He is bigger and more animated than they are. It's kind of like they sit at his feet for inspiration. The reality is that these kids he hangs with do not challenge him or require more of him than he is willing to give. He is in control. And for a kid who feels out-of-control much of the time, this is a perfect setup. Unfortunately, these kids do not inspire him to succeed or test the limits of his ability.

Metatheme III. Behavior management strategies related to the ADHD cannot be viewed in isolation without taking into account the impact of medication use and issues related to personal maturation of both the father and son. The effective management of ADHD-related behaviors posed the greatest challenge to fathers. There was an element of agreement among fathers regarding the most effective way to

help dissipate problematic behavior.

Managing ADHD effectively is a process that has required time, the development of personal maturity by both father and son, and, most importantly, a willingness on the father's part to become educated about the impact of ADHD on his son, accompanied a desire to alter previous negative forms of interaction or discipline.

* I noticed the most important behavior management tool has to do with the way I approach a negative or inappropriate situation. Before he was diagnosed and medicated, I would go ballistic on him if he disobeyed, talked back, or caused problems. I became so aggravated that I just would loose it. This, in turn, would send him even deeper into a bad attitude or defiance. The louder he got the louder I got, and so forth. There was a tremendous amount of stress and tension in the house. Now, since I have learned more about ADHD and realize my previous way of dealing with him was at best ineffective, I deal with him in a very different way. If he starts spiraling out-of-control, I reduce my negative affect and greet his intensity with a calm manner and reason. The change in his behavior in response to this is remarkable. There is very little tension in the house, and if it is something really inappropriate, I will calmly send him into time out. The whole way of dealing with him now is different and productive, especially when he feels overwhelmed by his emotions.

The use of punitive measures or trying to shame the child into conformity tended to create more problems and often leave the child feeling humiliated, a feeling all-too-familiar to children struggling with ADHD. The following highlights the type of change that can occur in the father-son relationship when a father chooses to be supportive rather than punitive. The shift creates the

opportunity for personal growth for both father and son.

* When he was younger I tried to manage or control his problem behavior by threatening or intimidating him. I certainly carry regret about those times. Now, however, my response to him is decidedly changed. Before, we would stay mad at each other for sometimes two days. I am an adult and he is a young boy and I was acting like his peer and sulking, whining, and having a tantrum. I didn't model the most effective way to deal with feelings or problems back then. If he didn't listen, or blew up at me, I would retaliate by saying, "Well, I don't care, I'm not going to take you for ice cream, so how does that feel? I don't care what I promised." "Well, you go back on your word, you're no fair." "I'm not taking you to your football game tomorrow either. Just keep it up and you'll lose more privileges." I remember this past season he had a Pee-Wee football game that they lost 32 to nothing. After the game I said to him, "See that score board? You are the team quarterback, and part of that score is on you." I rambled on: "You don't understand, blah, blah, blah." He got upset and went into a rage. The next day was a football game I had bought tickets for. I gave them to him and said, "Find someone else to take you." As I have learned, this is exactly what not to do with a child, especially a guy with ADHD.

Now if there is a problem, or I get annoyed at his behavior, I don't lecture or put him down with the hope that he will change. I briefly explain my observations of what I see, and if it requires removing him from the situation, he goes into time-out for a specific amount of time. We both are seeing big gains in the way we get along. He also is much less prone to anger and yelling.

Fathers almost unanimously report that one of the most effective and positive behavior management tools they use is remaining calm when their sons are agitated or having problems. Although this can be very difficult to accomplish, it has a way of de-escalating the problem much faster, with little negative emotional consequence on the part of the child.

* I think, as he has gotten older, we have both matured. I don't force my opinion on him anymore or force the situation. I spend a few more minutes analyzing what is going on. This gives us both time to gather our thoughts and calm down. It definitely avoids escalation. I find there are very few situations that we cannot resolve calmly and satisfactorily. I think that one of the most important aspects of my relationship with Tony is my consistency. I really try to address issues with him from a more supportive and neutral position. I listen and I am honest with him about how I feel, but I don't dump my disappointment all over him. I think I provide a much safer and supportive place for him now.

* When John's behavior crosses that line, we generally see no benefit in exacting stifling punishments or levying threats. John has never indicated a real behavior change under those types of disciplining strategies. What typically gets more results is if you talk to him about what you are seeing and the effect it is having on the family. I talk about what needs to be different and I follow it up by supporting him. If the behavior continues, he knows he will be placed in time-out until he can gather his composure. John has the capacity to become overly excited and angry if he feels overly pushed or intimidated. I learned early on that if I remain calm during the times he is frenetic, we can get by the problem in relatively short order. If I become animated and match his intensity, it only further complicates the situation and increases his frustration level. I let him know I am "upset" or whatever. I don't want to convey the belief that I stifle my feelings. I just don't scream and yell and make matters worse. I try to convey a genuine understanding that he is having a hard time at that moment, and I want to support him in de-escalating. This has been a very productive strategy.

Along with being calm, fathers mentioned that preparing the child for transitions or events often keeps the child from having problems. If this is accompanied by consistency and clarity, the likelihood of having problems is significantly

reduced. However, always exhibiting consistency can often be difficult in a demanding life where time is always a luxury. * I don't get excited when he slips up or is having an off moment. I used to jump on him any or every time he did something that didn't meet my expectations. I realize now that he is doing his best and must be applauded for that. We always discuss what we are going to do before we do it, and what kind of things might be discouraging or problematic. He prepares himself for the event, whether it's going to the movies or a sports event. He knows what to expect. Before, we would go to the movies and he would want all this stuff or to play just one more video game and I would get angry and this cloud of tension would descend upon us for the rest of the day. Now we talk about what he can do and what the limits are. It is amazing the difference it has made in reducing problems. Being clear and consistent has been the best behavior management tool in our relationship.

A child feels accepted and secure if he is evaluated in terms of his ability instead of some other criteria for evaluation, like the abilities or talents of a sibling. Focusing on what the child does well, and creating as many opportunities for success around that ability as possible, allows the child to feel successful. This approach minimizes behavioral problems and could be thought of as preventive in nature. Playing to the child's strengths appears to be an excellent management tool.

* Each of our children are different, and they have to be approached differently. Our daughter is in the gifted area and already, in high school, is taking college-level courses. She is a self-starter and excels academically. Consequently, we operate at a totally different level with her than with our son. There is more of an intellectual exchange and she is able to grasp complex subjects. Tim, on the other hand, necessitates focusing on smaller bits of information or tasks.

Developmentally, he is not able right now to experience the type of academic success that our daughter does. He has other strengths and we focus on those considerably in order for him to experience achievement and a sense of mastery over areas of his life. He is a wonderful athlete, so we focus on making sure he gets a lot of satisfaction from his sports activities and is given all the opportunities to fulfill himself in those pursuits. Academically, we support him in plugging away and doing his best. There is never a comparison between him and his sister. It is also fortunate that they differ in age quite a bit, so he can feel, and we can create, more distance between her academic ability and Tim's academic struggles. Also, I have learned that the defense against volatile behavior is to relax and let him know I am available if he wants me.

Knowing what motivates a child to action is a significant piece of effective behavior management. The following demonstrates how a father learned through experience that, in certain circumstances, providing a child with multiple options may be counterproductive.

* I have found that our lives have been easier since I stopped trying to seek a consensus of opinion about what to do and how to do it. I used to always ask Richard what he wanted to do or if he wants to come with me etc. Now I say, "O.K., this is what we are doing and you have 5 minutes or whatever to get ready." Getting Richard motivated to do things is hard -- so if he is given an option, he more often than not will say, "I don't want to go". Now we give him time to prepare, but it is not an option. At first he resisted this approach, but now he tends to get ready without complaint. Being clear with him and recognizing how to get him activated has helped significantly.

As noted below, there is an important proportional relationship between the degree to which a father is consistent and the level of difficulty experienced by his son. The greater the consistency in the relationship, the

less overall problems the child seems to experience.

* Something that has been helpful in terms of my relationship with Ben is being consistent in what I do and say. I don't completely understand the neurological difficulties he is experiencing, but actually I don't need to fully. I know that he needs me to be consistent. It's made a huge difference just breaking the simple common-sense things down and sticking with it and trying to be consistent so that the kids know the structures they have to work within. Limiting surprises and discussing things ahead of time, before we do things, really reduces problems.

* There is something from my childhood that I carried into my parenting, and that is when Hank uses bad language I put a few drops of tabasco sauce on his tongue. It really has worked. He is more reflective of what he is saying, even in an emotional white-out, and he knows what will happen if becomes verbally abusive. Although it will ruin him for Mexican food, it has limited his verbal attacks. This approach also keeps me from adopting his same level of defiance.

Focusing on positive behavior creates an atmosphere where the child anticipates rewards for appropriate behavior, rather than expecting punishment for negative behavior. Although rough moments can occur, the focus is on what the child is doing "right", and that becomes the defining factor in the father-son relationship. The negative or problematic behaviors happen much less frequently when the father is attending to what the child is doing well.

* I tend to naturally concentrate on rewards as opposed to punishment. I have found that Jeff really responds to rewards. I go out of my way to celebrate something positive he has done. If he is caught in a bad space, I will use time-out or remove him from T.V. or video games, but I find that happens very infrequently. I pay attention to when he is doing things the right way. It is

amazing what you can catch you child doing right versus what they do wrong. This has been particularly helpful because has a tendency to get under people's skin. Celebrating the good stuff has been very helpful.

A son's recognition that his father will support him during difficult emotional times conveys the message to the child that he is worthwhile, regardless of the given situation. The father's willingness to remain in the trenches during the stressful moments pays off large dividends. Also, the use of creative strategies to help loosen up the moment can encourage the child to move beyond the difficult moment much quicker and with more positive emotional results.

* One of the best management tools for me is just sticking with Josh when he is doing something. Even if it is painful and he isn't getting it or following directions or whatever, he needs to know that I am there and trying to help. I simply let him know that I am here if he needs me. Previously I would try to brow-beat him into conformity. Now, I just stay with him and try to help him focus. I use a timer if we are doing homework, and when it goes off he can get up and run around, do push-ups, step outside for a couple of minutes. This breaks it up and is respectful of his needs. After the break we are back at it again. Many times he will keep working after the buzzer goes. I think just knowing he has permission to stretch eases his mind and lets him focus. Every kid has to feel he can conquer what he is doing, or at least master it to some degree. If not, then he is not going to give it his all.

* We are getting better at dealing with some of Todd's behavior. Before we would crash into each other like rams. Now, however, we say, "O.K., Todd, this is unacceptable behavior. This is not the way to act toward your family, your friends, or in public. What you are feeling we need to talk about and when you're ready let's talk. But right now you need to go for a walk or go to your

room to cool off and collect yourself." At some point we realized that confronting him or going toe-to-toe had negative returns. The new approach is an attempt to calm the waters, clear the air, and allow for discussion. So far he seems to rally around this approach. He has even said he feels "more understood" by his mother and me.

If parents are consistent, traditional behavior management strategies are very effective. It seems that consistency in employing a given management strategy determines the difference between success and failure.

* We have never been spankers. Beyond the typical swat on the butt when there was a dangerous situation like running in the road, we rarely put a hand on our children. We relied on the recommended and prescribed behavior modification techniques that we picked up through counseling and support groups. You know, "time-out", charts, tokens, and all kinds of rewards. It really does work. Mark is much more aware of his behavior, and tries to control it in order to receive rewards he wants. Right now he tries to control his behavior for external rewards. I think as he gets older it (the desire to control his behavior) will become self-reinforcing and an everyday part of his life.

Again, the degree of outcome effectiveness is dependent on the consistent use of management strategies, instead of the particular type of strategy utilized.

* The most important thing we do in our home regarding behavior management is treat the children equally. If they are doing something well, they get a lot of praise. If they are pushing the limits they get sanctions. We remove them from the environment or deprive them of things they like to do. Just because Eddie has ADHD, and the other kids are not, is not a reason to singled him out or treated him differently. He does require more of my time than the other kids, but that often occurs in a very positive way. I give him the opportunity to reconnect with me and the family if he is having a tough time. He responds well to this and really tries to control

himself, or he will remove himself if he sees he is having a control problem. I think that is the most remarkable thing of all. For an eight-year-old to leave the room or go outside because he is having a hard time holding it together is a pretty remarkable thing.

It is essential to understand what strategies motivate change or compliance in a child. Providing a child with choices sometimes seems to create an important level of buy-in by the child in terms of following through on the desired behaviors. In addition, simply asking the child what he heard can allow the father to reframe what his is asking the child to do.

* I give the children, especially Tyler, choices in terms of expected behavior. If we want something done, or not done, the kids will have several choices to pick from. For instance, this morning I was feeling rushed to get out of the house and Tyler had his socks on and nothing else. I said to Tyler, "You have a choice, be ready to go when the big hand is on 20, or spend a half hour in your room when we get home." Then I asked him to repeat what I said to make sure he heard me. This strategy tends to be very effective. If I order him to do something it more often than not winds up in some sort of tug-of-war.

There is evidence that spanking is an effective management tool to use in order to gain compliance and control of a child when all else fails. The following father sees the benefit of spanking as indicated in his son's behavior change after the spanking episode.

* I have found with Drew that a slap on the hand gets his attention and drives home the fact that we don't want him doing something. We could tell him 10 times not to do something and he won't listen. But the slap on the hand or on the bottom really gets his attention. It's almost like the slap sends some sort of direct transmission to the

brain that is affected by ADHD. After he is slapped or spanked, he calms down and begins focusing. He'll stop making a lot of noise. It really changes his attitude.

* At various different times I have had to control his behavior by spanking him. I want him to remember that if you are bad you are going to get spanked, period. If you are ripping up your sister's papers, be prepared to be spanked. But just a short time later I'll come to him and I'll take him in my arms and I'll hug him and I'll say, "Now look, you know your dad loves you. This isn't something you are supposed to do. I don't want you to do that again." And usually he'll be O.K. with that.

Metatheme IV. Although fathers intellectually understood the impact of ADHD on their sons' ability to consistently control their behaviors, they acknowledged varying levels of ambivalence regarding what they believed their sons' could and could not personally control.

The recognition that the child cannot control aspects of negative behavior which develops helps fathers approach their sons with more understanding. However, even though fathers realize intellectually that their sons often cannot (as opposed to will not) do something, it is still difficult for fathers to deal with the emotional irregularity that accompanies ADHD. Accepting a child's limitations allows him to feel a sense of accomplishment and a desire to keep trying.

* I am not completely clear on what he can and can't control. I know ADHD interrupts traditional mechanisms of control, but his ability to control himself is so irregular. It kind of throws me off balance. One day he is in perfect control, and the next day or an hour later he is losing it. It is more helpful to me and my response to him when I realize he really can't control certain things at certain times. I am able to be more understanding if I have this attitude. There is a part of me that usually wants to say, "Hey, just

snap out of it and get it together." I have learned that's really not possible at times for him.

* I can't expect my son to sit and focus on something for an extended period of time. That's reality. If he could control himself and stay focused, he would. He wants nothing more than to please and receive our praises. He can't, plain and simple. So we encourage him to do what he can and feel good about it. It is not easy, but it works and allows him to feel pretty good.

Often the diagnosis of ADHD is greeted by parents with a sense of relief. The inconsistent behavior and emotional problems finally have an explanation. The diagnosis can be the beginning of significant change with both the child and the family.

* As it turned out, Paul wasn't diagnosed with ADHD until he was eight. I think the diagnosis was a relief for all of us. We finally had an answer as to why he struggled so hard to control himself and fit in. Once we said, "So, aha, that's what it is", it was like a cloud was lifted. Much of the blaming and negativity started to decrease, and Paul was able to start learning ways to control himself through the use of various techniques to help fit in. I was really able to back off and support him in a different way. It isn't easy, but we have a different focus now, so to speak.

Accepting the ADHD diagnosis is essential for fathers to better assist their sons in coping with ADHD. It opens the opportunity for a more positive and healthy perspective.

* I am coming to be more accepting of the fact he has ADHD. Even if ADHD only causes him to lose control 40% of the time, that is still 40% that I must help him deal with because he doesn't have the tools yet to do it himself. The medication certainly lets him feel more in control and more in charge. I think he is maturing, and that,

coupled with the medicine, lets him see new response possibilities. He is slowing down enough to learn and own new ways of coping.

Acknowledging how hard it can be for their sons, and recognizing their sons' desires to try, is a fundamental piece in helping the child establish an emotionally healthy attitude. Consistent reassurance that they are doing well is often enough to keep a child with ADHD feeling motivated and positive.

* My kid has special needs, so he requires special resources. Unlike other kids his age, who learn over time to cope better with disappointment and frustration, Mikey does not have the internal resolve to rise above the moment and push on. He gets stuck in his emotions and feeling out-of-control. It's very hard to see him struggle so much and have to deal with so much at such a tender age. But he is trying, and every day I see him step up to the plate hoping to get on base. I can't ask for more than that.

The concept of reinforcing positive behaviors surfaces in many different areas. Reinforcement helps a child feel in control. The father's perception that his son is in control seems to be extremely important in terms of how the son sees himself.

* The bottom line is to make sure that David feels successful. That is really what it is all about. We come from the school of thinking that believes that a child should have a rich and fulfilling life. If he sees success in his daily life he is likely to have a good perspective of himself. It will also, over time, reinforce that he can control certain aspects of his life and behavior. This can then create a contagion effect where it spreads to other areas of his life.

* One of most positive behavior management tools I use involves attitude. I want him to have as many victories as possible. Whenever possible,

I try to translate what he is doing into a victory. With positive behaviors this is natural -- but trying to show him that staying angry for a shorter period than usual is something to feel good about is just as important. I believe it, so when I do this it feels real to me, and consequently to him as well.

* As much as Ben is impulsive I feel that he is a little bit in control of that impulsiveness. I try to catch him exercising control and then really playing it up. The hope is that, the more he feels in control, the more he will want to be in control. It's hard for him, and I know that. It is also hard for me to remember that he can't often help it.

It is essential that fathers can distinguish the difference between behaviors which are related to the ADHD and behaviors which are truly willful in nature. The father-son relationship will continue to be strained and stressful as long as the father attributes disobedience to incompetent behavior related to ADHD.

* I guess part of me wants to say, "Yeah, he controls that." He should know what those things are that he should and shouldn't be doing. He has been talked to enough about it. So part of me really thinks he knows what he is doing and he is choosing not to do it. Let me say this. When he goes on a ride in an amusement park he hates it. He is not in control; the machine is. This same kid will go walk on a stone wall that may have a three-foot drop on either side. He'll do this because the height isn't that bad and he can control what he wants to do up there. So, I think he can control a lot more than he does.

By modeling control as well as appropriate anger management, the father provides the child with the opportunity to learn how to control impulsive or emotional situations. By taking the emotional lead, the father can diffuse potentially difficult situations.

* The adult has to take the lead in establishing control in the family and in the child's life. There are always going to be bumps along the way, and the child has to feel secure that, when he can't control himself, you will be there as an anchor to help steady the listing ship. When I am with Jace I'll say, "Look, you have to have this done by tomorrow and if you don't want me in the room, I'll leave. If you do want me here, I'll be happy to help in any way I can." I don't pressure him to conform when he can't control himself.

Fathers who are ambivalent about their sons' abilities to control negative emotions or behaviors will have a more difficult time supporting their sons. This can lead to intensified interpersonal problems between the father and son. In order for the father to partner with his son during difficult times, he must be clear regarding the behaviors which are associated with his son's ADHD.

* It's hard for me to come to terms with the lack of control. I don't understand it. I can say, "Do something", and he'll go "O.K.", and instantly it is forgotten. Or "Please don't do that." Or, "You've got to take better care of this." I get frustrated because of the discipline that he needs to have and appears to lack. I suppose I equate discipline with personal control. I see the two as inseparable. I think it is important to take care of your responsibilities, whether you identify them as what you want to do or not. He may not want to do chores or go to church, but it is a responsibility he has as a member of this family. It seems if he doesn't like it, he exercises little control to follow through. I am also unclear what role ADHD plays in the problems he has with lack of control.

Parents must additionally be clear in terms of what management techniques are most effective in extinguishing undesired behavior. If a child is losing control, it is important to look at the issues surrounding the emotional

flare-up: Is the child off medication, is he frustrated, does he feel overwhelmed by a specific type of pressure? Once a child loses control, it can be counterproductive to shun the child from the family or excessively punish behavior he probably has little immediate control over. Micro techniques, such as remaining calm and supportive, seem to move the child effectively and quickly through the difficult moment.

* My wife and I decided early on that denying Sam certain benefits or entertainment opportunities was a good way to slow him down and have him reflect on his actions. If he completely was acting like a tyrant and disrupting our lives, my wife and I would choose who would stay home, and which one would take the other kids to the beach, park, dinner, or whatever we were doing. He would stay in his room with no privileges until the event was over. This usually meant the whole day in his room. At that time we really were not sure what to do, so we developed this method. Sam always acted stoic like he didn't care or he was glad to stay in his room. It didn't seem that this approach was really helpful. After we went to a counselor we began to use some techniques she recommended which seem to be helpful, and which seem to challenge Sam to assume more control for his behavior and attitude.

Some children with ADHD experience "neurological overwhelm", and function much better while on medication. Their neurological systems are constantly being bombarded by information and demands. This can create the type of situation where the son needs medication until his neurochemical system matures enough for him to internalize positive coping strategies. The following describes the tension a father experiences between what he wants with his

son as opposed to what the reality offers. Knowing when to elicit the most positive interaction with a child is critical to the overall relationship.

* There is a part of me that very much resents Chris's negative attitude and lack of control. I had these visions of what type of relationship I would have with Chris, and in many ways our relationship does not resemble the vision. He is a hard kid to be around when he is not on medication. Chris embodies this extreme; while on medication he is attentive, kind, and in control, and off medication he is disruptive, rough, loud, and unpleasant. I try so hard to be an available dad, but it just seems Chris doesn't care. Off medication, he acts the any way he pleases without regard to my feelings or the feelings of others.

When a father loses control because of his son's lack of control, the result often leaves the son feeling even more humiliated and defeated. However, when a father realizes there are certain things that his son cannot control at a given point in time, the relationship experiences a positive boost.

* I see control as an issue both Jim and I need to attend to. Before he was medicated, I would lose control if he failed to do what I said or did something inappropriate. I seemed to match his lack of control with my own. I would yell and scream and give him harsh looks. This just made him feel even more defenseless against his impulses. Now, it really takes something major or an unrelenting inappropriateness to get me angry. I generally do not make a big deal out of his forgetfulness or disorganization. I think this has taken pressure off of him and allowed him to feel more in control. If he doesn't put his shoes away or do something right away, it is not the end of the world.

Many fathers mentioned that, even though their sons

have certain limitations, they often see their sons act in a more mature fashion, and show more consideration, than many of their non-ADHD peers. The fathers attribute this to early intervention as well as the time and attention that has been directed toward managing ADHD.

* I used to be a lot stricter with him. I'd treat him like a normal kid, meaning that I really didn't take into account that he had a difficulty processing information or following rules. I would keep harping on him and trying to make him act like any other kid his age. I've come to learn that is not him, he is not like many of his friends. In some ways he is more in control. I attribute that to the work we have been doing to create more consistency in our home. It is not that he doesn't want to do things, it is just that he can't do it as efficiently as others want.

Acquiring a higher degree of patience is not easy with a son who has ADHD. This father talks about "programming" himself to act and think differently in terms of his son's behavior. This shift in perspective takes the pressure off the son to perform in ways which, at that moment, he is incapable of doing. This also enhances the possibility of the son experiencing varying levels of success.

* I have seen a direct relationship between my ability to be patient and Ben's ability to achieve varying levels of control. My being more patient really takes the pressure off of both of us. I may have to say things to him two or three times before he gets it done. It has not been easy to program myself to say, "Hey, it's not the kid's fault. Don't make an issue out of something that is not his fault."

Developing personal discipline can often be a difficult task for children who struggle with delayed gratification, attending to pertinent information, and

controlling impulses. The following describes a father's belief that personal control and morality naturally evolve out of a disciplined life. Although children with ADHD have difficulties with personal discipline, they can learn the value of self-discipline and self-control.

* My wife is really concerned about our son's moral discipline, and rightfully so. I'm more concerned about the discipline in life of putting things in place, of making sure that you understand where something is because you will need it later. I think it is essential to understand the consequence of our actions, great or small. I think that a personal discipline about following through, and delaying gratification for something precedes the development of a moral discipline. I think Bart would be hard-pressed to show respect to another if he hasn't learned to slow down enough to understand the needs of others. If he is not disciplined enough to initiate doing and completing his homework or respecting the value of money and material things, then moral discipline will be almost impossible to achieve. If Bart learns personal discipline, then the moral discipline will natural evolve from our modeling and the values we live in this family.

Maturity and the proper use of medication will help the child internalize strategies that will foster self-discipline while reducing impulsiveness and inattention.

* I don't think my parenting challenges are any greater than any other parent. I think that maybe they are more pronounced or acute. I mean I want my son to grow up to be a good person. I want my son to grow up and respect people and education. I worry because he is so terribly impulsive and moody. Right now the bulk of his control seems to come from medication. My hope is that, as he matures, the control will be transferred to him.

* Even though I resisted Bryan being put on medication, I can see what a profound difference it has made in his ability to navigate his world and control his emotions. He is a different child

on medication. He is definitely more in control. As he gets older I can only assume that the good habits formed while he is on the medication will ultimately become his own.

The one thing that binds all ADHD children to a common tapestry is their inability to delay perceived needs and to sustain attention. A father can become absolutely frustrated when the child is unable to act like a non-ADHD child. In many ways the father experiences the son's frustration with not being able to follow through or pay attention.

* Although things are going well, we still go through some trouble when he isn't living up to his potential. At times I reach my saturation level with his attitude, resulting in a knock-down battle. He is very quick to jump at me, "You're not fair to me", and this and that and I go, "Fair, what are you talking about?" At times it seems he has no sense of personal discipline. I mean he can't see the value in waiting or holding off to do something or getting something. It feels he needs everything yesterday, or that he is so distracted that he misses the big picture stuff.

Metatheme V. Fathers recognize that the school system and academic intervention was absolutely essential in adequately addressing the ADHD issues and fostering a sense of positive self-esteem in their sons. Fathers believed that school was the "petri dish" in which their sons' positive regard for self developed.

Medication alone "does not a good boy Johnny make." The school must be involved to fully take advantage of the educable moment that occurs while a child is on medication. The school can help the child build on his positive abilities and make the academic process feel much more rewarding.

* In his previous school Eddy struggled quite a bit. I don't think the school wanted to acknowledge that he had special academic needs. It was easier for them to say his problem was strictly behavioral in nature. It seemed to me that they didn't want to put forth added resources to help him in the classroom. Even when we shared with them his diagnosis and pointed out the relationship between his behavior and academic performance, they suggested he be medicated to help he calm down. We stated it was more than just medicating him; it required making other academic concessions to help him succeed. After banging our head against the wall with them we put him in a different school. He has been doing much better, and they are definitely willing to work with us to help him have more daily successes.

A father must have a great degree of sensitivity in relation to his son's academic ability. For some ADHD children, they also must contend with learning disabilities above and beyond ADHD. This can make school exceedingly difficult and possibly demoralizing. This father does not want to overly complicate his child's life by placing him in an academic setting that may make him feel inferior. Putting the child's needs above those of the parent can help maintain the child's emotional integrity and create a greater sense of academic motivation. Additionally, building on the child's strengths definitely compensates for developmental weaknesses.

* I am very aware of my son's academic difficulties. Sure, I want him to achieve academically, but I also say, "Wait a minute, if he can be a good warehouse man, then he is being successful in what he is choosing." We know school is rough for him. So I am not going to lobby for him going to a difficult private school if it makes him feel inferior. So before we put him in a particular academic environment, we want to feel sure that he can survive academically and

feel he is a doing O.K.

* It has been evident that, for Tony to be successful academically, he will need to focus on small bits of information at a time. Hopefully he will feel a certain level of achievement this way. School will probably not be one of his strong suits. He is a great athlete and derives a lot of enjoyment from this. It is hard on him, though, because his sister is in a talented and gifted high school and he knows how able she is academically. We do not discuss grades openly and never compare the two. I think because of this he allows her to help him academically, and she has a nice, easy manner with him. It could be disastrous if we got into this thing of expecting him to perform like her or tried to bully him into trying harder by using her as an example.

Understanding what constitutes a challenge for a child is the task of every parent. In order for a child to thrive, he must feel personally challenged and that he is making a contribution.

* This is Barry's second year in a pre-academic class. He is in the class with kids with some pretty profound disabilities and developmental delays. I think this experience is and will continue to make him pretty accepting of a lot of different people with different problems. I don't think he sees any difference between himself and these other kids. He talks fondly of them. I don't think he makes fun of any of them or anything like some other kids might do. So I think he'll be special for that. But you want to make sure he is being challenged. He can do some neat stuff at his age now. We have been told that he is a good reader. So here is a kid who will probably do very well if he is challenged. I don't want him to remain in a special ed. class, because I don't think over time he would be challenged the way he would if he was in a mainstream class.

* We already know our son will not be very strong in writing. His penmanship and the way he organizes his writing is fairly weak. We also know that he enjoys computers, and likes doing his work on the computer versus writing it out in long

hand. I support his using the computer to the point where he should be allowed to do all his school subjects on computer, not in a composition book. He has the software package, "Mario Teaches Typing". I've been working with him on it and he is really showing a talent for typing. He has put all his baseball cards on Lotus spreadsheets. That's pretty accomplished for his age. Having access to the resources we do is clearly a benefit for him. If we were less affluent, I think school would be a huge weight around his neck. Every day when he gets home from school, he unfolds my little PC and begins doing his work or projects on it. It's very impressive. He is learning a lot of structure and organization from this.

The academic environment can be an incredibly nurturing and positive place for a child with ADHD. Teachers who understand ADHD and make a specific effort to highlight the child's positive effort can make the difference between a child who feels inferior, and one who feels absolutely capable.

* The school has been excellent in terms of helping Josh and us cope better with ADHD. He likes school and feels very positive. Lately he realizes some of the other kids can grasp concepts quicker and easier than he can. This has been bothering him, but not to the point where he is down on school. His teacher is marvelous about pointing out his strengths and keeping him focused on what he can do, versus what some of his classmates are doing. She knows about ADHD, and puts forth a considerable effort to make Josh feel capable. His teacher has him on a behavior management program that seems very effective and motivating. We really got lucky, because I hear about other schools and teachers who don't want to take the time to work with these kids. Because they [kids with ADHD] really are more time-intensive.

* I feel particularly grateful that his teacher points out his strengths, recognizes his weakness, but believes the weakness can be ironed out if Ted feels competent in other areas. Our meetings with her are always positive, even if he is struggling

in a certain area. She conveys a confidence that he doing fine. This is something we all need. We need to feel and believe that successes are happening daily.

Teacher support in managing ADHD is a vital link which can often determine the difference between success and failure for a child with ADHD. When the teacher believes in the child, it seems that all the academic and emotional possibilities unfold.

* Before Jed was diagnosed, school was a mess. He was all over the place, and the teacher didn't know how to help him maintain control. After he was diagnosed, and went on medication, he in many respects is a different child. The teacher really enjoys working with him and helping him feel like he is really accomplishing something in school. She sees him working harder, so that is reinforcing for her. The diagnosis allowed both the teacher and Jed to realize where all the problems were stemming from. Both Jed and his teacher took on this motto of, "How do I do things in a way that will allow me to be successful?"

This father describes the process involved in identifying the reasons that his son was having so much academic trouble. Once ADHD and learning disabilities were diagnosed, the school and the parents could begin working more effectively and creatively with the child. The process of discovering what the problem is an essential step in finding a workable solution.

* We had a suspicion that he was struggling in school, and this really became evident when he was of the age to begin learning how to read. It was interesting because if a teacher gave him a spelling test he would have a great deal of difficulty writing them down with any degree of accuracy. I remember vividly working with him one evening and we were spelling the words verbally. I would have him picture them in his mind and he

would start spelling them frontwards, backwards, and from the middle with no problem. So we knew something was going on here. I had a sense that he had some type of visual problem remembering what he saw, or remembering it accurately. He would invert words or leave letters out. It was very discouraging for him.

My wife and I began to question if much of his academic and behavioral problems may be linked to feeling enormously frustrated about following through on what was expected out of him. You know, memorizing words from sight and regurgitating them. My wife is a pre-school teacher, so she went to a workshop that discussed aspects of ADHD. She then began monitoring his behavior and, sure enough, he had ADHD along with visual processing difficulties. Once we knew this, we began working with his teachers to create concessions for him academically. It has clearly made a difference.

The process of honoring a child's ability creates a personal freedom for both the children and the parents.

* My objective for my son is to make sure, as much as I can, that he experience successes. That is really the bottom line. We are part of the school of thought that believes in a child having a fulfilled life. We want to support him in finding his fulfillment through honest, wholesome activities that leave him feeling good.

Advocating for your child in the school system can be very stressful. All too often, parents have to educate teachers about the specific needs of their child who have ADHD and/or accompanying learning disabilities. This requires that parents act assertively with respect to what they believe their child's needs are in order to achieve academic success.

* School has been a very difficult situation for Marty to feel very good about. I know in the beginning of this school year my wife went in and talked to the various teachers about Marty's specific needs. She wanted to convey that his

needs were probably going to be different than a lot of the other kids, but if they were able to assist him and have patience he would do very well. That was a pretty emotional thing for her to do, go in and beg for additional treatment, if you will. School has been the most stressful for all of us. I think a lot of his difficult behavior at home is related to the pressure he feels in school. Not pressure to succeed, just the pressure of having to be organized and follow basic directions. It is very hard on him.

The experience children have in school will, to large degree, guide how they feel about themselves. If the academic experience is not positive, then the child may tend to feel diminished by the experience.

* The school's ability to respond to our son's specific needs is critical. He spends the majority of his waking hours there. If he feels it is counterproductive or debilitating it will guide his attitude and behavior, both in school and out. This is such a hard issue to confront and deal with. The right teachers and school setting, I feel, determines the difference in my son's feeling success or failure. About himself I mean. Whether or not he is good or bad.

Teachers must be educated concerning the significance of an ADHD diagnosis. Many teachers may feel that the medication is all a child needs in order to perform in accordance with and conform to classroom protocol. It can be frustrating when a parent has to convince a teacher that medication is only one of several steps in the treatment process.

* We had a teacher in the first pre-academic class that Bruce was in say, "Well, gee, it seems like the medication isn't working, so you might want to give him more." These teachers aren't doctors, and they just want this calm, compliant little boy who they don't need to exert much energy on. I don't want to hear, "Go see your

physician because maybe you should be changing the medication." Once on medication, the teachers need to work with us and Bruce to make him feel like he can do it. Teachers are the "frontline" people who need to be more supportive and sensitive to the issues confronting these kids.

The recognition that a child is trying conveys a message of acceptance and encouragement. There is a belief that the discipline a child learns now will carry over into his life as he grows older.

* Jamie is a quiet kid on one hand, and yet can muster up a lot of enthusiasm when he wants to. He tries really hard, when I know a lot of these kids with ADHD just want to give up, but he keeps plugging away. He tries to learn the structure and I think the school we've been sending him to really has made him feel good about himself and his academic performance. I really feel the discipline he has learned at school has changed his life. These disciplines have carried over into other areas of his life.

Providing a child with the appropriate level of intervention does not mean his behavior will change immediately. It may take time for a child to believe that behavior change is possible. The response of the parent to the child is also a major factor in how quickly the child begins to adopt more positive coping strategies. For most children with ADHD, behavior change does not happen immediately. Positive reinforcement along with learning to respond in a more supportive manner to the child, even when he is in a "bad mood", is what seems to create the greatest gains.

* Even though we put Tracy in private school, his at-home behavior seemed largely unchanged. His education was very scrutinized, contemplated,

and considered. Even with good academic support, he still was having problems both at school and at home. We thought that the academic placement would help solve a lot of his behavior issues. It did not. We began working with the teacher on behavior modification programs and placing him on medication. The combination of all these efforts seems to be helping.

Metatheme VI. Establishing a predictable family structure appears to be instrumental in creating a sense of security and safety for a child who has ADHD.

The importance of having a predictable family structure accompanied by the mother and father acting visibly as the "executive branch" of the family is paramount. Children are allowed their say, but the bottom line rests with the parents. At times, it is possible for a mother and/or father to feel completely dominated by the behaviors stemming from ADHD. They no longer feel in control of their families or their children. The following outlines some important guidelines for parents in terms of maintaining their executive power.

* Our kids do not run our home. What we do is considered by all, but the bottom line rests with my wife and I. They know the structure of our family and how things run. We try to create as much of a predictable environment as possible. When they get home from school they can go out and play for a while. We try to eat dinner when I am home at a certain time. My wife helps with their homework pretty much at a certain time. Bed time generally is set at the same time during the weekdays. Saturday morning they can sleep as late as they want. We want to know where they are going and where they are. They are not allowed to fly all over the neighborhood, over to the mall, or over to a friend's house. They are involved in many activities also. We don't let them get involved in whatever they want. What they do outside the home is heavily considered. This type of structure works well for all the children,

especially Pat who starts to fray a little bit if things become unstructured.

* Without a doubt, Allen has to see us in charge. We can't have the tail wagging the dog. We run the house and that is exactly what he must see. If Allen or the other two begin running the house, we've got the clowns running the circus. Allen knows when we say something we mean it. It he chooses not to do it, then it will cost him an activity he wants to do. We frame things out in the family in terms of "choices". "You have a choice. Do this now or it will run into your T.V. time", or whatever. Even if Allen is having a real problem controlling himself, we say that it is obvious it is too difficult with us right now, he must leave the room and go to his room or some other place in the house where he can gain some control.

It is essential to know when the emotional peak times and, conversely, the emotional down times occur for a child that has ADHD. This can help the parents determine what the most advantageous family structure would be during those times. For example, 30 minutes after taking medication is a very productive time for a child with ADHD. It may be beneficial to devise a family structure which is respectful of the child's condition. Making demands of a child that he can't meet while not on medication may create turmoil, as opposed to the desired compliance.

* I know that the mornings are a particularly difficult time for Aaron. Because of this, we put very little pressure on him to perform. He is expected to do certain things that he generally does very well, like getting ready for school. After he is dressed we let him go downstairs to play a game until the medication begins to take effect, and until he leaves for school. The structure works out very well.

Involving a child with ADHD in a series of

emotionally- rewarding activities can have a positive payoff around the house. Following "team rules" and learning how to cooperate with others on a team can help develop self-discipline and a community-oriented spirit. Cooperating on a team, like cooperating in a family, takes discipline and a willingness to work together and follow the rules.

* To be honest, since school is such a chore for Bret, I got him into soccer. He really does well and loves the sport. Through soccer, he is learning team play and sportsmanship. He is very good, so the kids look up to him. I find this particularly gratifying watching him feel so much success from soccer. It is a great educational and athletic experience for him. It has had a noticeable influence on how he acts around the house, and his response to family rules.

ADHD can be taxing and require a significant amount of effort by the parent. It can additionally be a positive force in bringing a father and son closer together. The following describes a father's appreciation of the ADHD for its creating the opportunity for him to be more attentive to and supportive of his son. There is a recognition by the father that his added interest in his son's life has had a positive influence.

* I think the ADHD has allowed Josh and me to get closer then we may have if he didn't have difficulties. I may have taken for granted his successes and not concentrated on them as much. It has created the opportunity for us to grow closer and to communicate more than if he didn't have ADHD. I now spend more time with Josh then my other two, because they seem much more self-sufficient, and require my attention less. I think my involvement has allowed Josh to feel better about himself and has helped in his

personal control in the family.

As noted below, the family structure and daily schedule must be considered when evaluating a child who has ADHD. In a two-parent household where both work, there is an enormous amount of pressure to get ready and get out of the door every morning. This type of harried existence has an impact not only on the child, but on the parents as well. Family rituals, such as preparing to leave the house every morning, can create a great deal of stress for the parents and the child. Parents must know what types of rituals increase or decrease stress in the family unit, particularly for its children. If waiting for a child with ADHD to dress himself occurs every morning, and the parents are operating under a time constraint, there could be increased friction and tension.

* Let me give you an example of what life is like in our family. We had a psychologist who looked at Les and asked the big question, "Does he dress himself?" One of the things that happens in our household is that my wife works nights at a hospital three days a week. So in the morning I give them a bath. I get them dressed and I take care of my own morning ritual to prepare for the day. So in about an hour's time I've got to get three people bathed and dressed. So I don't have time to sit with Les and show him how to put his shirt on, how to put his pants on. He just had to be dressed in 5 minutes. With the psychologist one of the benchmarks was "Can they dress themselves?" It was a terrible question because, "Yeah, I think he knows how to dress himself. I've seen him take his shirt off. I've seen him put his underwear on. But in the morning to get dressed in five minutes I've got to dress him. So I can't answer your question and say, 'Yeah, he dresses himself every morning.'" It's my job to make sure they are ready in the morning. And Les

moves slower than molasses in January.

Without question, parents are the most influential models in a child's early developmental years. Parents have the opportunity to show their children the most appropriate ways to get specific needs met, and how to pursue meeting those needs. The following encourages parents to advocate for their children regardless of what the school system or other entities may feel about the child or his disability. Being prepared to stand up for the rights of the child with ADHD demonstrates persistence and conviction.

* Little Ken has special needs. So both my wife and I know we have to stick up for Ken, and we can't take anything for granted, such as expecting that the teachers will understand his special needs, or treat him in a respectful way. So often, you say, "That is the system" or "I can't do anything about that." But, to get the resources that will help Ken, you really have to kind of be prepared to be the noisy gong to get his needs met. My wife and I want to model for Ken that if you need something, there is an appropriate way to get it, and not to let other people's opinions stop you or discourage you.

Building a workable family structure around the emotional needs of a child with ADHD has a tendency to reduce family stress while increasing the functional level of the child with ADHD. This does not imply that the child with ADHD runs the family or determines the structure; rather, it means that the parents are aware of potential problematic situations and adjust the family structure to avoid emotional or behavioral pitfalls.

* We are not rigid with the way we deal with Philip. We try to recognize where he is at emotionally and meet his needs. It is easy for us to lose sight of the fact that he has a medical problem. When we start imposing unrealistic structures on him, it becomes self-defeating. We pay attention to him, and allow him to show us, by his behavior and emotions, how to best deal with a particular situation. What's right for us or what makes sense to us may not line up with Philip's immediate disposition.

* It may sound boastful, but we don't have that many off-the-track things happening in our relationship. There certainly was a time when it was touch-and-go, but now there is a great deal of communication in the house and a general sense of how to approach and deal with problems when they arise. We have a fairly stable and clear structure in the house. So, the kids, especially Will, know what to expect. If changes to the schedule need to happen, we talk about it together and give the kids plenty of notice on what's about to change.

The presence or absence of the father has a direct impact on the emotional climate of the child with ADHD, as well as general family functioning. The father below has very little idea of how the family operates or the particular struggles that face his son who has ADHD. The father seems to connect his work-related unavailability to the son's feelings of anger and hostility. It is also clear that his wife has the responsibility of coordinating virtually everything related to family logistics and structure.

* I suppose it is fair to say that our house tends to be less stable and more chaotic. I am not home much. My job keeps me very busy and away quite a bit. Consequently, I am not as confident about what Matt is going through or the kind of problems he is having. I really rely on my wife to carry the day in that regard. I kind of make

this cameo appearance every now and then. Matt is a bright kid, very charismatic, but he carries around a lot of anger and hostility. I am sure it has to do with my work hours, and partially the school frustration he must feel.

When a child with ADHD "white-knuckles" it through an academic day, there is a tendency for the child to experience a rebound effect at the end of the academic day. This behavior results in an increase in impulsive and inattentive behavior, which can be extremely vexing on family members. These children, especially, need a solid and predictable family environment. The lack of structure can exacerbate the impulsive or out-of-control behaviors.

* Socially I see him basically act appropriately. When he is at home, however, he just cuts loose. It's as if he has spent all day holding it together at school, and when he gets home he decompresses. The decompression is rough on all of us.

Children with ADHD need a great deal of attention during their formative years. Certain things tend to be more difficult for them than their non-ADHD peers, with academics often being the most difficult. The father below realizes that his son's special needs require that he frequently spend his time helping to manage his academic pursuits. The father would rather be spending his time in more enjoyable or "fun" ways, but realizes that, right now, his son needs the extra attention to feel academically successful.

* Both my wife and I are involved in our kids lives as closely as we can be. I think there are as many disadvantages to advantages to this level

of closeness. What I mean is in the evening I might spend time helping him through his homework or structure his homework, as opposed to playing a game with him or something. If he were the kind of guy who could come home from school and sit down and do his homework, then I think our time would be spent on more enjoyable, fun things. I would rather spend our time doing more personally-fulfilling things. But right now he needs my guidance with his academics. So that is where I'll place my efforts.

The level of understanding and education of the extended family regarding ADHD has a direct impact on both the child and the family. If members of the extended family blame the child for ADHD-related behaviors, the child can easily feel shame and/or a sense of isolation from family due to infrequent or cut-off visits. If extended family are not educated (or choose not to become so) about ADHD, the child can be placed in a scapegoating role where the child is automatically blamed or held responsible for negative incidents, regardless of whether or not the child was actually involved.

* I feel as a nuclear family we have been dealing with Mark's ADHD really well. He feels supported and positive. Every day is a new day and a new way for us to learn and improve on our interaction and way of dealing with Mark. I don't feel like we are headed down a tunnel with no light at the end. The greatest difficulty is my wife's family, especially her sister. Her sister's oldest child is Mark's age. Mark is the object of quite a bit of criticism in terms of his behavior. My wife used to be able to go to their vacation home upstate for a month every summer. She loved it when her sister would come up as well. It was a very nice summer they all had the first year my wife went. Over time, my wife would come back increasingly more agitated at the way Mark was treated and problems that developed while she was at the vacation home.

Now, my wife doesn't go to the vacation home, and only rarely talks with her family. She felt Mark was the object of constant criticism and negative remarks. She felt he was frequently blamed for things he had no part of. She feels it is better for everyone, especially Mark, if the contact with her family is kept to a minimum. This is particularly sad because both my parents are deceased, and those are the only remaining grandparents that Mark has.

In comparison to the above scenario, the following describes the type of extended family that can exist when understanding, open communication, and education about ADHD guide family interaction:

* My family has never treated Trevor any differently since they learned of ADHD. We told them everything about it and the effect it has on Trevor, especially when he is not on medicine. Of course, they don't like that he is medicated, but they have been explained the reasons for the medicine, and they will support whatever we do. They notice that he is calmer and more even when he is medicated. That helps in his relationship with everyone, not just his grandparents.

A desirable family structure involves one parent being able to take over when the other is experiencing extreme stress. Like any family with children, there will be inevitable moments of stress. The family with a child who has ADHD simply experiences those moments of stress more frequently. Knowing when to let the other parent step in to help relieve the tension can maintain open lines of communication as well as model an effective conflict resolution skill.

* My wife would get pretty stressed out about Rob's behavior. So I frequently would step in and try to be the voice of reason, to try and get Rob out of the situation so things could calm down. I

think my wife has appreciated the times I step in to help relieve some of the tension.

The following raises the difficult issue of what to do when a parent has more in common with or enjoys the personality of the non-ADHD child over that of the child with ADHD. This is further complicated by an intense and combative sibling jealousy on the part of the child with ADHD. The sibling problems, commingled with the father's lack of enjoyment in being around the child with ADHD, can have a devastating influence on the afflicted child's image of self-worth, on family interaction, and on the overall family structure.

* There is a pretty big gap between our two boys. Adrian was born when the older one, Greg, was about five. It was pretty much intentional in that we thought by the time that Greg was four or five, he would have established his identity and a feeling of attachment and importance in the family. This has turned out to be a disaster. There were absolutely no benefits -- and loads of problems -- that developed after Adrian was born. Not from the very beginning, but from when the younger one was nine months and started to crawl and make his presence felt that the trouble began. Greg was just miserable to his younger brother. This was also the time that we were having Greg tested for ADHD. Even though Adrian and I have similar personalities, and I really enjoy spending time with him, I find a lot of my time is taken up dealing with Greg and his varied problems either at school or at home. He is a tough kid who doesn't necessarily bring out the best in me. Our home life tends to be fairly contentious and argumentative.

It is exceedingly difficult on the child with ADHD, the parents, and other siblings when there is a drastic personality difference between the non-ADHD siblings and

the child with ADHD. There is a natural desire by the parent, especially the father, to want to spend more time with and develop a close relationship with the non-ADHD siblings. Non-ADHD siblings may be more easygoing, more capable academically or athletically, and more socially interactive and successful. This can add to the burden that a child with ADHD must bear.

* I notice a big difference in my younger son, and the way he operates in the world, and Billy's way of dealing with things. Billy has such a hard time with things. It seems everything is a struggle. He is continually concerned about the things he is not getting or the things he is not doing, versus focusing on the here and now, and enjoying the moment. He is always "out there somewhere else". This creates a lot of anxiety for me. I am never quite sure how to interpret his behavior and messages. My other son, however, is a pure joy to be around and spend time with. He gets angry, but deals with it in what I consider an appropriate manner. He basically enjoys being a young boy in a complicated world. Billy is a complicated little boy in a complicated world. There is a large amount of tension between the two of us.

Metatheme VII. The father's developmental and family history had a profound impact on how he chose to interact with his son and non-ADHD children. Fathers could often relate with the various struggles that their sons encountered. Because of this they felt a heightened sense of responsibility to work with them.

Children with ADHD need all the added attention a parent can offer in order to follow through on activities that require concentration. There is old saying: "Unless there is fire, no one is going to come running." Not all children with ADHD are disruptive to the point of drawing undue attention to their activities, or lack of activities.

These children have enormous compensatory abilities, and can often "get by" without being identified as "trouble". They may instead be identified as lazy or unmotivated instead. Especially in the early developmental years, these children need a great deal of parental intervention and involvement. These children can often "get by", but it is often with a price attached.

* My thing growing up is that I wouldn't sit down and spend an hour making a model either. I would want to be running, be outside, play ball, as opposed to doing those other types of activities that required me to really concentrate. There were six kids in my family, so it was easy to run around, unnoticed by my parents. School was never a strong point for me, but as long as I was not being thrown out, my parents didn't really pay much attention. In retrospect I don't think just getting by was helpful to me.

Children with ADHD often bring to the surface issues fathers have not addressed for years. The father below admits struggling with the label or "disability" associated with ADHD. Through determination and compensation, the father learned to deal with his own academic and attention problems. However, he must confront the issues related to his son's struggles and, in doing so, confront feelings that remained dormant for many years. The experience has brought him closer to a place of acceptance and support for his son and his disability.

* I know, growing up, school and other things were hard for me. I don't know if it was ADHD or just having very little self-control. I want to believe that if we tighten up more or put him in a better school, Teddy will no longer have the kinds of problems he does. I find it very difficult

admitting that my son has a disability. I made it through without a label, and part of me wants Teddy to make it through without a label also. I realize he also is going to have chances at success, especially academically, that I did not have. So seeing it as a disability is important for his sake, and for ours also, I suppose.

A percentage of children with ADHD have difficulty exercising verbal restraint and, at times, emotional restraint. This can be very maddening for fathers who may be on the receiving end of verbal impulsiveness. The father below notes that, although he is less patient with his son than he would like, he does feel he has a closer relationship with his son than he had with his own father. The desire to be involved with his son brings them in more frequent contact, resulting in the father experiencing more directly the problems children with ADHD have with respect to the controlling of impulsive behavior. The more available a father, the less of a novelty he becomes, and the more likely he will witness more ADHD- related behavior.

* I want to show the tolerance toward Stan that my father showed me. My father was a very patient and understanding man. For whatever reason, I find I have less tolerance and patience with Stan. I never backtalked to my father or treated him with disrespect. Stan will yell at me when he gets frustrated or angry. It feels very disrespectful to me. I can't imagine what my father would have done if I screamed at him the way Stan screams at me. On the other hand, I do feel like Stan and I are closer than I was with my dad. I make an effort to be involved and interested in what he is doing, so maybe this contact creates more real tension, or I am seen as a safe mechanism where he can let off steam.

When a father also has ADHD, the ability to parent consistently and create the appropriate boundaries for the child may be lacking. Having a child who is impulsive and emotionally mercurial can heighten an ADHD father's tension and feelings of parental insecurity. As noted below, a father can feel overwhelmed by the feelings of helplessness prompted by his son's ADHD.

* There is a guilt in that I feel I give in...I'm not as consistent as my wife in dealing with Sam. I think maybe I suffer from ADHD. I have very little patience, I feel scattered, and following through is a struggle for me. Maybe I am just as scattered or undisciplined about the type of behavior I demand from him. If so, I am spewing out all sorts of mixed messages. I don't want Sam to have to struggle the way I did socially or in other ways. But it seems I cannot "make" him do anything or feel my anxiety for him about avoiding making the same mistakes I made.

By being aware of and involved in his son's life, this son may be able to avoid some of the academic struggles that the father had while he was growing up. Although school was hard for this father, he did not feel his parents were as involved as he would have liked. Because the father has a strong memory of what it was like for him, he intends to encourage his son in academic pursuits.

* If I were to really be honest with myself, I would have to say that I had or have ADHD. I was never very good at focusing and that type of thing. I probably had this all along and was never diagnosed. I was a good athlete, and received a lot of praise and reinforcement that way, and I coned my way through school. I was really social. I was always a popular-type kid in school. More or less, I just did the bare minimum to get by in school. The place I really excelled was on the athletic field. I could cut loose

their with impunity. I did whatever I needed to do to just get by without the teachers giving me a hard time. I don't want to see Seth do this. But I feel I am more involved then my folks were. Plus I know what to look for in terms him trying to coast. I believe that probably with more encouragement, or a belief that I could do more, I would have done better. I got a lot of "You're lazy" or "You don't try". Really, I was afraid a lot in school that I would be put on the spot or expected to participate. I remember worrying a whole bunch.

Children with ADHD are very emotional and needy children, especially during their formative developmental years. These children often respond well to being hugged or gently touched. The following demonstrates how difficult it can be for some fathers to reach out emotionally to their children, especially when the children are feeling vulnerable. When a child is upset, pouty, or impulsive, they are displaying emotional vulnerability. To reach out and embrace a child at that point may seem counterintuitive; but often this is what the child needs. A willingness to open to the child's emotional needs is an important step in the relationship between a father and his son who has ADHD.

* You know, my wife accuses me of being emotionally constipated; that I am not very good at the demonstration of care and concern, that I tend to deny or avoid problems rather than being confrontational and engaging the problem. This is how I was taught to deal with my emotions -- by not dealing with them. "Check the feelings or emotions at the door". Denny, on the other hand, tends to be pretty emotional, so I have no real reference point from which to deal with him. I know there are times he probably would like a hug or something, but it feels very alien to offer that, or reach out. I suppose he is teaching me

as much as I am teaching him. He is probably teaching me more.

* At times I become so frustrated with his attitude that I just withdraw and don't even interact with him. Our counselor says it is during these times that he needs me the most, but his actions are so contrary to this statement. He is defiant, angry, and self-consumed. Reaching out during a time like this feels very counterintuitive.

Children with ADHD can offer fathers the opportunity to heal historical wounds stemming from their own ADHD. Much of the healing can come through either offering their sons the support that was lacking when they were younger, or establishing healthy ways for the family to deal with issues related to ADHD.

* Unquestionably it is like history repeating itself in terms of what Rob is going through. What he is going through is uncomfortably close to what I experienced. What people say to him, including me, is same thing they said to me, "You are so bright. Why don't you apply yourself?" Now that I am going through this experience with Robby, I am able to sift through my own experience and put a lot of it to rest. It's also helpful that I can do some healing by being there for him in a way that I didn't receive help.

* I came from a family where there was this incredibly finely-honed skill on the part of my mother that I realized later on. She totally did not recognize anything that didn't fit into what she wanted to perceive the world to be. I will not do this to my children. Recognizing ADHD is proof that we will not bury our heads in the sand on this one.

Metatheme VIII. Although parents in this study were well-informed regarding the most effective way to manage ADHD, they still acknowledged moments of intolerance and impatience, often resulting in an emotional eruption.

ADHD has a way of cutting through rational thought

processes and attaching itself to parental emotions and anger. All parents, as all people, reach a saturation point where they run out of patience. It is difficult maintaining a position of rational observer in the face of certain behaviors associated with ADHD.

* There are times where I just lose sight of the reality of ADHD and begin screaming. My wife would be frustrated with me because I'd be hollering, "For God's sake, you should know not to be doing this and that. Haven't we told you that a thousand times?" The screaming is definitely counterproductive, because he just gets more upset or he starts hollering. Generally, I control myself and don't scream very often.

Spanking is a controversial subject in the field of parenting. The following expresses a father's understanding of the use of spanking as a behavior management tool. It can also be employed out of anger as a first line of defense, rather than a last line of defense. There can be an emotional downside to the use of spanking, especially when the only child in the family being spanked is the one with ADHD. This may reinforce the feelings of shame often accompanying ADHD.

* Believe it or not, spanking really gets Mark's attention and, overall, calms him down. When we try to reason with him it is like a cat chasing its tail. A spanking slows the process down and tasks him to focus. Spanking is usually our last line of defense. But it does work and he tends to follow the rules after a spanking, versus the time-out or discussion method. Our other kids we rarely have to spank, because time-out or discussion works on getting their attention and changing the problem behavior.

Fathers can become discouraged by their sons' lack of

responsiveness to their overtures for involvement. More education, along with a greater appreciation for the problems associated with ADHD may help a father feel less threatened or personally challenged by ADHD-related behaviors.

* I realize he has ADHD, but I can't help wonder if his negative attitude and sullen behavior is a function of ADHD or if it his personality. Or if it is a result of some bad or loose parenting. I try to make myself available to him, in a variety of ways, and unless he is medicated, he is not very interested in my overtures. It is very distressing.

The following raises the issue of the expectations fathers place on their children, especially their sons. If father is unwilling to accept that his son has a disability, the father may begin applying pressure for the son to conform in ways he physically cannot. This pressure can create a fissure between the father and the son. An acceptance of ADHD begins the process of supporting and encouraging the child in terms of his abilities and interests.

* I know how frustrating it has been raising Ed. I would think most fathers of ADHD children would struggle in the area of maintaining the necessary degree of patience. I also think fathers have great expectations for their sons. If there is a chink in the armor or there is some part that somebody has said is rusty or damaged, then the father sees the son in a different, more deficient light. I think many fathers at that point will begin applying more pressure for the child to conform and "be normal". It is fitting square pegs into round holes. Once this dynamic begins, the father and son are going to feel more-or-less whipped. Although it can be the hardest thing for a father to do, accepting and respecting

the abilities of his child is the greatest gift he can offer.

One father noted, "ADHD can bring a father to his emotional knees." The importance of the following passage is the father's recognition that he could not bully his son into behavior or attitude change. Once the father realized this, and become more accepting of his son's limitations, he could place himself in a position of support.

* When Dave is displaying defiance or is acting out, my first instinct is to grab him by the back of the neck, scream in his face, send him to his room. I used to do this quite regularly with him as a control measure. Over time I try to bring a more reasoned approach to the relationship when he is going through an emotional flame-out.

The one consistent thing about ADHD is its inconsistency. One minute a child will listen with razor-sharp attention; a moment later, he is oblivious to what you are asking. These children filter information very differently than normally-achieving peers. This inconsistency can be very frustrating for parents who need consistency in their daily routine in order to efficiently manage a household and define limits. Understanding the impact of ADHD on the child helps in mitigating some aspects of the frustrations.

* The most aggravating thing for me is Ted's inconsistent behavior or mood. The greatest challenge is to keep my control, is keeping my temper in check. You have to tell him some things over and over and over again. It is something normal that you would tell a kid: "Put your socks on. Don't come down stairs without putting your slippers and socks on in the morning." Minor tasks that he just doesn't do. "Brush your teeth

in the morning. Get out of bed. Don't go downstairs. Get dressed first." Minimal, easy stuff that a normal kid you tell him once, you tell him twice he'll listen. With Ted he's just inconsistent. Sometimes he'll do it. Sometimes he won't.

The early behavioral strategies attempted in managing the ADHD are often ineffective. Principally because strategies are often used inconsistently or inappropriately. ADHD requires the consistent application of a behavioral strategy, regardless of the child's emotional response or protest. It is often the child's emotional response that sidelines a potentially effective strategy. It seems from the description below that the father is of the opinion that nothing really is going to make a difference. Threatening bodily harm, the last resort for this father, also failed. Follow-through and consistency are the stanchions necessary in order to reinforce desired behaviors.

* I remember a scene about which I felt the worse where I really just was totally frustrated. The specifics of what brought it about I don't recall. Another one of these interminable...ultimately I had reached the end of my rope in relying on these coached behavioral strategies. They talked about diffusing conflict and taking the high ground as an adult etc. I basically took Jeff aside and I threatened him. I said, "Look, we have tried everything with you. Nothing has worked. You do it again and I promise I'll beat you." Even this had little effect on him. I didn't follow through and beat him. It just ignored and distanced myself from him. It feels like I am being brought to my emotional knees.

Metatheme IX. One of the most pervasive problems that fathers face regarding ADHD is their sons' ongoing

inability to consistently attend to relevant information. This creates a significant amount of stress and worry for the fathers.

Almost every respondent in this study mentioned how difficult it is to see their sons have chronic problems with attention and follow-through. This is probably one of the most frustrating aspects of ADHD for the fathers. Although the fathers feel they are being reasonable with their sons, ADHD frequently keeps the children from meeting some of the most benign expectations the fathers have. These children find it exceedingly difficult to sustain attention for any extended period of time. While medication helps, it does not completely quiet the internal noise that drives these children to seek out distractions.

* Jack has a hard time concentrating and following through, unlike other kids his age. I think this holds him back from reaching his potential, whether it's in sports or in school. He already has this image of himself as less capable than his schoolmates. I keep thinking, "If he would only pay attention more or focus better." But he has ADHD, and the lack of focus or ability to pay attention is one of its hallmarks.

* The inattention creates varying levels of stress for me. I watch him at practice, and he always seems to be looking away or distracted just when the coach is saying something important. He also gets bored quickly, so in practice he will take short cuts on drills just to get it over. He always wants to do something without doing in the necessary practice to prepare for the event or whatever. He also is pretty anxious about finishing quickly or finishing first. So he'll take short cuts to finish first. He doesn't understand the relationship between cause and effect yet with respect to, "The more you practice, the better you do."

Fathers prize independence and initiative in their sons. When this is lacking on a consistent basis, fathers can begin to lose their patience and, along with it, perspective on the role ADHD is playing in their sons' behavior. There also may exist a dynamic operating whereby the fathers feel they will give a certain amount of time and attention to their sons' difficulties with the belief that the sons will eventually internalize their own control mechanisms. If this does not happen in accordance with the fathers preconceived time line, then frustration and intolerance may begin to surface.

* Allen is very much a normal-appearing child. He's not real disruptive or anything like that. But he isn't able to concentrate or stay on task for a prolonged period of time. I sense that he is just driven by this force that yanks him from thing to another. I don't consider it willful on his part. Even so, I find my patience wear thin over time dealing with his skittishness. Reading is especially difficult. I don't think I have ever seen him sit down and pick up a book to read or even look through. I am not talking about comic books and stuff like that. I mean any book, regardless of difficulty level. It just requires too much effort and concentration.

The following documents many of the fears that fathers have regarding the prognosis of their sons as they grow into the teenage and young adult years. Fathers worry that the lack of internal discipline will carry forward into future developmental stages. Children with ADHD require a significant amount of time to internalize appropriate coping strategies and problem solving skills. Fathers often feel that, because they still are needy children at

the age of 8 or 9, this will continue the rest of their lives.

* I know my son has vast potential, the problem is seeing that potential challenged. I know he is incredibly capable, but once he starts something you find him a few minutes later wondering off to something else. This would require that I would have to stay on him quite a bit. If I shadowed him or worked directly with him, the project would get done. If you were able to monitor him in one way or another from beginning to completion you know it would get done. But if you didn't, you were never sure you would get the result that was expected. There are times that I worry what kind of man or teenager will he be. I have these fears of this unruly/out-of-control kid wandering through the countryside. I know this isn't so, but I still worry when I see how unsettled he is.

* The thing that is so maddening is the inconsistency in Steve's mood and attitude. One day he'll be focused, light-hearted, interested in something, only to fall apart the next day. I just don't understand it. There are times when he is off medication that he seems reasonable and attentive. This sets up false hopes or expectations for me, because shortly after this he will revert to being a handful. The ebb and the flow of his attitude is tough to handle or even know how to handle at times. I really worry what the future will be like for him.

* It's tough seeing him flitter from one thing to another without finishing what he was working on. It makes me very antsy. I want to drag him back to what he was doing and stay with him until he is finished. But this can backfire and cause problems. I mean it's boom, boom, boom from one thing to the next, from one thought to the next. Even while on medication, he still seems uneasy staying with one thing for very long. Maybe sales is a line of work he will flourish in.

Some respondents are able to see the fruits of their labors beginning to payoff. This can happen, for example, when the son is starting to show signs of internalizing

positive coping strategies. Since each child with ADHD is different, their ability to learn or own these strategies is dependent on the child and the level of intervention the child is receiving.

* I see that, as he is maturing, he is able to concentrate and complete tasks much more effectively than even a year ago. I think he realizes he has attention difficulties and is trying various ways to cope with it. Before, it didn't seem he was either conscious of it or knew how to handle it. I also notice a very big difference in our relationship since he is more in control or trying harder and staying with things longer. It makes a difference in how I respond to him, and even feel about him.

The following acknowledges the difficulty a father experiences in parenting a child with ADHD. More importantly, it explicates the positive results that occur when a father allows the child to teach him what strategies work in gaining and maintaining his attention. This father learned a very simple and noninvasive technique that could harness his son's attention while improving their relationship.

* Dale has difficulty paying attention. I'm not certain that this is a function of ADHD or not, but since a very early age we have had to say things to him repeatedly before he would acknowledge us. This used to make me angry. In fact, when he went in for his 6-year check-up, I asked my wife to have his ears checked, because I didn't think he was hearing us. Then I thought it was a perceptive problem, a problem of hearing the sounds but not putting it together. That was pretty much ruled out in the testing. Anyway, during these earlier years I remember feeling tremendous frustration with Dale. We still have to repeat ourselves, but we have learned tactics which help us gain his attention. The medication has also had a very positive impact. I frequently

lean down and take his face in my hands (gently) and say what I need to say, then I ask him what he heard. This is a very effective.

The most constructive way to deal with a son is to recognize that there are certain things that he currently struggles with. A father can help his son focus and attend to pertinent information, but he cannot abolish his son's attentional problems. Since ADHD is a chronic disorder, fathers must learn to manage difficulties rather than pursue a cure.

* He is a fairly fidgety fellow. It can give the impression that he is not interested in what you are saying because he isn't looking at you or is watching something else while you are talking. In the beginning I would get angry and yell. After this approach yielded very little positive effect, I began to realize, especially after the diagnosis, that he can't help it. It's getting better, but he still drifts off or misses key pieces of information. I worry about this, but there is little I can do. I have learned to slow down my speech and make sure he is listening to me. Also, I ask less of him when he is off medication.

X. If a couple is not in agreement about how to handle ADHD-related behaviors, the relationship could experience mounting difficulties, increased stress, and poor communication.

Children with ADHD have the potential of causing a great deal of tension in a marriage. This is largely present when husbands and wives have different (and contradictory) styles of disciplining. These children can create such emotional upheaval that the parents begin arguing about the most effective disciplining methods to utilize. Finding an agreed-upon approach to establishing

discipline, especially when emotions are running high, often allows the parents to create a mutually-supportive position.

* It's fair to say that our marriage has been strained due to Brian's ADHD. I have one style of dealing with his disruptive behavior and my wife has another way of dealing. If I am yelling or upset, it feels to me like she rescues him from the consequence of his behavior. This incites me even more and I begin then getting mad at her. It is a process of finding a balance between the two of us. I think we certainly try to talk about the best approach to parenting Brian. There is a part of me that is resentful toward Brian for creating tension between my wife and me. I think she tends to be too much of a pushover most of the time. After it builds up and she can't tolerate it anymore, then she erupts. I then come to Brian's aid when she is upset. We keep trying to find a balance where his behavior will not pit us against each other.

The following forecasts the type of outcome that is possible when a husband and wife are seen by their children as a "united front". This prevents the emotional tension from moving from the child to the parental unit. This is a wonderful description of what happens during the times of parental consensus and during the times of parental inconsistency.

* My wife and I are still trying to make up our reactions to this whole ADHD issue as we go along. I am not saying we fly by the seat of our pants regarding disciplining; it's just we are trying to figure out how to support each other so Tim doesn't create a wedge between us. If Tim asks for something our first response is, "Did you ask your mom or dad?" If he says yes, then we say, "So why are you now asking me?" I think he feels that Libby and I are a united front. We agree on how to handle him when he gets upset or is having a hard time. This definitely makes a difference in how Tim responds, and how quickly he recovers

and gains a sense of control. During the times when Libby and I are not reading from the same page, the tension mounts and Tim's behavior reflects the lack of unity.

Raising a child with ADHD requires a significant amount of communication and discussion between the parents. Very little can be taken for granted in terms of the child's behavior or attitude. The more parents talk and share their feelings, the less tension seems to invade the relationship. If parents have drastically different parenting styles, and remain rigid or stuck in their preferred style, the relationship can experience profound stress. When parents are out of sync with one another, the relationship can feel burdensome.

* My wife seems much more patient, or should I say tolerant?, of some of Aaron's behavior. I just won't tolerate it. After a while I lose patience, and just want him to snap out of it and get it together. My wife also doesn't remain angry at Aaron for very long. It's kind of like, I'm pissed and now it's over. I tend to hold onto the anger. This really makes her mad, then she is mad at me and we are in this pool of tension. You know, she is right, but I find it hard letting go of some of his behavior and negative attitude. I resent it. I resent that he can't be more respectful or balanced. I just resent it. So, I guess I have a tantrum to demonstrate my anger. This makes things worse, and definitely makes things strained in the marriage.

* Jenny tends to be a threatener and I spank. She tends not to follow through on her threats and I tend not to give many warnings. Both methods cause us problems. I want her to follow through and she wants me to talk more and give them more options. Often the focus of the problem will go from something the boys did to us fighting about how we did or didn't handle the situation. It's ridiculous. She has her approach and I have mine. It is clear when we collaborate with the boys,

things go much smoother and better.

The following describes a father's recognition that his wife has a better sense of his son's emotional needs because she interacts with him more regularly. Deferring to her expertise can be very beneficial for both the child and the relationship. Recognizing and supporting one another's parenting strengths can help minimize marital disruption stemming from ADHD.

* I'd say Ben takes more advantage of my wife than he does of me. I also think she is in a position to know him better and know how to handle him. She sees him more frequently than I do, so she would be the one he would try to have bend the rules or test. I defer to her a lot when he is having problems. It may not always be what I would have done, but it is not worth a fight between us. I generally follow her lead. This keeps things fairly well-balanced.

Mutual acceptance concerning the presence of ADHD is a necessary precondition for developing a suitable parenting strategy. If one parent is resistant to the ADHD diagnosis, it can be very difficult to establish an agreed-upon parenting methodology. The following underscores the necessity for both parents to be accepting of the diagnosis in order to generate the most productive parenting plan.

* I knew pretty much right away that Curtis had a problem. When he was two to three years old, he just didn't fit in with kids his same age. My wife was more reluctant to believe he was having problems. I think she was feeling guilty. It's natural to feel some type of guilt, I know I did. I said, "Look, regardless of whose responsibility it is, the bottom line is there is no question that he has difficulties sitting still and getting along with other kids. We have to give him the support that will let him feel accepted in school

and with other kids. We need to get him some help now." I encouraged her to talk with the doctors about what this could be. We already had a friend say it may be ADHD. Her unwillingness to initially address his behavior created a lot of tension between us. Now we negotiate the best way to deal with Curtis. It basically works out O.K.

The following tracks a father's evolution from resisting intervention for his son to acquiring a greater appreciation for early prevention. This required a willingness to listen to his wife's concerns and modify his perspective on pursuing professional assistance. The father's receptiveness to his wife's concerns created a strong alliance between the two, and certainly benefitted his son, who was experiencing a variety of ADHD-related problems.

* My wife and I come from pretty much opposite ends of the spectrum when it comes to intervention. At the first hint of a problem, whether its health or emotional or educational she wants to seek out a specialist to intervene. This is how she was raised. I was raised believing if it wasn't bleeding or you didn't have a temperature of 103, just ride it out, it will get better. We never went to doctors. My mother was one to let things run its course and see how things went before intervening. So the tension between the two of us is obvious. I am more inclined to wait and see where it goes, and she wants to have a doctor's opinion by yesterday. This was a problem when Jeremy was having problems in school and around the house. I wanted to wait and see if things straighten out on their own and she was beside herself in terms of his behavior. I was very reluctant at first to go see a professional. As I started to recognize and accept what she had been talking about all along, and the benefits of intervention with Jeremy, I have become more of a convert to her way of thinking about preemptive strikes. We have come a lot closer to sharing a common philosophy in recent years.

Spousal support would seem to be one of the dominant factors influencing the course and intensity of the ADHD related behaviors. The ability to know when to assist, or when to ask for assistance from the other parent, helps reduce tension and preserve a balance.

* My wife and I try not to override each other. There will be a time where she's just had a real rough day, whether it's because she had the night shift and she didn't get much sleep and Troy comes home and he had a bad day on the playground. He starts spilling juice and getting under her skin. She's at the end of her rope. I walk in the door and I've been at work all day and I want to see my family, and there is absolute chaos. Since I haven't had to deal with it all day, I can step in with a more objective fresh approach and bail her out. She'll want to banish him to his room forever, while I'll sit down with him for a minute and just keep an eye on him and try to get him focused on something. This works real well. It creates less tension, my wife feels supported, and Troy isn't in the doghouse. She is also able to help me in the same way. It is a nice working partnership. We need this with a guy as active and all over the place as Troy.

The recognition that a spouse has a different parenting philosophy or a lower threshold for negative behavior can cause marital strife if nothing is done to accommodate the spouse's needs. In the following example, a father describes having a much higher tolerance for the negative behaviors associated with ADHD. The wife, on the other hand, finds the social display of negative behaviors very troubling. The different parenting styles will result in marital tension without an agreed-upon plan of communication and action.

* Here is a great story. A friend of mine and

I took the kids out to West Virginia, to this outlet Mall. Dennis was just having a huge temper tantrum. We're coming up the steps, and this girl is just staring at us, looking at us, looking at Dennis in disbelief. I look right at her and say, "And he's my nice kid." That's how I'll deal with it. My wife, of course, will want to get in the car and drive right home. She'd be mortified. It causes tension when we are together and things start going bad for Dennis. She'll be stressing out and upset, and I'll be trying to blow it off. This just makes her more furious because I am not supporting her and helping to reduce her stress.

Parental consistency and agreement on disciplining strategies has a positive effect on the couple's relationship, independent of the benefit for the son himself. This father suggests that the couple's current level of parental unity evolved over time. It took quite a bit of trial-and-error interaction to achieve the balance they currently enjoy.

* Both of us have definitely improved in the way we deal with Ricky. I think we recognize the problems inherent in what we had done previously in trying to deal with his problems. I think one of the lessons we have learned in raising Ricky is that we have to be more consistent about how we are going to handle his behavior and how we intend to follow through with sanctions.

Fathers Use of Resources:

Fathers in this study relied heavily on their wives to seek out the necessary information on ADHD, sift through the information, and present it to the fathers. Some fathers pursued reading material on the subject; but by-and-large, the wives were the conduit through which the majority of information past. None of the fathers in this study attended support groups or discussed the ADHD with

other fathers. Four of the 16 fathers reported attending family counseling due to ADHD related issues. Fathers' use of resources will be further discussed in Chapter V under the metatheme related specifically to the fathers use of resources.

Summary

The interpretive data from this study revealed ten metathemes or overarching issues that participants of this study held in common with respect to parenting a child with ADHD. The metathemes suggested that, although parenting a child with ADHD is difficult and time-consuming, the use of medication, a positive school experience, and the use of consistent parenting strategies tended to reap the most positive behavioral results for the children.

Inconsistent use of medication, a lack of consistency, ongoing academic difficulties, and disagreement within the marital unit regarding disciplinary strategies seem to ensure a more negative outcome for both the child with ADHD and the family.

The participant quotations used in this chapter attempted to capture the range of differences that exist between participants in relation to the larger metatheme. The metathemes are the essence of how ADHD affects participants, and how they feel about and act toward their sons who have ADHD.

The quotations also indicate what type of

interventions and strategies are generally effective for fathers in dealing with their sons, and which ones are less effective and even damaging in consequence.

Chapter V

Discussion

This discussion will take two basic forms, in responding to the five research questions initially mentioned in Chapter I and discussing the narrative data found in Chapter 4. In addition, a comparison will be made between the societal view of traditional father behavior and that of fathers who have sons with ADHD. Also, the possible differences between paternal and maternal parenting will be discussed.

Each research question will be answered in accordance with the findings emerging from the narrative data. The research questions are as follows:

I. How are fathers generally affected by the relationship they have with their sons who have Attention Deficit Hyperactivity Disorder (ADHD)?

The emotional impact of ADHD on the father-son relationship varied between respondents. Supporting the research of Crnic and Greenberg (1990), the early years of the relationship were often characterized by fathers as being fraught with tension, anger, and varied degrees of aggression. Fathers identified the years prior to diagnoses as the most historically-strenuous and difficult. This is particularly evident in metathemes I, II, III, IV, and IX. There were multiple examples where each participant acknowledged that the post-diagnosis and

medication relationship was significantly more positive than the relationship prior to diagnosis.

The early developmental relationship between a father and son seemed to support the research conclusions of Frey, et al. (1989), noting that parents of disabled children reported higher levels of negative (distressed) affect, more avoidant behaviors and coping strategies, experienced a more strained and disapproving marital relationship, and viewed their family environment as more combative and less cooperative. This was particularly noticeable in Metatheme VI which alluded to how disruptive ADHD can be on the family. If the father had no context within which to evaluate his son's behavior, or had a negative perspective regarding the ADHD, The father-son relationship tended to be pierced with ongoing problems. As noted above, this was particularly true prior to the diagnosis of ADHD.

Furthermore, fathers who had a negative or pessimistic perception of their child's handicap tended to express the highest level of personal stress and psychological distress (Blacher, et al. 1987). This emerged in a variety of the Metathemes, however it was most prevalent in Metatheme II and III which addressed issues relating to the child's personal development and behavior management strategies respectively.

As previously mentioned, following the diagnosis of ADHD, fathers described developing more tolerance and

understanding of the negative behaviors and inattention which frequently accompanies ADHD. It is also important to note that the change in the father-son relationship following diagnosis was significantly influenced by the simultaneous introduction of stimulant medication and other behavior management strategies. Metatheme I describes the change in the relationship between pre and post-medication. Fathers began to see that their sons could control their impulses, inattention, and hyperactivity with medication intervention.

This supports the findings of Margalit & Ankonina (1991) who suggested that the positive attitude of a parent with a disabled child depended on the degree to which the child's condition could improve, the parent's willingness to address issues directly (rather than avoiding them), and the encouragement of personal growth of family members through education and resource utilization.

The research by Barkley (1982) and Fisher (1990) support the perceptions of those fathers who reported a profound shift in their sons' moods, affect, and temperament while on medication. This change in the sons' presentational style and improved affect seemed to invite fathers to become more supportive and less punitive. This, in turn, had a positive effect on the sons' behaviors toward the fathers. This concept is foundational in Metatheme IV, which describes the relationship that exists

between a father's ability to offer support and a son's willingness to try and exercise personal control. When sons' are less in control, fathers appear to be less tolerant and engaged. It is a challenge for fathers to distinguish between incompetent behavior and behaviors related to wilfull disobedience.

While fathers reported still getting angry at times and using emotional withdrawal as a form of punishment, the frequency of its occurrence was mitigated, provided the child was on a medication regimen and the father accepted his son's negative behavior as being related to ADHD. This is evident throughout the Metathemes but particularly in Metatheme I, III, and VIII.

Prior to the diagnosis, fathers had no frame of reference or context with which to understand their sons' inappropriate behaviors. Fathers frequently described their relationship with their sons temporally, in terms of how things are in opposition to how things used to be. Metathemes I and III clearly convey the shift that occurred in the fathers' perspective and attitude toward their sons once medication was introduced.

There was a recognition by fathers of a developmental shift or maturity that occurred over time in the relationship. The maturing of the relationship often coincided with the fathers feeling more supportive of and supported by their sons. They attributed this to their own

acceptance of the ADHD, a willingness to adjust their responses to their sons' specific emotional and situational needs, and their recognition that meeting force with force renders obvious negative outcomes. This was especially apparent in metathemes II, III, VI.

This view supports the findings of Hannan and Luster (1990) who suggested that adequate functioning in a relationship requires that all parties realistically assess their expectations in relation to abilities, know how and where to seek resources in times of emotional stress, and engage in a mutual exchange of emotional support. Fathers acknowledged feeling emotionally connected to their sons when in turn the sons experienced the fathers as being supportive and caring. This tends to reinforce the concept of dynamic interactionism championed by Salt (1991), where both experience one another as approachable, non-punitive, nurturing, understanding, and tolerant of differing personality characteristics. As pointed out in Metatheme VIII, this can be very difficult for fathers who are consistently faced with their sons changing moods, disposition, and affect.

As noted in Metathemes I, II, V, and IX, parenting a child with ADHD required that fathers maintain the perspective of ADHD as a disability that hinders the child's capacity to socially and academically excel. Fathers reported experiencing a greater likelihood of

emotional and relationship difficulty with their sons when they expected them to express ongoing affect similar to normally-achieving children. As demonstrated in Metatheme III, the less pressure fathers applied to these children to conform, the more positive was the father-son relationship.

II. What forms of discipline do fathers of sons with ADHD rely on most in dealing with undesirable or inappropriate behavior?

A shift in a father's style of disciplining accompanied the developmental and emotional shift in the relationship described above. Prior to diagnosis, fathers acknowledge being much more punitive and harsh with their sons than post-diagnosis interaction. As described in Metathemes I, II, and III, the change in the fathers' disciplining practices frequently coincided with the sons' beginning a specific medication schedule. The medication reduced many of the temperamental difficulties associated with ADHD, thus reducing the father's need to enact more punitive disciplining practices.

In the earlier years of the son's life, a father would rely on counterproductive measures of discipline in order to reduce the negative behavior and gain compliance. This would often entail screaming, hitting, grabbing, emotional withdrawal, threats, and inappropriate use of time-out (not following the time-out methodology and sequencing). This type of pre-diagnosis behavior was frequently mentioned by

fathers throughout Metatheme 1, III, IV, and IX. The father's attempt to gain compliance was often unsuccessful or extremely short-lived. This form of punitive disciplining typically heightened a son's aggravation and resulted in extreme displays of temperament and acting-out behaviors. This would often result in a recurring cycle of negative interaction, parenting stress, and family stress.

This addresses the issues raised by Crockenberg (1986) regarding the interplay between a child with a difficult temperament and ineffective parenting practices. He suggests that a child with a difficult temperament, accompanied by ineffective parenting strategies, creates an ongoing negative feedback loop which serves to keep both the child and the parent(s) locked in an unproductive and dissatisfying relationship.

Following the diagnosis of ADHD, fathers described noticing a shift in the way they both interacted with and disciplined their sons. This shift, however, was not immediate. Many of the fathers increased their punitive practices after diagnosis because they expected the prescribed medication to remediate completely the negative behaviors associated with ADHD. As described throughout Metathemes I, II, and III, a combination of both time and education permitted these fathers to realize that medication was not a panacea that resolves the issues attached to ADHD. Fathers' educating themselves about ADHD

appeared to be the most important component in reshaping their disciplining strategies.

Once fathers learned about the nature of ADHD, along with more effective ways to handle ADHD symptoms, there was a decrease in punitive measures and a corresponding increase in disciplining practices which assisted in reducing ADHD-related behaviors. Without question, the most effective and efficient practice utilized by fathers (prior to disciplining) was remaining calm in the face of ADHD behaviors. Fathers who reported consistently remaining calm described two important outcomes: that the negative behavior associated with the ADHD occurred much less frequently in their sons and lasted shorter in duration when it did occur; and that the sons were much more emotionally available to address and deal with the negative behavior that causing the episode. Although this was represented at various times throughout the Metathemes, it was particularly evident in Metathemes I, II, and III.

As a result, to the degree the father was calm yet emotionally supportive, the son tended to mirror this affect in controlling ADHD-related behavior that developed. Fathers who used this approach as a first line of defense against furthering their sons' problems unanimously believed this was more important than any specific behavior management strategy or technique.

III. What aspects of the relationship do fathers perceive

as positive, and how do they facilitate positive interaction with their sons?

As noted in Metatheme I and III, fathers conceded that medication created the opportunity for the father and son to interact on a more positive level playing field. Many of the difficult temperament issues were often lessened by the medication. This permitted the relationship to focus on positive interaction, as opposed to controlled-based interaction which fathers often felt existed when the sons were off medication (as indicated in Metatheme VIII). The positive interaction set a foundation in the relationship upon which both the father and son could build. Metatheme III describes the creation of a positive feedback loop which tended to generate more positive interaction, and allow the relationship to survive moments of tension and stress no differently than in the non-ADHD population. This supports the research conducted by Barkley, et al. (1985) and Crnic and Greenberg (1990).

As noted by Bauer (1993) and Parker (1990), parents of ADHD children are often swift to recognize their children's problems, yet dole out praise, positive recognition, and rewards sparingly. They suggest that parents generally wait for outstanding achievements before praising and rewarding their children. Many fathers in this study, specifically in metatheme II, acknowledged that during their children's early developmental years, the negative or

inappropriate behaviors were often attended to at the expense of reinforcing positive behavior. As the children developed and matured, fathers were much more predisposed to increasing praise and rewards while no longer overfocusing on negative behaviors. This amplified the morale between the father and son and made the relationship much more pleasurable and personally reinforcing.

A common thread connecting the experiences of the respondents was an awareness that "less is more". Less-punitive measures resulted in more compliance (Metatheme I and III); less rigidity meant more opportunity for the child to exercise his sense of personal control (Metatheme IV); less emotional involvement in negative behavior engendered a more swift and often positive resolution to it (Metathemes III, VI, and VIII); less time lecturing and explaining allowed for more time for the development of a disciplining strategy that was meaningful and would challenge the child to take responsibility for his behavior (Metatheme III, IV, VI, and VII). Many fathers stated that being clear, consistent, offering choices and outcomes to certain behaviors and situations, and ultimately placing the responsibility for compliance on the child, had significant positive results.

Fathers also facilitated positive interaction with their sons by establishing "special" time together where the father and son would do something fun, engaging, and

mutually agreed-upon (Metatheme III). Spending time with their sons in this context allowed fathers to honor their sons, without putting tremendous pressure on their sons to conform and perform. Fathers that declared and consistently enforced certain rules concerning behavior reported the most positive interactions with their sons. Fathers attributed success in these situations to anticipating "trouble spots" or moments of potential transitional problems, such as discussing with a child what will happen at 5 pm when they are preparing to leave the amusement park. The transition from the event is thereby discussed, expectations are clearly defined, and many fathers expanded on this, informing their sons ahead of time that they had a specific amount of time left. These type of strategies generally increased the probability of the father and son having an enjoyable and meaningful interaction (Metatheme III and IX).

IV. What aspects of the relationship do fathers perceive as particularly negative, and how does this affect the quality of the relationship?

Fathers in this study were incredibly clear about what aspects of the father-son relationship were consistently difficult. Although many fathers employed strategies similar to those mentioned above, there were moments when "the best laid plans of mice and men" could do little to avert an ADHD-related episode. Children with ADHD are

mercurial in nature and, as a result, more prone to disagreeable temperaments which can be triggered by environmental, situational, and biological events.

As mentioned in Metatheme I, III, and IV, fathers admitted that it was the "consistently inconsistent" nature of ADHD that was emotionally unbalancing for them. The child could be the epitome of compliance, but then in the next day or next hour engage in inappropriate and/or embarrassing behavior that was often extreme and protracted in nature. Fathers wanted more assurances that ADHD behavior would begin responding to the positive attention and reinforcement, expressed as a decrease in its intensity and frequency over time. While it is true that ADHD symptoms will decrease in the face of consistent and supportive parenting, it does not mean the symptoms will ever fully cease. Fathers related difficulty in accepting this phenomena.

A pattern also existed where fathers, unlike mothers, admitted to being much less tolerant of perceived aberrant behavior. This often resulted in their becoming punitive more quickly and remaining emotionally distant from their sons longer than do mothers. Again, there was a difference in the way fathers responded to their sons prior to diagnosis, as opposed to after the medical diagnosis. Once their sons were medicated, fathers describe responding to and experiencing their sons more positively, increasing

the opportunity for positive reinforcement (Metatheme I, III, IV, and V).

Another difficult aspect of ADHD which negatively impacted the father-son relationship was the sons' inconsistent display of traditional male behaviors, i.e. movement toward independence, demonstrating an internal locus of control, development of goal-directed behavior, and academic achievement. Fathers reported initially resenting the amount of time and emotional energy exacted by ADHD. It was also difficult for fathers to let go of the pre-formed expectations they had regarding what constituted developmentally appropriate behavior. After diagnosis, there was a point where fathers expected the medication to correct all the ADHD related behaviors (Metatheme I). When this failed to happen, fathers experienced an increase in anger and resentment toward their sons. This often resulted in non-productive punitive measures such as screaming, hitting, verbal abuse, or emotional withdrawal (Metatheme IV, VIII, and IX). Over time, and with expanded education, fathers learned that medication will improve behavior, but will not "cure" the child of ADHD (Metatheme II, V, and IX).

V. Do fathers utilize external resources to help facilitate more effective parenting strategies when interacting with their sons?

The use of external resources, to better understand

the effects of ADHD on the father and the child, varied from one father to another. Some reported reading to educate themselves, while others watched videos recommended by the physicians. The vast majority of fathers stated they received most of their information regarding ADHD from their wives -- who often talked at length with physicians and other mothers of children with ADHD, attended support groups, or read popular books and literature on the subject.

The wives were often the bridge between information on ADHD and the fathers' receiving education on the subject. The wives would acquire the information, winnow it down into manageable and understandable parts, and share it with their husbands. Fathers identified this as a preferred style of information acquisition. Half (8) of the respondents reported entering into some form of family therapy for a brief period of time. In these cases the wives set up the appointment and tended to be most active participant in the sessions.

Fathers stated they had never read anything written specifically for fathers. Most of the literature they read addressed general parenting issues, as well as the various characteristics associated with a child who has ADHD. When asked if they would read something written for fathers of sons with ADHD, all respondents stated they would find this type of resource valuable.

Significance of the Metathemes:

An important consideration of this interpretive study was to gain a sense of the father's perspective in parenting a son who has ADHD. In attaining this insight, ten over-arching issues -- as embodied in the Metathemes of the previous chapter -- were borne out. The 16 respondents in this study eloquently described the impact of their sons' ADHD on their perceptions, affect, and accompanying behavior. As alluded to throughout this research study, ADHD is a disability of the emotions and temperament (Bauer, 1993). Consequently, the emotions and resultant behaviors of the fathers are integrally connected to the affect and temperament of the child (Accardo, 1990). The metathemes, as described in great detail in the previous chapter, depict the essence of the father-and-son-with-ADHD relationship as found in the lived experiences of the fathers.

Metatheme I: One of the most difficult decisions facing the father of a child with ADHD was whether or not to use medication. Even though the resultant use of medication was positive, fathers continued to question their decision or the long-term impact that medication would have on their sons.

As noted in the popular literature today, such as Newsweek (March, 1996), parents, educators, and health policy analysts are preoccupied with the increase in

diagnoses and psychostimulant medication prescriptions related to ADHD. As Newsweek questioned, "Are we overmedicating our children?" The answer to this question is not easy, especially from the perspective of a parent whose child has been diagnosed with ADHD. Beyond the speculation of Newsweek, these parents are faced with the real decision of whether or not to medicate their child who is clearly experiencing serious social, familial, and academic problems. As the metatheme data indicated, the decision to place a child on a powerful stimulant medication such as Ritalin requires deliberation, patience, and a belief that the medication will not have long-term negative effects.

Placing a child on medication to adjust temperament, regulate mood, and increase attending abilities was a difficult concept for fathers to embrace, even when they saw the positive effects of the medication. Many fathers considered the medication as a temporary fix to a larger, more systemic problem within the child. It was initially painful for a father to mentally picture his child's future development and overall outcome in relation to medication dependence. Over time, as the fathers saw their children internalizing appropriate coping strategies, the significance and importance of the medication achieved a more positive status in their minds. Additionally, fathers with children diagnosed between the ages of 4 and 7

expressed an ongoing sense of concern regarding the role of medication in the lives of their children.

Almost unanimously, fathers recognized the benefits of medication in terms of reducing family tension, increasing more positive opportunities for interaction, increased school performance in their sons, and enabling their sons to achieve a more balanced affect. The positive effect of the medication had a calming effect on overall family functioning, creating the opportunity for the child and the family to experience more reinforcing and mutually-satisfying interaction.

The findings in this self-selected qualitative study tend to agree with the research which indicates that the majority of children with ADHD require medication intervention as a primary form of treatment in order to reduce impulsiveness, decrease hyperactivity, and demonstrate more consistent on-task behavior (Taylor, 1994). Depending on the developmental age of the child, fathers noted that, without medication, these children often struggled displaying self-directed or rule-governed behavior.

Metatheme II: A father's awareness of issues related to his child's development has a profound impact on how the father interacts with and supports his son. There is a positive association between a father's knowledge of the impact of ADHD on his son's development and the resultant

level of the father's emotional support.

The narrative data supports studies that hold that fathers who were better educated regarding ADHD displayed more tolerance, were less punitive, and offered more rewards and reinforcement for positive behavior (Faraone, et al., 1991). These fathers intuitively understood the struggle these children encountered daily. They also had a clearer picture of how ADHD influences a child's ability to control impulses, delay gratification, focus attention, and fit into standard societal norms. Based on this information, fathers were able to appropriately adjust their expectations regarding their sons' behaviors and affect.

Education concerning the impact of ADHD on the child and the family was not a static exercise. Fathers who reported the most success with their sons indicated that they continued to read about and consider implications related to ADHD. This ongoing evaluation provided a necessary reminder that the child was not acting willfully or out of conscious disobedience (Goldstein and Goldstein, 1990). Many fathers noted that consistently educating themselves about ADHD encouraged them to maintain a positive and supportive perspective. This level of sensitivity conveys the message to the child that he is loved, respected, and prized.

The minority of fathers in this study who were not

well- educated regarding ADHD seemed to have higher incidence of conflict and unproductive interaction with their sons. The literature strongly advocates for the ongoing education of the parents and the family as a whole regarding ADHD (Fisher, 1990). This provides a context in which to better understand and manage the ADHD. Most specifically, personal edification around this issue can result in the establishment of the type of relationship a father envisions with his son. Medication alone will not do this. Fathers must understand what they can and cannot expect once their sons begin a medication regimen. Many fathers initially believed the medication would essentially stop ADHD- related behaviors. Without education, these fathers decrease their potential to be a resource for their sons (Brooks, 1992).

The understanding of ADHD was accompanied by the fathers' understanding of normative developmental milestones. Fathers who were aware of their sons' development as it related to normative standards described having a broader perspective with regard to the impact and ultimate trajectory of ADHD.

In many respects, acceptance of an ADHD diagnosis by the father is of paramount importance. If the father does not fully believe his son has ADHD, or operates out of a place of partial denial, as in, "He can control it if he really wants to", then the father's response to the son

will be as mercurial and unpredictable as ADHD itself is to the child (Brown and Pacini, 1989). This study indicates the curative power that acceptance can have on the father-son relationship. Acceptance breeds freedom and the opportunity for the relationship to approach its potential.

Fathers in this study generally believed that their sons' prognosis for the future would be equal to or better than their normally-achieving peers. A main consideration for this was the time, effort, and attention fathers directed toward their sons and the relationship, along with a recognition of the gifts that generally go along with this 'affliction', such as intelligence, creativity, and sensitivity. Fathers felt that the presence of ADHD generated an opportunity and motivation to be more involved and nurturing to their sons in a way they may not have been otherwise. There was a sense that in order for the relationship to work, it could not be taken for granted and that, if and when taken for granted, there was usually some type of problem or negative situation.

The unique developmental features of ADHD frequently set these children apart from their peers (Goldstein & Goldstein, 1990). Virtually all of the children described in this study displayed some form of delay or problem such as gross motor delays, academic underachievement, social inappropriateness, aggressive tendencies, or defiant behavior. In light of this, these children receive varying

degrees of ongoing negative feedback from their environment. If this feedback is not mediated by the use of medication and a comprehensive parental management program, these children will begin to define themselves by the negative feedback they receive (East, 1991).

The children in this study made major developmental gains after the diagnosis of ADHD. It can be conjectured that these gains occurred as a combined result of medication, parent education, reorganization of the family environment, and more realistic expectations of the child's ability level.

ADHD-related behaviors cannot be predicted in any real sense. Fathers admitted to surprise concerning the change in their children's affect and attitude when the child moved from toddlerhood to preschool age. This unexplained shift is one reason that the diagnosis of ADHD states that symptoms must have occurred before the age of 7 and existed for at least 6 months (Frick et al., 1991). While some children experience a disagreeable or difficult temperament from infancy onward (Carey, 1986), many children who are later diagnosed with ADHD seemed as well-adjusted and easy-to-manage infants and toddlers. Fathers of children that developed ADHD-type symptoms later in childhood believed the disagreeable temperament was a function of poor parenting rather than a neurological impairment, focusing on perceived personal failures in the past rather than

embracing the opportunities and resources of the present and future.

Metatheme III. Behavior management strategies related to ADHD cannot be viewed in isolation, without taking into account the impact of medication use and issues related to personal maturation of both the father and the son. The effective management of ADHD-related behaviors posed the greatest challenge to fathers. There was an element of agreement among fathers regarding the most effective way to help dissipate problematic behavior.

Effective management of ADHD requires a comprehensive approach to treatment intervention (Hannan & Luster, 1990). Fathers did not indicate a reliance upon a single preferred behavior management strategy in dealing with ADHD symptoms. The majority of fathers in this study noted that the most effective method for dealing with negative behavior was to greet the situation with a calm, yet supportive, disposition. This often diffused aggressive or impulsive behavior, giving their sons the opportunity to gain a deeper sense of control.

Fathers who were able to take the "emotional high ground" with their sons reported a relationship consisting of more positive interaction and less disruptive episodes. The father-son relationship tended to have more open lines of communication, was more nurturing, and generally more fulfilling. Fathers attributed the positive nature of the

relationship to four specific aspects: maturation of both the father and son; the sons' consistent and/or appropriate use of medication; the fathers' desire to increase their understanding and education of ADHD issues; and a correlating supportive marital relationship.

Punitive measures only served to heighten the tension and aggression by the child and, in doing so, accelerate family problems. Fathers acknowledged that the individual development of the child and the child's increased sense of personal control reinforced their positive attitude shift. Their sons' attempts at personal control were the fathers' primary reinforcers to remain calm and model more effective problem-solving. Children with ADHD respond well to low-intensity confrontation and interaction. The more stimulated these children become, the more difficult it is for them to appropriately shift their perspective in an attempt to gain control (Breen & Barkley, 1988).

A commonly-held belief was evident that focusing on children's strengths, rather than overfocusing on their weaknesses, permitted the children to feel success and personal empowerment more consistently. While this response may seem intuitive, parents of children with ADHD are continually confronted with difficult or problematic behavior. Responding to the positive aspects of a child's behavior requires a significant amount of discipline on the part of the parent. Fathers stated that attending to the

positive moments while overlooking or ignoring the negative behaviors required a degree of attitudinal change in their sons. When fathers downplayed the negative situations and appropriately praised the positive behaviors, a marked decrease in the frequency and duration of negative incidence took place.

Fathers also mentioned that an important management concept was to resist comparing their children with ADHD to non-ADHD children or siblings. Such comparisons increased familial tension, decreased the afflicted child's sense of self-worth, heightened aggression among siblings, and increased resistance to positive feedback.

A father's ability to remain consistent in his interaction with his son proved to be essential in eliciting more predictable and positive behaviors. Erratic responses by the fathers elevated the probability that the sons would mirror the father's response, emitting behaviors equally erratic and unpredictable. Consistency seemed to create a place of emotional safety for both the father and the son. The son also internalized negative feelings less when a father consistently and calmly responded to negative situations or behaviors. In essence, the father modeled for the son how to deal appropriately with difficult emotions such as anger and frustration. This enhances the opportunity for the son to internalize more appropriate coping strategies.

Since there were a variety of different behavior management techniques used by respondents, such as time-out, a remove from situation and discussion, and using the 1-2-3 method before initiating a consequence, fathers mentioned it is imperative to know what will motivate change in their children. From this information, fathers frequently engineered the most effective management strategies. It was also noted that establishing and consistently employing management strategies created a predictable family environment. Flipping from one strategy to another seemed to promote problem behavior and strained interaction.

Metatheme IV. Although fathers intellectually understood the impact of ADHD on their sons' ability to consistently control their behaviors, they acknowledged experiencing ambivalence regarding what they believed their sons could and could not personally control.

The inconsistent temperament and/or attitude of children with ADHD was one of the most difficult aspects for fathers to understand. It is precisely this inconsistency that kept fathers off-balance, in terms of accurately judging what the child could personally control. A primary feature of ADHD is the lack of behavioral consistency and regulated temperament by the child. As Bauer (1993) suggests, a child with ADHD does not have a deficit in functioning per se, but rather experiences

varying degrees of deregulation in affect and behavior. This is demonstrated by frequent behavioral peaks and valleys. One minute the child is in control and on-task, and the next is completely unfocused or noncompliant (Cocores et al., 1987). Because of this, fathers experience uncertainty regarding what the child can control. If left unchecked, this ambivalence can have deleterious effects on the father-son relationship. Fathers may begin expecting or demanding consistent behaviors from their sons that they cannot fulfill. This may strengthen a more negative interaction pattern in the relationship (Faigel, 1995).

As noted previously, educating fathers on the capricious aspects of ADHD can align their expectations to be more supportive of their sons' unique temperaments. This is particularly important when considering that the early relationship between these fathers and their sons was often contentious and strained. In many cases, this type of relationship lasted up to and often beyond the point of diagnosis. This was especially true for fathers who also consider themselves to have ADHD. There appeared to be a consistent tension between ADHD fathers and their ADHD sons, which would not have the same degree of intensity in the relationships between non-ADHD fathers and their ADHD sons. This may be due to the intense emotional issues and regulation problems ADHD fathers continue to experience.

The son's regulation problems may trigger similarly exaggerated emotional responses in the father. This obviously merits further examination.

The importance of the father's modeling and teaching appropriate behavior cannot be overstated. Fathers described teaching their sons how to calm themselves and appropriately direct their emotions. As Besiragianian & Cohen (1992) point out, the parent of a child with ADHD is instrumental in helping the child learn self-directed thought processes and self-governing behaviors. If reinforced consistently, these children learn and internalize valuable strategies for both focusing and controlling negative behaviors.

There are four fundamental criteria which appear to have a positive effect on an ADHD child's establishing appropriate limits, managing negative emotions, and staying on-task. First, a father must be educated about and understand the particular nature of ADHD as it relates to his son. Second, the father models appropriate problem-solving strategies when the son is unable to exercise control. Third, the father must believe that, with the proper intervention strategies, his son will gain increasing levels of control as he develops and matures. Finally, the school must be involved in the child's treatment protocol, whether this means using behavior management strategies at school, or working with an

Individual Education Plan (IEP). Fathers who followed these criteria noted that in many situations their sons actually developed more control than did their non-ADHD peers.

Metatheme V. Fathers recognize that the school system and academic intervention was absolutely essential in addressing ADHD issues and fostering a sense of positive self-esteem in their sons. Fathers view school as the "petri dish" in which their sons' positive regard for self will be developed and sustained.

Since it is often difficult for these children to sustain on-task behavior and focused attention, school is a breeding ground for problem behavior borne out of frustration and multiple failure experiences (Pruett, 1987). School evaluates the child's performance and his ability to follow rule-governed behavior. Many children with ADHD experience early academic and performance problems and struggle following class rules and social norms (Goldstein & Goldstein, 1990). The problems they encounter hold them out as different, defiant, undisciplined, and inattentive. For a teacher, these are qualities that are often not tolerated.

These fathers verified current research findings, identifying the use of medication, parent advocacy, and teacher availability to accommodate special needs must be present in order for the child with ADHD to work up to his

potential in the classroom (East, 1991). If any of these three components are lacking, these children are more prone to receive a considerable amount of negative feedback, discrimination, and scapegoating. They will not be allowed to do what the other children are doing such as going "out for recess", or they will be isolated and ignored by teachers and students. This type of interaction has the effect of diminishing an already listing self-esteem.

Fathers were aware that academics must be demanding enough to retain the sons' interest, yet forgiving enough so they can experience daily success. This required that both parents and teachers engage in regular dialogue to determine what constitutes a challenge for the particular child. The research by Silver (1984) indicates that children with ADHD must receive academic concessions while concomitantly experiencing they are making a contribution and being productive. If academic concessions are made without the positive feelings of success, these children will often view their performance as inferior to their same-aged peers (Frey et al., 1989).

The impact of an authoritative teacher on a child's self-esteem and self-concept is well-documented in the literature (Taylor, 1994). Fathers noted that, when their sons were in a class with a nurturing yet demanding teacher, their feelings of self-worth expanded. This positive self-regard was then carried from school to home,

where the mother and father could continue to reinforce the positive feelings. On the opposite spectrum, fathers recounted situations where the teacher was not interested in accommodating the special needs of their children, often resulting in the presence of an undefined tension both within the child and the family. These children clearly need the bidirectional support of family and school in order to maximize their potential (Cook, 1993).

Metatheme VI. Establishing a predictable family structure appears to be instrumental in creating a sense of security and safety for a child who has ADHD.

In order for children with ADHD to feel safe and productive, the family structure must be stable, predictable, and have a clear parental hierarchy. To the degree a child with ADHD experiences internal and external turmoil, so does the family within which the child resides. In light of this, the parents must act in tandem to support and buoy their children and one another when ADHD symptoms are most prevalent. Otherwise, ADHD can drive a wedge between the parents, displacing the tension and frustration from the ADHD to the marital relationship (Blacher et al., 1987). Fathers in this study suggested that parents, presenting a united front to their children (especially those with ADHD), have a balanced and healthy family environment.

When parents are united in their parenting and

disciplining strategies, children with ADHD recover more quickly from a negative experience and establish greater degrees of internal control (Bain, 1991). Parents need to be in agreement in terms of how they spend time with their children and the manner in which they deal with inappropriate behavior. If a father believes a mother is overreacting, and does not support her in front of the child, the internalized lesson may be that the behavior doesn't necessarily have to change. This shifts the focus from the child's behavior to marital disharmony and tension.

Mothers and fathers interact differently with their children (Bowman, 1993). It is not essential that parents act the same toward their children but, rather, are in agreement how one another parents. As several fathers noted, when parents are not united in an executive capacity, frustration and tension for all involved often develops.

Structuring the family environment to promote positive interaction had a significant impact on how these fathers parented. Understanding the child's critical peak and valley times during the day allowed parents to adjust specific activities to take advantage of the peak times, while honoring the valley times with more modest expectations of the child. A valley time could be considered situationally -- such as when the child was not on medication, or transitioning from one situation or event

to another -- or as a temporal condition, such as morning or evening time. This is individually specific to each child. Fathers noted that poor planning, such as scheduling an event that required a great deal of control when their sons were not medicated, often resulted in parents being overly-controlling and tense, with clearly negative consequence for the children.

ADHD, unlike other chronic and pervasive disabilities, can be significantly improved with a supportive, nurturing, and stable family environment (Brooks, 1992). It also can create an opportunity for parents to remain more involved and closer to their children who have ADHD. Although ADHD is a chronic disorder, the intensity and course of the symptoms are highly susceptible to parental influence (Meyer, 1986).

The fathers in this study, describing a genuine understanding of their sons' struggle and supporting their sons through thoughtful and empathic interaction, also reported a family environment that was nurturing, predictable, and safe. In addition, they tended to have sons who were more motivated academically, exhibited higher levels of self-esteem, and closer peer relations (Goldstein & Goldstein, 1990).

As noted in the review of the literature, fathers of temperamentally-difficult children were generally less connected to and involved with their children, especially

their sons (Brown & Pacini, 1989; Beziragianian & Cohen, 1992; & Clinton et al., 1988;). This frequently resulted in a high degree of family tension, low parent-child interaction sequences, and greater generalized feelings of discontent. Consequently, fathers in this study who are educated regarding ADHD and perceive themselves to be a resource for alleviating ADHD-related symptoms reported a much more stable and fulfilling family environment.

Parents must form an alliance in understanding how they jointly and independently will deal with problem behavior as it arises. The marital relationship is directly influenced by the parents' ability to reach consensus regarding disciplining strategies, knowing when to step in and assist one another, and the degree to which they communicate about difficult issues. When parents are in agreement about these fundamental strategies, the family overall experiences a sense of balance and productivity (Sroufe, 1989).

Children with ADHD often have at least one sibling. In this study, 13 of the 16 respondents had two or more children. While sibling relationships were not a topic directly studied in this research, several fathers mentioned the difference in their feelings toward the child with ADHD and his sibling(s). Even though fathers consciously tried to treat the children similarly, their feelings would often betray a more kindred connection or

"preference" for non-ADHD children. It is logical at times for parents to want to compare the children in hopes that it will motivate the ADHD child to perform better; however, as noted in the literature, this can have devastating effects on both the child and the sibling relationship (Barkley, 1985).

There is a school of thought that suggests a parent try to regularly, perhaps once a week, spend special time with the children separately. This connects the child to the parent without the intervening or interfering influence of a sibling. This can strengthen the parent-child relationship and begin to define the relationship as unique and positively different than that of other siblings (Phalen, 1990).

Metatheme VII. The father's developmental and family history had a profound impact on how he chose to interact with his son as well as his non-ADHD children. Fathers could often relate to the various struggles that their sons encountered. Because of this, they felt a heightened sense of responsibility to work with them.

An interesting association occurred in this study whereby fathers who identified themselves as having ADHD tended to have a much more problematic relationship with their sons, as opposed to fathers who did not describe themselves as temperamentally "similar" to their sons. This has important implications in that ADHD is one of the

most inheritable psychoneurological disorders known (Bain, 1991; Bauer, 1992; Goldstein & Goldstein, 1990; & Taylor, 1994). If fathers had or have ADHD, there is a high probability that they experienced various forms and degrees of negative feedback, personal disorganization, internal turmoil, and decreased self-esteem. By the very nature this engenders, these fathers would generally have a low frustration tolerance, increased susceptibility to misdirected or uncontrolled anger, impulsiveness, and suspect emotional and social coping strategies (Hollowell & Ratey, 1994).

This becomes significant when you consider potential problems that exist when both the father and the son have similar temperaments and coping behavior problems. If fathers have not therapeutically addressed their early childhood development, they will be more prone to matching their sons' affect and emotional intensity instead of employing strategies to dissipate the sons' emotional flare-up (Barkley, 1990).

Fathers varied in their level of awareness regarding the relationship between their own ADHD-type behaviors and those behaviors emitted by their sons. Fathers who self-identified as having ADHD, working to overcome ADHD-type coping strategies that developed during their childhood, considered their father-son relationship to be healthy and productive. On the other hand, fathers who felt

overwhelmed by their sons' attitudes and behavior reported having less-than-satisfactory relationship with their sons.

The critical aspect that separates these two types of responses to an ADHD child is the father's willingness to address his own problematic coping mechanisms and establish healthier emotional responses. Fathers who also have ADHD can offer tremendous modeling and support for their sons. In many ways, they can provide their sons with the support and nurturing they themselves probably did not receive growing up. It also provides an opportunity for the father to heal old emotional scars while strengthening his son's feelings about self and other.

This concept was clearly delineated in the research by Easterbrook & Emde (1988) and Sagi (1982), concluding that a father's recollections of his own father's involvement is a significant motivating factor in his level of involvement with his own son. A troubled temperament, however can be a negative factor undermining the father's ability to forge the type of relationship he envisioned upon his son's birth.

Fathers stated that remaining motivated to provide their children with nurturing behaviors was fairly easy, especially since many had fathers of their own that were not very demonstrative with their feelings. However, fathers did acknowledge that it was difficult to be nurturing when their sons were engaged in negative

attitudes and behaviors. Philips (1993) points out that a father is willing to participate more fully in the many dimensions of his son's life, provided the child is receptive to the father's feedback as evidenced through responsive thoughts, attitudes, and behaviors.

In light of this, children with ADHD often emit the opposite behaviors described by Philips. Interestingly, according to Barkley (1990), it is precisely nurturing and supportive behaviors from the fathers that can help these children gain a sense of control. As stated previously, fathers need education and understanding to offer nurturing when their sons lose control. This can be extremely challenging for a father who did or continues to experience their own difficulties related to ADHD (Taylor, 1994).

Metatheme VIII. Although parents in this study were well-informed regarding the most effective way to manage ADHD, they still acknowledged moments of intolerance and impatience, often resulting in an emotional eruption.

This metatheme demonstrates the volatile nature of ADHD. A father may desire a positive relationship with his son, may be well-educated regarding ADHD, and can show commitment to supporting his son's personal development: still, he can often lose perspective regarding the effects of ADHD on his son. When this happens, a father may exchange in-kind expressions of anger, frustration, and distance with his son. Fathers related the tremendous

ongoing energy and concentration it required to remain actively solution-focused with their sons, as opposed to a problem-focused approach. To be solution-focused, as described by O'Hanlon (1988), states that fathers should focus on how to reduce the tension or problem, as opposed to getting emotionally or physically caught up in their sons' lack of control. When utilized, this perspective often allowed fathers to rise above the moment and be an emotional resource for their sons. This often requires that fathers accept the momentary and situational limitations imposed on the child by ADHD and to respond instead to the child in terms of his strength in coping with emotional difficulties (Bain, 1991).

Metatheme IX. One of the most pervasive problems that fathers face regarding ADHD is their sons' ongoing inability to consistently attend to relevant information. This creates a significant amount of stress and worry for the fathers.

The research of Radin and Russell (1983) and Levant (1993) suggests that nurturing fathers raise sons who internalize the father's modes of thinking and problem-solving. These children generally have stronger cognitive skills than their peers, and model in many respects the nurturing behavior of the father. Based on the narrative data in this study, fathers reported that their sons' cognitive ability and on-task behavior was in direct

proportion to the level of the father's nurturing and understanding behavior; in contrast, the more rigid and authoritarian the father, the less settled, academically capable, and socially positive was the son.

Fathers placed significant emphasis on their sons' abilities to attend to relevant data in their environment. When sons demonstrated inconsistent attending abilities, fathers reported feeling worried that this would carry over into their adult lives and, particularly, affect the type of careers into which they could enter. Fathers reported an increase in their demandingness and anxiety as their sons continued to exhibit attentional problems. Levine (1993) attributes this type of reaction to the importance fathers place on their sons' abilities to sift through and act on relevant social and academic information. If sons are expressing attentional difficulties, fathers often consider this to be a negative harbinger for future productivity and motivation.

The research by Goldstein and Goldstein (1990) and Lamb (1986) convincingly shows that fathers both prize and increasingly expect instrumental behaviors from their sons as they mature. These behaviors include an internal locus of control and independence-seeking. If a child has focusing and attentional problems, they will be less likely to pursue instrumental behaviors or be successful with their implementation. Fathers may be inclined to attribute

this to disobedience or laziness, rather than a genuine inability. If this occurs, the father will become less nurturing, more punitive, and more demanding.

Metatheme X: If a couple is not in agreement about how to handle ADHD-related behaviors, the relationship could experience mounting difficulties, increased stress, and poor communication.

The fathers in this study resoundingly agreed that the most essential aspect of parenting a child with ADHD was having a strong marital relationship based on positive communication and interaction patterns, cooperation, and an agreed-upon discipline structure. Without this, ADHD-related behaviors and problems have the potential of creating a wide emotional and marital fissure.

The research of Heinicke and Guthrie (1992) and Sroufe (1989) proposes that the development of marital strife that occurs in relation to ADHD children is due to the intense emotional triggers that evolve over time, as well as the couple's need to divert the anger and frustration they feel toward the child. Heinicke, et al. (1986) note that, once parents begin using the marital relationship as a battleground for issues related to the children, the entire family environment remains caught in a terrible cycle of blame and denial.

In support of the research by Dickstein and Parke (1988), fathers who did not have a close or productive

marital relationship related a greater distance and withdrawal from their wives and less active involvement in parenting decisions. The need for a solid marital communication structure and mutual understanding of issues related to ADHD rests at the heart of a well-functioning family (Barnett et al., 1980).

Parenting an ADHD child is a particular struggle because of the demanding behavior and difficult temperament involved. Campbell et al. (1989) and Coker and Thayer (1990) point out that couples with disabled children must regularly discuss issues regarding medication use, environmental influences, school performance, the need for added resources, parental levels of stress, and personal perceptions of self-esteem and self-worth both as a parent and as a spouse. This can help regulate the negative effects that can accompany ADHD.

It is important to note that there are many single-parent families where the custodial parent (often the mother) must deal with ADHD issues alone (Cutrona & Troutman, 1986). These parents cannot rely on the natural alliance and support that emerges from the marital framework. Single parents must trust external resources for support, such as support groups, counseling, neighbors, the school system, and church groups. Without support, these parents often feel overwhelmed, exhausted, and defeated (Bond & McMahon, 1984; & Goldsmith et al., 1987).

Parenting ADHD versus Non-ADHD Sons:

As indicated throughout this research study, fathers of sons with ADHD must parent their sons differently than fathers of normally-achieving children. Due to the neurological impairment, these children require more direction, nurturing, tolerance, and reassurance of acceptance than their non-ADHD peers (Goldstein and Goldstein, 1990; & Taylor, 1994). Fathers who felt they had a close and positive relationship with their sons perceived ADHD to be amenable to medication intervention, parental support, and caring. They generally had a positive perspective and outlook on the future. These fathers tended not to overfocus on ADHD and, whenever possible, interacted with and treated their sons like normally-achieving children. They focused on the positive aspects of the child, had clear rules, limits, and boundaries, and structured their parenting strategies on discipline rather than punishment.

The research by Harris and Philip (1991) and Salt (1991) concluded that a healthy father-and-son relationship required that both the father and the son experience one another as worthwhile, approachable, non-punitive, nurturing, understanding, and tolerant of differing personality characteristics. These are the benchmarks that fathers of sons with ADHD are continually striving to achieve. These fathers expressed a great deal of interest

and involvement in their sons' academic performance and school-related issues. When fathers were able to remain respectful of their sons' ADHD, they reported having a fairly satisfying and mutually-reinforcing positive relationship.

This supports the research of Phillips (1993) who noted that the foundation of a healthy father-son relationship is based on a mutually-satisfying group of emotionally-reinforcing behaviors. This does not come easily or naturally, especially for fathers of sons with ADHD. With the proper perspective, education around issues related to ADHD, and marital support (if married), these fathers can approximate Phillips's description of a healthy father-son relationship.

Paternal versus Maternal Parenting:

The narrative data in this study seemed to suggest that fathers influence the attitudes and behaviors of their sons differently than mothers. While mothers were described in this study as more "consistent" in acceptance and nurturance of their sons with ADHD, fathers generally acknowledged that their acceptance was often linked to a diagnosis and resultant use of medication. Fathers described participating in more combative and confrontational moments with their sons at times when inappropriate or defiant behavior was present. Mothers, on the other hand, were characterized as being more

consistently supportive and tolerant of the sons' mercurial nature.

As pointed out by Lamb (1986), this is not necessarily different than mothers and fathers of non-ADHD children. Fathers tend to act more conditionally with their sons (Levine, 1993). Unlike a mother who manifests a more unconditional love and affection for her children (Goldstein and Goldstein, 1990). Fathers are willing to invest time and energy in their sons, provided the sons reciprocate with behaviors the father perceives as personally rewarding and socially appropriate. If the sons' behavior is inappropriate or defiant, fathers generally respond with emotional withdrawal or punishment (Levine, 1993). Conversely, a mother is more inclined to remain committed to the child, even in the face of repetitive negative affect and behavior (Bain, 1991).

Lamb (1986) notes that this could probably be attributed to the expectations fathers have surrounding traditional male attitudes and behaviors. The failure of the sons to demonstrate consistent instrumental behaviors (e.g., internal locus of control) resulted in the fathers being more punitive and emotionally withholding. However, mothers were frequently described as being much more tolerant and protective of their sons who have ADHD.

Throughout this study, participants repeatedly described the relationship with their sons, prior to

diagnosis, as being fraught with tension and frustration. Both the father and son were caught in a negative cycle of "dynamic interactionism". Education, combined with a more realistic perspective of their sons' capabilities, encouraged fathers to become more supportive, caring, and less punitive. This study seemed to suggest that following the diagnosis, fathers tended to align more closely with mothers in their overall response to their sons.

Implications:

The data stemming from this study indicates that fathers have an important voice and role in the parenting of a child with ADHD. Paternal involvement and nurturing has long-term positive effects on the child. It is evident, however, that fathers have had very little information regarding ADHD that has been developed to specifically address their concerns. Educational information created expressly for fathers may aid them in the pursuit of ongoing education, support them in their roles as parents, and provide specific strategies that will strengthen the father-son relationship. This is particularly important when considering that the early formative years of a child with ADHD are often contentious and difficult. Early education of and intervention by both parents may help stave off this difficult period, insuring that these children develop a robust self-esteem and sense of self-worth early on in life.

Limitations:

The sample population for this self-seleted interpretative study consisted of 16 upper-income fathers who were extremely articulate, interested in their sons' development, and financially able to provide their sons with services and opportunities which enhanced their chances of being successful (for example, private school, psychiatric and/or psychological assistance, tutors, and extracurricular activities.)

The responses of these fathers cannot be considered representative of any other culture, subculture, racial group, or socioeconomic class. Fathers with more modest financial means, single parent fathers, fathers who are less involved and/or from a strained socioeconomic environment may rely on different resources and strategies in interacting with their sons who have ADHD. Fathers in this study placed their sons in a privileged environment, an action that has the potential to foster a more positive sense of self, resulting in a more positive prognosis for the child.

A worthwhile follow-up study may consider using a larger sample size and determining if low-to-middle-income fathers have experiences similar to the fathers in this study with their sons, and how they manage ADHD with the added constraint of limited financial support. The same interview format and questions would be necessary to

determine the level of similarity or difference between the respective qualitative data.

Conclusion:

This interpretive research study generates additional questions regarding the relationship that exists between a father and his son with ADHD. Its focus is not to gather or propose generally-applicable results. All 16 respondents in this study described experiencing similar reactions, affect, behaviors, and perceptions regarding their sons' ADHD. The responses by these fathers have given us insight into how to manage and coexist with ADHD in a more positive and productive manner. They gave us insight into the perceptions, affect, and behaviors fathers experience in raising a son with ADHD.

Summary

The intention of this study was to determine whether fathers shared unique experiences and opportunities in raising a son with ADHD. The five research questions driving this interpretive study were discussed, along with a description of the narrative data as displayed in the ten metathemes. The data indicated that fathers indeed have a profound impact on the intensity, duration, and frequency of ADHD related symptoms and problems. Those fathers who were well-educated concerning issues specific to ADHD -- allowing them to interact calmly with their sons (regardless of temperament or disposition), establish clear

rules, boundaries, and limits, and share in a supportive marital relationship -- described having the most positive and normally-achieving relationship with their sons.

There was a great deal of consistency between fathers in terms of what was understood to be effective in maintaining a positive and nurturing father-son relationship. The data has given us important indications regarding what works -- and what does not -- in terms of helping children with ADHD gain personal control and feel elevated levels of self-worth. Further study is needed with larger sample sizes and diverse populations in order to determine if the experiences of these fathers are shared by other fathers who parent their sons with ADHD in different socio-economic and socio-cultural environments.

Appendix A

Dear Participant:

The purpose of this letter is to invite you to contribute one hour of your time to a study exploring the relationship that exists between a father and his son who has been diagnosed with Attention Deficit Hyperactivity Disorder (ADHD). Participation will require a one hour phone conversation. You can pick the time and the day that would be most convenient for you.

As the father of a son with ADHD, I know all too well how difficult it can be at times maintaining a positive and caring relationship. Although 5%-7% of our school age children experience problems associated with ADHD, very little is known about the impact ADHD has on the father-son relationship.

I believe your experience in raising a son with ADHD can make a significant contribution toward helping to form a more accurate understanding of how fathers cope with sons who have ADHD.

As stated above, participation in this study would require a one- hour, uninterrupted phone conversation. The conversation will be tape recorded so I can maximize our time without having to pause in order to write down information. The conversation will be transcribed at a later date.

Your participation in this study will be absolutely confidential. Your identity and the identity of your family members will remain absent from all written material. Your phone conversation will be given a code which will be placed on the tape to be transcribed. Any identifying information in the transcript will be deleted.

It is ultimately my intention to publish the overall results of this study.

Thank you again for your consideration and support in this effort.

Sincerely,

Patrick Kilcarr, MS, MFT
Ph.D. Candidate
Institute for Child Study
University of Maryland
(w) 202-687-8944

INTERVIEW QUESTIONS:

- * General introduction
- * What is your son's name?
- * The interviewer give a brief overview of the interview entailing the desire to gather as much information as possible relating to the relationship between the father and his son with ADHD.
- * Please describe in as much detail as possible your son. What type of problems have both you and your son faced with respect to the ADHD? How do you feel about your son? Do you perceive your son's behavior to be something that is within his control, or outside of his control?

PARENTING:

- * What would you consider the most challenging parenting issue facing you in terms of raising your son?
- * Are there any other children in the family? How would you describe the difference in your relationship with these children versus your son?
- * If medicated, do you see a noticeable difference in your son's behavior?

DISCIPLINE:

- * What forms of discipline do you rely on most? Which forms of discipline seem to work, and which ones appear

Appendix B

ineffective in changing undesirable behavior?

a) When your son is having a difficult time, what do you generally do?

* Do you and your spouse/ex-spouse discipline differently? Does this cause conflict?

EMOTIONAL:

* How would you describe your son's strengths and weaknesses?

* Can you describe the times when you want to positively interact with your son and he refuses your overtures? If yes, what usually happens at that point?

* How do you feel about your son in terms of his current level of functioning as well as his prognosis for future functioning.

* If any, what would you consider the greatest barrier in parenting a son with ADHD?

NURTURING:

* How much leverage do you personally feel you have in helping your son cope with his difficulties, and feel more secure in his abilities?

* How would you describe your relationship with your son in terms of affection? Is the level of affection, high, medium or low? Could you describe this a bit more in-depth.

PERSONAL IMPACT:

Appendix B

* How has having an ADHD son taught you more about yourself?

* Are there personality similarities between you and your son?

USE OF RESOURCES:

* Do you feel you have been able to get all the information you need regarding ADHD?

How would you describe your use of community resources in both learning about and being supported in your understanding of the issues associated with ADHD?

* It seems fewer fathers than mothers are involved in attending support groups or educational groups. Why do you think that might be?

* Are there support services for fathers that would be helpful for you in dealing more effectively with your ADHD son?

CONCLUSION:

In conclusion, I would like some demographic information for my research study:

- what is your age?
- What is the age of your son?
- At what age was he diagnosed?
- At what age medicated?
- What is your racial heritage, i.e., African American, Caucasian, Hispanic, etc.

Appendix B

- Marital status?
- Number of children in the home?
- Is there anything above and beyond what we have discussed that you would like to add?

Appendix C

Consent Form

I have read the attached description of the research study to be completed by Patrick Kilcarr of the Institute for Child Study, University of Maryland and understand that consenting to participate in this project entails agreeing to a one hour phone interview that will be tape recorded. I understand that this will be a confidential interview. I also understand that I may withdraw from the interview process at any time.

Please check the following if you intend to participate:

_____ I give my consent to participate in this study and be contacted by phone.

The best time of the day to reach me is:

Monday at _____

Tuesday at _____

Wednesday at _____

Thursday at _____

Friday at _____

Saturday at _____

Sunday at _____

My Phone Number(s) is: _____

Participant's Signature indicating Consent:

Please print name:

*Please return in enclosed self-addressed envelope

Appendix D

Follow-up Letter to Fathers

As you may recall, a letter was sent two months ago inviting you to participate in a study examining the relationship that exists between a father and his son who has been diagnosed with ADHD. Since I have not heard from you, I wanted to write one more time encouraging you to participate in what has thus far proven to be an exciting and informative one hour phone interview.

The interviews thus far clearly indicate that the fathers assume a vital role in helping their sons both manage and effectively cope with ADHD. It has also been evident that the fathers perspective has consistently been under-represented in the majority of the literature available on ADHD. As a result, fathers often fail to fully appreciate the immediate and long-term impact their presence and encouragement has on their son.

Your input, perspectives, and anecdotes would significantly enhance our understanding of the unique relationship that exists between a father and his son who has ADHD. It is intended that this information, once compiled, will enhance the relationship between countless fathers and their sons. The one hour phone interview is confidential, and there would be no identifying information regarding you, your son, or other family members.

If you can afford one hour of your time, please return the enclosed consent form with the best time during the day to have a one hour uninterrupted phone conversation. Again, thank you for your consideration and time.

Sincerely,

Patrick Kilcarr, MS., MFT
202-687-8944

Appendix E

Resources

Providers:

- * F. Xavier Costellanos, M.D.
Bethesda Maryland
301-571-0122
- * Tom Walsh, M.D.
McLean Virginia
703-841-9176
Bethesda
301-913-9506
- * Roger Rothman, LCSW
Annandale Virginia
703-642-1112
Rockville Maryland
Use same number for appointments
- * Kathleen Nadeau, Ph.D.
Bethesda
301-718-8114

Other Resources:

- * The Attention Deficit Resource Center
1344 Johnson Ferry Road, Suite 14
Marietta, GA 30068
- * A.D.D. Warehouse
300NW 70th Avenue, Suite 102
Plantation, FL 33317
305-792-8944
- * Ch.A.D.D. National Headquarters
499 NW 70th Avenue, Suite 308
Plantation, FL 33317
305-587-3700
- * Self-Help Clearing House
St. Claire's Riverside Medical Center
Pocono Road
Denville, NJ 07834
201-625-9596

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