

# Parenting Experience of Mothers with Children Diagnosed with ADHD: Insights from Positive Psychology Perspective

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## Abstract

This study on the “lived” parenting experiences of the mothers of children with attention deficit hyperactivity disorder revolved on the challenges experienced by the mothers with an ADHD child; their initial responses after diagnosis; their coping strategies; its impact on their well-being and on family relationship; the protective factors to their well-being; and their needs. Consensual qualitative research methodology was used in the study. Ten mothers were the study’s participants, chosen by the purposive sampling technique. In-depth interview was used and data were evaluated to identify the categories and domains. According to the findings, the mother’s biggest struggles are dealing with the child’s scholastic issues, physical aggression, stubbornness, and financial troubles. The variety of experiences can be explained by the psychological process that begins when their child is given an ADHD diagnosis. The mothers’ appraisal of their child may be positive or negative, depending on the psychological processes. Healthy coping, optimism, improved family relationships, positive well-being, and early acceptance of their child are all influenced by parents’ favorable assessments of their child’s condition. Negative appraisal causes harmful coping mechanisms, frustration, poor mental and physical health, and limited social interaction. A psychoeducational intervention anchored from the Positive Psychology framework was proposed to enhance adaptive coping strategies.

**Keywords:** ADHD, parenting experience, cognitive appraisal, hope, acceptance, positive psychology

## 1. Introduction

The neurodevelopmental impairment known as attention deficit hyperactivity disorder (ADHD) affects children and adults. It is a recurrent pattern of hyperactivity-impulsivity and inattention more frequent and severe than is generally seen in people with similar levels of development (American Psychiatric Association, 2013). ADHD is of three kinds: mixed ADHD, characterized by both inattentiveness and hyperactivity-impulsivity; predominantly inattentive ADHD; and predominantly hyperactive-impulsive ADHD (American Psychiatric Association, 2013). Poor management of ADHD, a chronic condition, may result in negative functional consequences that last into adolescence and adulthood. Comorbid conditions exist, the most prominent of which are oppositional defiant disorder, conduct disorder, and anxiety disorders (Wells, 2005). One of the most severe consequences of pediatric ADHD is parental stress, which leads to problematic parent-child interaction (Barkley, 2006; Wells, 2005). This problem may persist even into adulthood.

Children with ADHD are less compliant than other children of their age. They are also less likely to stay on task and exhibit more negative behaviors. Due to these behavioral problems, families with ADHD children frequently experience parental distress and interpersonal conflict. Family relationships may be severely harmed by parental anguish brought on by a lack of emotional preparedness and poor understanding and skills regarding caring for the ADHD child. In Wymb (2008) et al.'s study, parents who had a child with ADHD were not only more likely to divorce but also had a shorter latency to divorce than parents of children without ADHD.

Additionally, parents may worry that their child with ADHD will engage in problematic behaviors. Delinquency, dangerous sexual practices, and drug misuse are examples of these. It is reasonable to believe that parental parenting styles and psychological well-being are significant environmental risks or protective variables in the development of ADHD, particularly concerning the emergence and progression of conduct issues (Johnson & Mash, 2001).

The mother often takes on a large proportion of the caregiving duties. The child's condition, therefore, has an impact on her. As Patterson (1982) noted in his theory of the coercive family process, mothers who continually engage in unsuccessful interactions with their challenging children either withdraw or react with hostility, which worsens the problem behaviors of the children. As a result, the coercive cycle intensifies, and the child's maladaptive actions build over time. Chronis et al. (2007) have demonstrated that good parenting is a protective factor for conduct issues in children with attention deficit hyperactivity disorder, while maternal depression is a risk factor.

Training in behavioral management has been proven to be successful when used with families of ADHD children. According to a study using a behavioral management flowchart approach, children with ADHD exhibited less disruptive conduct when given requests, rewards or warnings, and time-out procedures. The stress associated with parenting also decreased while parenting habits improved. In the 2015 study by Stattin, Enebrink, Zdemir, and Gianotta, parents who got behavioral management intervention displayed much fewer negative

behaviors toward their children at the posttest compared to the pretest; conduct issues in the ADHD child were also significantly reduced. The study's participants demonstrated improved parenting competence as well as diminished stress and depression symptoms.

Only a number of studies have examined the experiences of women with children diagnosed with ADHD; despite earlier empirical findings on the symptoms, the effects on the family, parental stress, and potential interventions for the children, were not given much emphasis. Hence, in this study, investigating how positive parenting can be applied with children who have ADHD is given much consideration. According to the meta analytic study by Carr, A. et al. (2019), positive psychology interventions have an extensive base supporting their efficacy. Moreover, exploring the factors that can improve caregivers' personal functioning, particularly mothers, may add to the scant literature. Additionally, studies that examine the cognitive, affective, and behavioral experiences of parents of children with ADHD are few in the Philippines. Hence, this study, was conceptualized to investigate this occurrence.

This study contributes to the literature by describing the parenting experiences of mothers with a child diagnosed with ADHD. Awareness of their challenges, stressors, coping strategies, and needs will help policymakers provide support and develop programs that would promote the welfare of mothers in difficult situations. The study's findings may improve family members' comprehension and acceptance of the disease and their capacity to meet parenting's constant challenges. A Positive Psychology framework for understanding the psychological process of hope, acceptance, and change may shed light on understanding parenting among mothers. More importantly, this study will promote collaboration between mothers, counseling psychologists, and other mental health professionals

### *1.1 Statement of the Problem*

The study explored the experience of parents in having a child with attention deficit hyperactivity disorder. Specifically, the study sought to answer the following questions:

- 1) What are the challenges encountered by mothers with a child diagnosed with ADHD?
- 2) What were the respondents' initial reactions after their child was diagnosed with ADHD?
- 3) How are the mothers affected physically, emotionally and socially?
- 4) How do the respondents cope with the challenges of having a child with ADHD?
- 5) What perceived factors affect the respondents' process of coping?
- 6) What are the needs of the respondents?

The Pre-study Framework

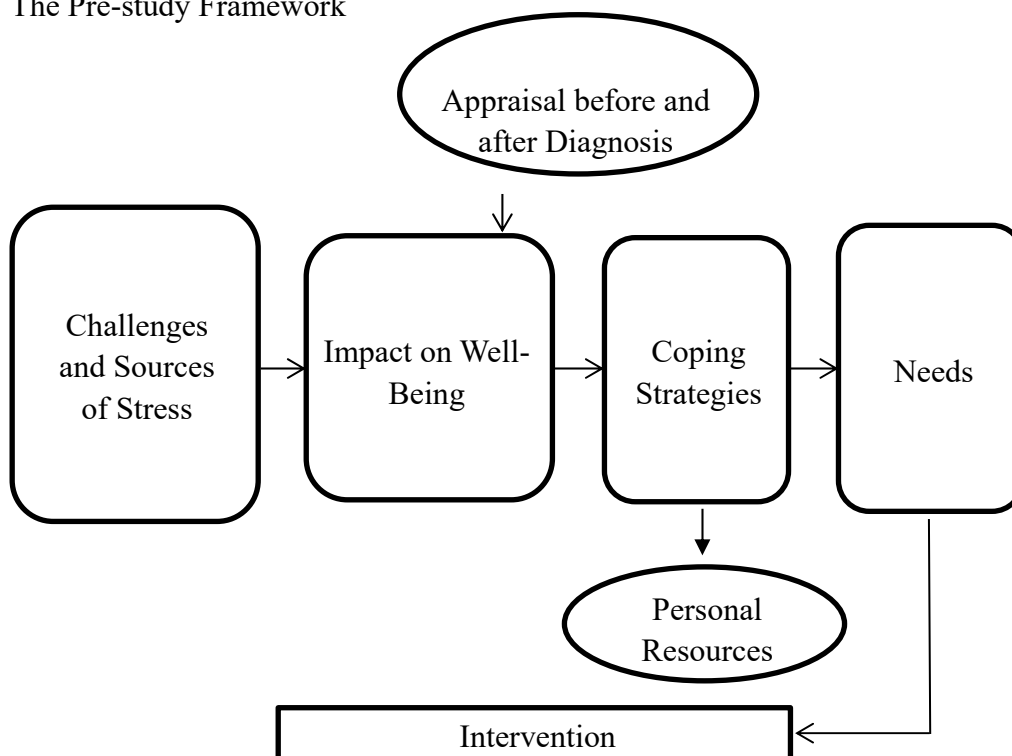


Figure 1. Schematic Diagram of the Study Showing the Experiences of the mothers with ADHD Children

**2. Conceptual Framework**

The study mainly focuses on mothers’ cognitive, affective and behavioral experiences in parenting their ADHD child. It is assumed that the diagnosis influences how parents manage and treat their children through a description of their “lived” experience. Emerging themes and concepts that encompass the entire parenting experience help us understand these experiences more fully. As a result, the main determinants are the difficulties mothers encounter, the effects that an ADHD child has on her and her family, the mothers’ coping mechanisms, their available resources, and their needs. The challenges and coping strategies were the bases for the psycho-educational group intervention.

The parenting experience was further described by looking into the impact of having an ADHD child on the mother and other family members. The study further postulates that the child’s condition affects their physical, psychological, and social well-being.

The challenges that the mothers face as they struggle to accept the condition of their child depend on their coping strategies. Coping strategies are the responses of mothers to the challenges that they encounter in parenting their ADHD child. It is further defined as the cognitive and behavioral strategies that are used to maintain or strengthen the family unit, maintain emotional stability and well-being of its members, use family and community resources to manage crisis situation, and initiate efforts to resolve family hardships

(McCubbin & McCubbin, 1989 cited in Madathikunnel, 2007)

Coping strategies are also enhanced by internal and external resources. Other than coping with the difficulties of having an ADHD child, mothers have to cope with the emotional and financial burdens that they meet. As postulated by Carandang (1999), how families cope with having a special child depends largely on their values and belief systems.

In this study, an intervention program based on the mothers' needs was developed. Through the psycho-educational group intervention, their needs are being addressed and coping resources are further enhanced. By applying positive psychology approach, significant improvement on their perspectives as indicated by reduced negative thoughts and assumptions regarding ADHD is postulated.

### **3. Methods**

#### *3.1 Sample*

Purposive non-probability sampling was used to identify 10 mothers of children diagnosed with ADHD. Mothers whose children were enrolled in five schools covered by the study were identified by their special education teachers. The inclusion criterion was a diagnosis of ADHD either by a developmental pediatrician or child psychologist for at least one year. Mothers were excluded from the study if their children had 1) known comorbid diagnoses of neurological, serious medical, or psychiatric disorders or 2) physical disabilities or illnesses that required medical or parental intervention. The participants' age range was 33–37 years, with a mean age of 33.5 years. Their children were aged 6–11 years, with a mean of approximately seven years. Of the 10 children, eight were male and two were female. Most children were diagnosed with combined ADHD, while three were inattentive and two hyperactive.

#### *3.2 Procedure*

The mothers were selected and contacted through the teachers of special education classes in private and public elementary schools. The researcher sought permission from school heads to conduct the study. The respondents filled-out the informed consent form after knowing the purpose and importance of the study. Interview was recorded and done in the student-adviser's room. To gather enough data, the researcher repeated the interviews until such time that adequate information was obtained.

The interview guide was in English and Filipino. To ensure the trustworthiness of the gathered data, the interview guide was pilot-tested and evaluated by an external auditor. After obtaining the recommendations of the external auditor, the researcher visited the participants and showed them the preliminary analyses.

#### *3.3 Data Analysis*

The consensual qualitative research approach proposed by Hill et al. (2005) was employed. The steps involved were: a) identifying domains and themes to cluster data, b) developing the core ideas that would capture the essence of the participants' voices, and c) cross-analysis that

involves constructing categories that describe common themes across the sample (Ponterotto, 2010). The data were classified as “general” (8–10 responses), “typical” (5–7 responses), and “variant” (1–4 responses).

### 3.4 Ethical Considerations

The identified mothers were informed of the nature and objectives of the study, and were given a letter outlining their role and potential contribution to the ADHD community. They were assured of the confidentiality of their data, and permission to audio record the interviews was sought. All participants provided written informed consent. The study was presented and approved by Institutional Research Committee (five members).

## 4. Results

### 4.1 Challenges of Mothers with Children Diagnosed with ADHD

Table 1. Domains and Categories on the Challenges Encountered by the Respondents

Challenges	Categories	Frequency	Descriptor
Child's Characteristics	Hyperactivity	7	Typical
	Stubbornness	6	Typical
	Poor School Performance	9	General
	Delayed Speech Development	3	Variant
	Delayed Motor Development	1	Variant
	Physical Aggression	7	Typical
	Short Attention Span	6	Typical
	Self-harm	1	Variant
	Forgetfulness	4	Variant
	Distracted by Technology	2	Variant
External Circumstances	Sleep Problems	1	Variant
	Financial Condition	7	General
	Marital Problems	3	Variant
	Problems with Family and Relatives	4	Variant
	Bullying	2	Variant
	Social Stigma	3	Variant

A parent with an ADHD child confronts challenges and struggles. The distress they experience in caring for their ADHD child affects their general well-being and parenting experience.

There were two major challenges mothers faced in parenting a child with ADHD. The first concerned the child's characteristics, including behavioral and school-related problems, while the second was related to life circumstances, such as financial difficulties and family relationships. Among the different stressors identified by the respondents, the child's characteristics and financial condition are the most pressing ones.

The poor academic performance of children with ADHD, resulting from learning problems, was a commonly reported source of stress. Altogether, mothers attributed their children's poor academic performance to distractibility, hyperactivity, stubbornness, and physical aggression (Table 1). The following responses manifest the mothers' pressing concern:

"Her mind seems to be wandering elsewhere...if you ask her to do something, she won't finish it...according to her teachers, she does not finish her examinations."

"He has poor grades...he does not take down notes and copy on the board...he is quite poor in Math".

Financial constraint was also a source of stress. Ensuring adequate care for the child, which involved seeking professional help, medication, and treatment, was their primary concern. However, support from their immediate kin helped them meet their basic needs. The following response was given by one of the mothers:

"I am not capable of bringing my child for therapy...my husband is just a tricycle driver."

#### *4.2 Mothers' Initial Reaction after Diagnosis*

The mothers' initial responses were emotional experiences that made them ask questions to understand their child's condition. As shown in the table, the mothers' reactions are on the nature of ADHD and their attitudes toward treatment. They tried to make sense of the nature of their child's condition because they were confused and mystified by its symptoms. The other respondents likewise expressed confusion accompanied by the positive and negative affect that they felt.

Their initial reactions are evidenced by the following responses:

"At first, I didn't believe...no, no my son isn't like that...he is just naughty"

"It's like there was a glimmer of hope...that my child can be treated. The doctor said, he had to continue with his therapy."

Table 2. Domains and Categories on the Respondents' Initial Reactions After Diagnosis

Domains	Categories	Frequency	Descriptor
Felt Negative Emotions	Worrying	6	Typical
	Fearing	2	Variant
	Denying to Fearing	1	Variant
	Denial	4	Variant
	Self-blame	1	Variant
	Pained	2	Variant
Felt Positive Emotions	Acceptance	2	Variant
	Relief	2	Variant
Unclear Understanding of ADHD	Cause of ADHD	4	Variant
	Symptoms and Nature of ADHD	6	Typical
Appraisal About Treatment	Hoping that Treatment Is Possible	6	Typical
	Negative Perceptions	3	Variant

#### 4.3 Impact on Well-Being of Respondents

Concerning the impact of having an ADHD child on the mother's well-being, the respondents reported that having an ADHD child affected their physical, emotional, and social well-being. Moreover, the results show that generally, the respondents experience fatigue and physical pains, frustration, and uncertainty about their child's future, and engage less in social activities as evidenced by the following responses:

"I often feel tired when I help him in his homework...I could not stay long."

"If he does not get what he wants, he screams and growls... I get irritated so sometimes I yell back at him."

"I seldom go out with friends...actually I don't have time anymore."

Their relationship with the other members of the family is likewise affected. A few of them experience animosity and resentment, but a number of them reported that the shared caregiving with other family members resulted in family cohesion as evidenced by the following responses:



“I have a cousin-in-law whom I don’t talk with anymore...she labelled my child abnormal...since then, we were no longer in good terms.”

“Our ties became stronger...my children became more understanding of Gabe’s condition...my husband became more protective of our son.”

Table 3. Domains and Categories of the impact of Having an ADHD Child on the Mother’s Well Being

Impact	Categories	Frequency	Descriptor
Physical	Fatigue	10	General
	Somatic Pain	4	Variant
Emotional	Frustration	8	General
	Uncertainty about the child’s future	7	Typical
	Worry	5	Typical
	Sadness	2	Variant
	Self-blame	1	Variant
	Guilt	1	Variant
	Difficulty in managing anger in giving discipline	1	Variant
	Learning to manage emotions	3	Variant
	Developed patience and Understanding	3	Variant
	Less social activities	10	General
Social	Social Avoidance	1	Variant
	Facing Social Stigma	2	Variant

#### 4.4 Coping Strategies

Table 4. Domains and categories of the Respondents' Coping Strategies

Coping Strategies	Categories	Frequency	Descriptor
Adaptive	Early Acceptance	3	Variant
	Gradual Acceptance	2	Variant
	Optimism	7	Typical
	Family Coordination	5	Typical
	Religiosity	4	Variant
	Self-Care	4	Variant
	Information-Seeking	8	General
	Availing Professional Services	7	Typical
Maladaptive	Denial	8	General
	Rationalization	4	Variant
	Social Avoidance	1	Variant

Table 4 shows the coping strategies of the mothers. The respondents' coping strategies may be adaptive and maladaptive. Adaptive coping strategies are efforts to meet the problem squarely by resorting to effective mechanisms to alleviate the problem, and avoid serious ones. On the other hand, maladaptive strategies temporarily address the problem but through ineffective means.

As shown in the table, optimism and family coordination are typical responses. The respondents hope their child will outgrow their condition and recover from the disorder. However, respondents indicated religiosity and self-care as variant strategies. Self-care as variant coping strategy constitutes mechanisms that would temporarily relieve them from physical stress, for instance, going to the salon, spa clinic, travelling and engaging in leisure activities. The following are presented to support the finding:

"I remember my husband had a nephew diagnosed with the same disorder...now, he is ok...I think my son will recover too."

"It's my brother who picks him up from school every day."

Generally, the respondents seek ways to be educated about the disorder. They either talk to other parents, search for information from internet resources, talk to teachers and read articles

from magazines and other printed materials. Seeking help from professionals was a typical coping strategy including doing a follow-up consultation with the developmental pediatrician and enrolling the child for therapy and tutorial classes. The following responses manifest the finding:

“I tried to inquire from other parents and teachers whom to approach for help”. His teacher advised me to bring him to STAC. I was able to get free services from their occupational therapist.”

“I read from internet sources about ADHD. Somehow, I learn from them.”

Apparently, the respondents generally resorted to denial as their coping strategy, and rationalization as a typical response.

#### *4.5 Protective Factors to Their Well-Being*

Table 5. Domains and categories on Protective Factors to the Mothers’ Well-Being

<b>Domains</b>	<b>Categories</b>	<b>Frequency</b>	<b>Descriptor</b>
Personal	Happiness brought by the child	4	Variant
	Downward Social Comparison	3	Variant
	Acceptance	2	Variant
	Self-Care	2	Variant
	Recognition of Child’s Improvement	4	Variant
Familial	Household and Family Support	8	General
Community	Available Professional Services	3	Variant
	Support From School	2	Variant

Table 5 reveals the domains and categories that affect the mother’s well-being. The domains reflect personal, familial and community sources of support. Generally, the mothers indicated household and family support as their source of support. Moreover, personal resources were considered as variant. The responses below manifest the finding:

“It is my sister-in-law who helps me understand my child.”

“My husband has been supportive...he shares the parenting duties.”

#### 4.6 Parenting Needs

Table 6. Domains and categories of the Respondents' Parenting Needs

Needs	Categories	Frequency	Descriptor
Informed Parenting Skills	Managing child's Difficult behavior	9	General
	Strategies to support child in school	9	General
Improved Knowledge of the Child's Condition	Understanding the Nature and cause of ADHD	8	General
Self-Improvement	Understanding its treatment and cure	8	General
	Becoming a better parent	1	Variant

Table 6 shows the reported needs of the respondents. Generally, the respondents need to learn parenting skills to manage their child's behavior. They are primarily concerned about learning techniques and strategies for their child to build study habits, complete daily school tasks, and get better grades. They likewise need to improve their knowledge about ADHD by understanding the cause, treatment, and cure of ADHD. Nonetheless, the need for self-improvement was a variant response. The responses below support the finding:

"How can one be a good parent to a kid like him? I want to know."

"I want to learn how to motivate him to study."

"I want to know how to make my child understand that he has to be circumcised."

**The Post Study Framework**

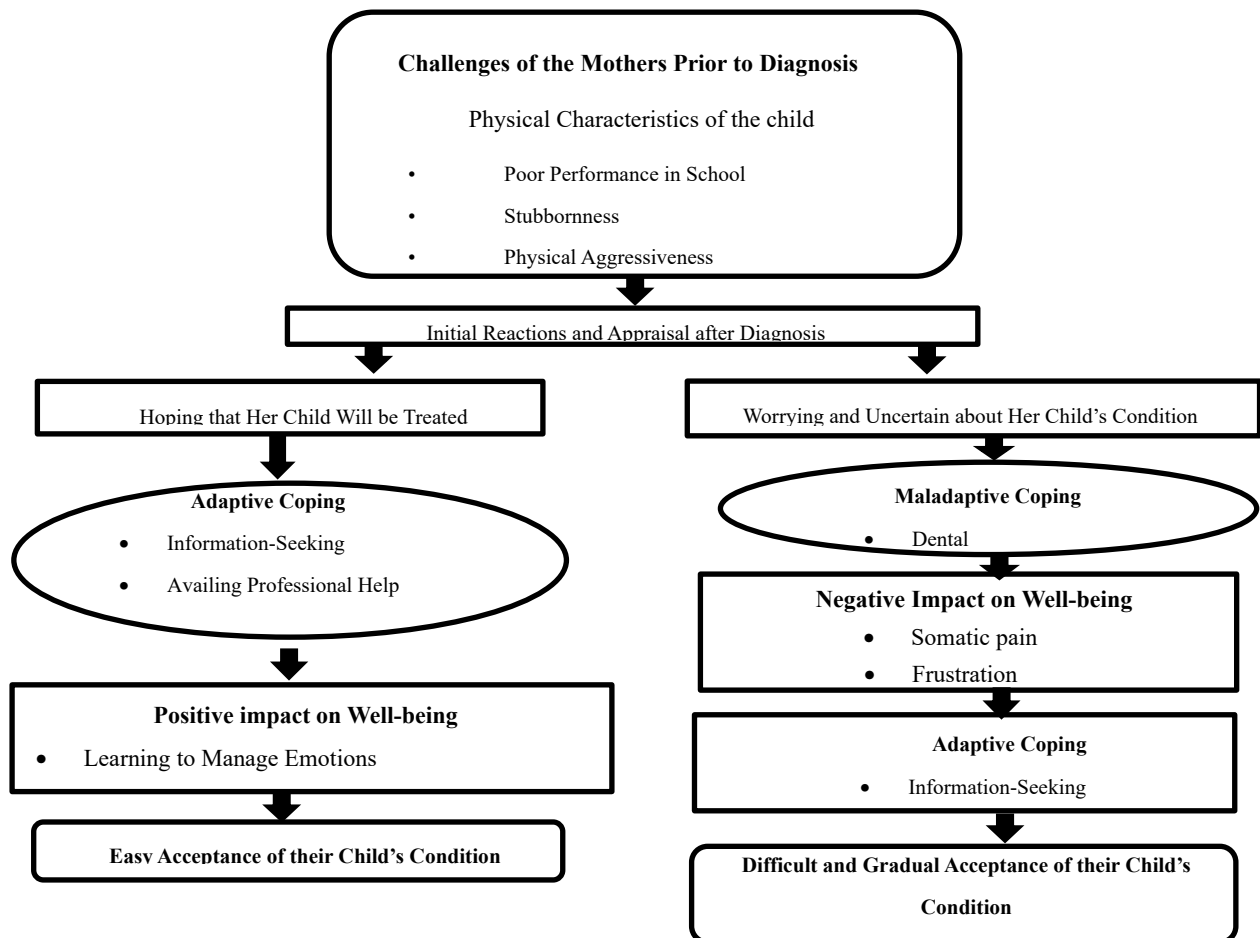


Figure 2. Parenting Experiences of Mothers of Children Diagnosed with ADHD

The post-study framework (Figure 3) illustrates the experiences of mothers with a child diagnosed with ADHD. The framework focused on their challenges, their appraisal and initial reactions after diagnosis, their ways of coping, the impact of having an ADHD child on their well-being and their needs. Constructs such optimism, adaptive coping and well-being are all related to positive psychology perspective.

Initially, the pre-study framework (Figure 2) anchored from the assumption that mothers with children suffering from neurodevelopmental disorders experience crisis due to the child's characteristics, the familial resources and their perception of the resources. It is a problem-laden framework that centers on the challenges that mothers encounter and their impact on their well-being. It further postulates that their experience is understood before and after the diagnosis. Primarily, the pre-study framework advances a need-based intervention program to enhance the mothers' coping skills. The linear relationship of the variables is conceptualized- that is, the mothers experience stress that often adversely affect their physical, emotional and social well-being. Their coping strategies may be problem-focused or emotion-focused, and their needs arise from ineffective coping.

The post-study framework shows the divergent process that may occur as the mothers face challenges in parenting their ADHD child. Their experiences speak of how they construe their child's condition, their life circumstances, and the resources they utilize to face the challenges.

The challenges of the mothers that emerged centered on the child's poor academic performance, stubbornness, and physical aggressiveness. Poor academic performance was considered as their major challenge. This finding implies that the mothers value their child's performance in school. Generally, parents feel good about themselves if their child outsmarts other children. According to Medina (2001), most Filipino parents aspire that their children attain higher education, so when their child is underachieving, they get worried and apprehensive. Moreso, they are optimistic that if their child receives a good education, they will find good jobs and therefore raise the socio-economic standing of the family. Extrinsic factors such as financial difficulties and marital problems aggravate their struggles in handling and parenting their ADHD child.

The second construct in the framework shows the initial reactions of the mothers upon learning about their child's diagnosis. The interplay of these affective and cognitive reactions affects how the mothers cope. The mothers' cognitive appraisal of their child's condition involves worrying less because they feel hopeful that their child can be treated; or worrying too much because they lack understanding of ADHD and feel uncertain about its nature.

Mothers experience less worry when they feel hopeful that their child can be treated. As postulated under the positive framework, hope is a construct associated with positive emotion (Seligman & Csikszentmihalyi cited in Kyriazos & Stalikas, 2000). A positive appraisal of their child's condition leads them to seek more information about ADHD or professional help. Being optimistic is a coping strategy that helps them face challenges. Moreso, optimism reduces the adverse effects of having an ADHD child on their well-being. Also, engaging other family members made caregiving less stressful and burdensome. The feeling of hope spurs them to utilize familial and community resources. This adaptive coping reinforces their optimism and emotional and financial support from other family members. It is then necessary to note that parents raising children who tend to be oppositional, defiant, and non-compliant, those who can set clear goals, believe that they are obtainable, and persevere despite the obstacles are likely to obtain good outcomes (Kashdan et al., 2002)

The negative reaction characterized by worrying due to confusion and unclear understanding of ADHD consequently leads to maladaptive coping. Denial as maladaptive coping is a temporary relief from the burden of thinking too much about their child's condition or catastrophizing about it. Furthermore, denying that their child has ADHD is a way of coping with the stigma of having a child with a neurodevelopmental disorder. It can be noted that those who are uncertain about ADHD linked the condition with other developmental disorders such as autism and mental retardation. Rationalization goes with denial as the respondents would try to explain and console themselves by finding reasons for their child's condition. Some would attribute the cause of ADHD to their prenatal condition and their life events and circumstances.

The mothers' well-being is also affected by the challenges that they face. When they hold positive attitudes about their child's condition, they are more likely to handle and manage their emotions well. Moreover, they learn to develop patience in managing their child as they consequently learn to understand better their child's condition. The data-driven framework reflects that adaptive coping leads to improved emotional well-being.

On the other hand, maladaptive coping may impact well-being negatively. As evidenced in the post-study framework, when mothers resort to denial, they are more likely to experience somatic pain, frustration, and social avoidance. Frustration may be attributed to the lack of understanding and failure to accept their child's condition. Furthermore, comparing their child with other normal children or those with neurodevelopmental disorders results in feelings of disappointment. Avoidance from their friends leads them to limit their social activities due to stigma and the challenges of managing their children.

Nonetheless, the negative impact on their physical, emotional, and social well-being may lead them to adopt healthy coping strategies such as seeking information about ADHD and engaging the family members in taking care of their child. Financial assistance from family members is likewise a source of support that helps them cope with the difficulties of having an ADHD child. Family support therefore, acts as a buffer to the challenges that they encounter.

The positive psychology perspective in understanding the impact of adaptive and maladaptive mechanisms of dealing with their child shows that positive experiences may lead to personal growth and change (Szarkowsky & Brice, 2016). Parents likewise thought of coping with the stigma and accepted their child's condition.

Acceptance as a construct in the data-driven framework results from the interplay of emotional and social factors. It is noteworthy to say that positive emotions lead to healthy coping while negative affect lead to unhealthy ones. Emotional well-being is improved when positive outcomes result from more effective ways of dealing with their challenges. In the study, when mothers are resilient, and learn how to deal with their struggles efficaciously, acceptance of having a child with ADHD is much easier. On the contrary, mothers who struggle with the reality of their child's condition experience slow and gradual acceptance. This psychological process though can be facilitated when familial and social resources are utilized. To further emphasize, constructs such as acceptance, hope, and collaboration with others are associated with Positivism in facing life's challenges. Acceptance as a construct under cognitive behavior therapy (Hayes, 1980 cited by Monk, 2022) is very similar to emotional agility within positive psychology (David, 2016 cited in Monk, 2022).

To further elucidate the experiences of mothers with an ADHD child, their needs and concerns were obtained. The mothers in the study who are in quandary about their child's condition primarily need more information about the nature of ADHD. The frustration that they experience may be addressed through a Psycho educational Intervention focused on awareness-raising about the nature of ADHD and effective parenting for ADHD children. Additionally, stress management and building a parent support group may also be a significant part of the intervention that may address their personal and social needs. For

mothers who were able to easily accept their child, parenting strategies can be given more emphasis

By integrating some basic principles of Positive Psychology, this program applies techniques and strategies that may facilitate stress reduction, improved parenting behavior, and parents' acceptance of their child's condition. The program therefore, covers the following areas: Educating the Parent on the Nature of ADHD; Teaching the Parents to Manage and Care for their ADHD Child; Developing Self-Management Technique; Building a Parent Support Group.

### **5. Limitations of the Study**

This study was exploratory and was restricted only to one geographical area, served by seven public and private elementary schools in the northern part of the country. Although every effort was made to include 15 participants, it was not possible as only 13 met the selection criteria; among them are three solo fathers. Hence, to come up with a homogenous study population, the three fathers were eliminated. Because of the small sample size, and the use of purposive sampling, generalization of the results to the mothers of ADHD children in the Filipino population is limited.

Another limitation was that the study focused entirely on the narrative data of the mothers' experiences through interviews. Though standardized measures cannot replace personal accounts of the experiences of mothers, such measures and their relationship with personal accounts should prove more informative. Some of the data especially on the evaluation of the program were qualitative; hence, a more objective measure should have yielded better results. Future studies may therefore involve more representative samples and objective measures such as standardized tests for parenting stress, coping, and well-being.

### **6. Conclusion**

Mothers of children with ADHD experience difficulty managing their child's behavior such as poor school performance, stubbornness, and physical aggression. Moreso, their emotional, social, and physical well-being are affected. However, their parenting experience may be described as a journey that allows them to discover more effective ways of managing their child with ADHD. Their cognitive appraisals of their child's condition may either be positive or negative leading to adaptive or maladaptive coping. In the light of positive psychology framework, mothers with children diagnosed with ADHD use their personal, family and community resources, and remain optimistic about their child's condition. They likewise need a relevant and responsive intervention that will enhance their understanding of their child's condition, learn positive parenting strategies, and develop stress management techniques for self-care, and improved psychological well-being.

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