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Psychological Wellbeing and Coping Strategies of ADHD Child Caregivers

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Abstract

Psychological Well-being was discovered as a dynamic that included the subjective, Psychological, and social dimensions and health-related behaviors. A caregiver burden is the type of stress that caregivers experience because of the hurdles and challenges of caregiving. To assess the burden of caregivers of children with ADHD and examine the psychological well-being with coping strategies. Correlational research design with purposive sampling technique among psychological wellbeing burden and coping among caregivers of children with ADHD. Demographics are (Age, gender, education level, and marital status) with measurement of psychological well-being scale. The data were collected from Government hospitals in Lahore. Results showed that the alpha coefficient for this scale is a=.96, the caregiver Burden scale is a= .98, and the coping scale a= Burden has a negative correlation with both psychological well-being and coping. Coping has a positive correlation with psychological well-being and has negative correlation with burden.

Keywords: Attention Deficit Hyperactivity Disorder, Psychological Well-being, Care Giver Burden, Coping Strategies, Challenges, Behavior Problem

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Title

Psychological Wellbeing and Coping Strategies of ADHD Child Caregivers

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Abstract

Psychological Well-being was discovered as a dynamic that included the subjective, Psychological, and social dimensions and health-related behaviors. A caregiver burden is the type of stress that caregivers experience because of the hurdles and challenges of caregiving. To assess the burden of caregivers of children with ADHD and examine the psychological well-being with coping strategies. Correlational research design with purposive sampling technique among psychological wellbeing burden and coping among caregivers of children with ADHD. Demographics are (Age, gender, education level, and marital status) with measurement of psychological well-being scale. The data were collected from Government hospitals in Lahore. Results showed that the alpha coefficient for this scale is a=.96, the caregiver Burden scale is a= .98, and the coping scale a= Burden has a negative correlation with both psychological well-being and coping. Coping has a positive correlation with psychological well-being and has negative correlation with burden.

Keywords: Attention Deficit Hyperactivity Disorder, Psychological Well-being, Care Giver Burden, Coping Strategies, Challenges, Behavior Problem

Introduction

Attention Deficit Hyperactivity Disorder (ADHD) is a form of mental disorder that can affect both of included children and adults. The symptoms of this disorder that hyperactivity which means excessive movements, inattention, which means not focusing on one thing and impulsivity which means suddenly acting something for a moment without thought (Algorta et al.2016). It is observed that children with ADHD experience many difficulties, for example maintaining attention. They are not able to control their movements. It is extremely tough to maintain their movements confined to place and touch different things. There are many symptoms of attention deficit hyperactivity that are common in children generally such as in routine children like to play such games which leads toward hyperactivity and not paying attention properly to other work which leads to inattention it

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does not mean that child has such disorder. Most of the children are referred to mental health services clinics with attention deficit hyperactivity disorder and most relevant like this disorder for treatment (Willcutt, 2012).

A caregiver burden is the type of stress that caregivers experience because of the hurdles and challenges of caregiving. It develops because of the caring tasks or imposed restrictions on the caregiver (Klassen et al. 2004). The conceptual basis for the acceptance of the care situation is the Transactional Model of Lazarus and Folkman in 1985 tells that the individual or a subjective first finds out the situation and what the stressor is present in the situation. Attention-deficit hyperactivity disorder is a functional impairment disorder, which is present in both children and adults in a very huge range. This is very difficult to treat because a heavy amount is required to treat attention deficit hyperactivity disorder and according to this literature, there is a huge economic burden on the caregiver for the treatment of this disorder (Willcutt, 2012). Parents of children with ADHD as compared to normal children have less performance in their parental role and all other performance in their daily life that is why such parents suffer and even their families. Previous research about the caregiver burden with ADHD clearly mentioned that such children would affect the marital status of their parents, and the family environment consequently increases the burden. Therefore, it is very important that the caregiver's burden should be considered and find out and suggest solutions to bear this burden.

Psychological Well-being was discovered as a dynamic that included the subjective, Psychological, and social dimensions and health-related behaviors (Klassen et al.2004). These are the five theoretical derived or dimensions of psychological health, Positive relations with others, Autonomy, self-acceptance, Purpose in life, personal growth, and environmental mastery. Let's suppose the children can cope with light stressors better as compared to heavy stressors because they have to expose themselves daily and learn how to cope with them so their psychological well-being is better through the learning. These same types of coping styles are also seen in working adults (Willcutt, 2012). Studies have proved that ADHD has proved that attention deficit hyperactivity disorder affects the complete daily life of parents, children, and other family members. It completely disturbs the whole family life. People are not able to concentrate on understanding other family members. It affects the quality of life of children (Laverty et al, 2013)

COPING. Coping is a conscious or unconscious decision that gives relief. People are very interested in the other reactions of people when they are under stressful circumstances. The reaction of people in stressful situations is called coping. Different methods of coping are used to avoid stress. Usually, two categories are mentioned e.g. problem-focused and emotion-focused coping. In problem-focused coping solution of the problem is searched. Whereas in emotion-focused strategy people search like to talk to friends etc. so that can relive anxious feelings (acceptance religious, and emotional support seeking). If caregivers use healthy emotion-focused coping strategies, they can alleviate and get relief from stress. Furthermore, it helps to clarify thoughts that are helpful in making change. Some of these strategies include meditation, listening to music, aromatherapy, taking nature walks, journaling, pep talks, relaxation techniques, and engaging in fun activities. Emotional support is sought from religious leaders, family and friends. Such support provides them with counseling. Caregivers are encouraged. Particularly when caregivers feel distressed, such support helps them.

The problem-focused approach helps to eliminate the condition that causes stress. This type of strategy is used when there is a chance to change the situation by a person. That person can change his or her position where he or she does not feel or face such a situation. Such a type of strategy demands an active role in removing stressors. Examples of problem-focused coping strategies are exercising and management.

Both methods and strategies are effective. Some people get more benefit from one and others with second. It also depends on situation to situation and techniques to employ. According to studies on the matter of caregiver burden emotional caregivers are disturbing so emotion-focused coping helps to minimize hurt feelings. And different people react differently under the same and different situations (Stevens, 2010). A defense

mechanism is generally in the excluded criteria of coping. This study examined the relationship between the style of parenting and children's behavior and discipline of the parent who participated in the training of who copes or treats the children with attention deficit hyperactivity disorder and apposition. The result was significant the parents who participated in training programs on how to cope the children with attention deficit hyperactivity disorder had a better parenting style than the other who did not participate in the training programs (Goodman, 1997). The use of coping strategies is observed to lighten the burden of ADHD children and motivate parents to continue their caregiving with care role.

Objective

To assess the burden of caregivers of children with ADHD and examine the psychological well-being with coping strategies.

Methodology

In this study, correlation research design was used with a Purposive sampling technique. The population of the current study was the Caregivers of children with ADHD and data was collected from the child psychiatry ward of government hospitals which is located in Lahore. The data was collected from only the caregivers of children with ADHD. Both fathers and Mothers with all ranges of age were included**.** The data was not collected from caregivers of children with other psychological disorders except ADHD. The psychological well-being scale is the 42 items consisting of a scale of (1 – 7) respectively. The Cronbach's alpha coefficient is 0.86 to 0.93. The Zarit Burden Interview is very popular for measuring the burden and first originated with 29 questions. This Zarit burden interview is only a 5-point scale with a Cronbach's alpha coefficient of .92.Brief Cope Inventory a 28-item scale and used for the identification of coping strategies of the individuals. The .91 is Cronbach alpha for problem-focused coping and .81 for emotion-focused. The data were collected from Government hospitals in Lahore. The consents were taken from the authorities and the participants. Confidentiality, privacy, and anonymity of participants were assured. Clear instructions and assistance were given to the participants in order to minimize the errors and lie responses. The demographics *of* this study were (Age, gender, education level, and marital status).

Result

Figure 1

Frequencies and percentages of demographic variables of a sample

Demographic Variables		*F*	Percentages
Gender			
	Female	62	62%
	Male	38	38%
Age			
	Early adulthood	44	44%
	Later adulthood	56	56%
Education			
	Educated	62	62%
	Uneducated	38	38%
Marital status			
	Married	83	83%
	Divorced	6	6%
	Widow	11	11%

Table 1 indicates the distribution of samples on the basis of Gender Age, Education, Marital status, duration of disease, and type of treatment. The percentage of females is 62% and males 38%. The percentage for early adulthood is 44% and later Adulthood is 56%. The percentages for Educated

and uneducated are the following 62% and38%. The percentage for living with a partner is 83%, for divorce is 6% and for widows is 11%.

Table 2

Correlation of psychological wellbeing, burden and coping among the caregivers of children with Attention Deficit Hyperactivity Disorder (N= 100).

Variables		1	2	3
1	Psychological well being	-	-.858**	.780**
2	Burden	-	-	-.582**
3	Coping	-	-	-

Results in Table 2 indicate that psychological well-being has a significant negative correlation r =-.858**with Burden and has a significant positive correlation r =.780** with coping of the life of caregivers of children with ADHD. The burden has a negative correlation to both psychological well-being and coping. Coping has a positive correlation with psychological well-being and has negative correlation with burden. The results are significant and the above-mentioned hypothesis is accepted.

Table 3

Mean, Standard Deviation, and ANOVA On psychological well-being, burden and coping among the caregivers of children with Attention Deficit Hyperactivity Disorder for Marital status of caregivers (N=100)

	Living without a partner (n= 83)		Divorced (n= 11)		Widow (n= 6)			
Variables	***M***	***SD***	***M***	***SD***	***M***	***SD***	***F***	***P***
Psychological well being	76.30	25.29	58.27	28.61	45.33	3.61	6.27	.003
Burden	46.72	22.7	59.72	20.43	75.33	4.13	5.98	.004

*Note: **p>01, M=mean, SD=Standard Deviation, F=lower limit, P=Upper limit*

Results in Table 3 indicate that the caregivers who are married have better psychological well-being and lower burden as compared to both caregivers who are widowed and divorced. Mean for living with a partner (M=76.30, SD=25.29), Mean for divorced (M=58.27, SD=28.61), and Mean for widow (M=45.33, SD=3.61) on the psychological well-being scale. Caregivers living with partners have a low burden as compared to divorced and widow caregivers. (M=46.72, SD=22.7) Mean for divorced (M=59.72, SD=20.43), and Mean for widows (M=75.33, SD=4.13) on the burden scale. The value of F on the psychological well-being scale is 6.27 and the burden scale is 5.98. The result is significant and and above-mentioned hypotheses are accepted.

Discussion

The present study explores the relationship between psychological well-being, burden, and coping among the caregivers of children with ADHD. All scales that were used in the present study have acceptable reliability. The findings of the current study revealed that psychological well-being has a significant negative correlation with burden and a significant positive correlation with coping (Stevens, 2010). Parents' family involvement and their marital relations are affected because of such a burden. Furthermore, such conditions play an important role in damaging their psychological health. According to the findings, burden has a significant negative correlation with psychological well-being and coping. The only solution is to use coping strategies to minimize such burden. Findings show that coping has a significant positive relationship with psychological well-being and a negative relationship with burden (Goodman, 1997). Both problem-focused and emotion-focused coping strategies are important. However, according to the findings, emotion-focused strategies are more effective in minimizing the caregiver burden. The findings of the present study were supported by the findings indicated that caregiver giver burden, stress, and health effects among the family caregivers of cancer patients.

Pearson correlation test results show that there was a significant negative relationship between the caregiver burden and caregiver health effect. If the burden of the caregiver is high for the care of a cancer patient, then the health effects toward down. If the burden is higher then psychological well-being is low. The finding of Bilalok and Giorgino (1995) examined the relationship between coping and psychological well-being among people with osteoarthritis. The people who cope with the problem have better psychological well-being. This study supports the effect of coping on psychological well-being. Previous research supports our findings not only related to caregiver burden but also coping strategies that help to minimize and manage this burden

Another finding of this study is that the caregiver's younger adulthood (21-30) has nearly equal burden and better psychological well-being as compared to later adulthood (30-40).

The finding of this current study is that caregivers of females who live with a partner have a lower burden and better psychological well-being as compared to females who live without a partner. This finding is supported by the previous study of Ennis and Bunting (2013) conducted research on how the family burden affects on psychological well-being of caregivers does? in this study, he finds out that caregivers who have support from other people have better psychological well-being and lower burden as compared to those who do not receive support from anywhere. This result supports the findings of the present study.

Conclusion

The current study investigates the relationship between psychological well-being, burden, and coping among the caregivers of children with ADHD. Findings suggest that psychological well-being has a significant negative correlation with Burden and a significant positive correlation with coping among the caregivers of children with ADHD and burden has a significant negative correlation with psychological well-being and coping has a significant positive correlation with psychological well-being and a significant negative correlation with burden among the caregiver of children with ADHD. The study concludes that ADHD caregivers suffer from psychological issues. But partners play an important role in bearing this burden. Partner support is important for the psychological well-being of a caregiver. Furthermore, if a caregiver suffers any type of psychological issue her partner's support also helps to cope and bear this burden. Results show most of the caregivers used emotion-focused coping e.g. religious coping. Other coping strategies were also used by ADHD caregivers e.g. planning, seeking emotional support, and self-distraction and acceptance. Findings also revealed that the caregivers who are living with partners have better psychological well-being and lower burdens as compared to those who live without partners. In conclusion, the present study highlights that it is important to take care of ADHD children. Although it's important that such caregivers bear psychological, financial, and social strains. So, it is important to cope with their burden. Both emotion-focused and problem-focused coping strategies are used. But more importantly, policy makers at all levels should consider their problem and try to address the needs of ADHD children and their families.

Implication of Current Studies

The current study will be implicated in the clinical setting of child psychiatry. It helps the parents manage their own life with children who have ADHD. With the implication of this study will be able to check the psychological well-being of caregivers of children with ADHD. Knowing the caregivers of children with ADHD, this problem is a big burden. With the help of this study, a better coping style will help the caregivers of children with ADHD.

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