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Father Involvement and Self-Reported Parenting of Children With Attention Deficit–Hyperactivity Disorder

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This study examined the moderating effects of 4 variables on the relation between father involvement (FI) and self-reported parenting practices of 71 couples who have children with attention deficit–hyperactivity disorder (ADHD). The variables were parents' love for their spouses, similarity in child-rearing views, traditional role identification, and paternal ADHD symptoms. These variables interacted with FI in predicting parenting practices. FI was associated with fathers' use of more effective discipline when fathers had no ADHD symptoms and reported more love for their wives but was associated with fathers' use of less effective discipline when fathers reported having ADHD symptoms, when they reported less love for their wives, and when they identified highly with traditional roles. For mothers, FI was associated with less effective discipline practices when couples' child-rearing views were dissimilar.

Attention deficit–hyperactivity disorder (ADHD) is characterized by developmentally inappropriate levels of inattention, impulsivity, and hyperactivity (American Psychiatric Association, 1994). Although raising any child is demanding, children's ADHD symptoms and associated behaviors may make child-rearing particularly challenging. Because the majority of mothers are now employed (U.S. Bureau of the Census, 1995), the degree to which fathers share the burden of caring for children with ADHD may affect parents who face such challenges. An aspect of parental functioning that may be affected, and with important consequences, is a parent's skill in managing children's misbehavior, because discipline practices are significant determinants of children's behavior problems (Kendziora & O'Leary, 1993).

Little is known about fathers of children with ADHD (Phares & Compas, 1992). Only one study has examined father involvement (FI) with such children (Cunningham, Benness, & Siegel, 1988); no studies have examined how FI affects the parenting of children with ADHD. Only a handful of studies has examined the consequences of FI on intact families in nonclinical populations, and they have yielded conflicting results. FI has been associated with more nurturant (Sagi, 1982), but also more punitive, fathering (Radin & Sagi, 1982). The relation between FI and paternal characteristics that may be associated with fathers' parenting also suggest mixed effects (e.g., expressing greater commitment to the family, Hossain & Roopnarine, 1994; but greater role strain, Baruch & Barnett, 1986). No studies have examined the relation between FI and mothers' parenting. Studies examining maternal variables that are likely to affect mothers' parenting yield mixed results (e.g., lower levels of depression, Ross, Mirowsky, & Huber, 1983; but lower self-evaluations; Biernat & Wortman, 1991).

Conflicting results such as these suggest that third variables may moderate the observed relations. Perhaps FI in child rearing has advantages for some families and deleterious effects in others. We hypothesized that for couples who report less love for one another, less similar child-rearing views, more traditional role identification, and more paternal ADHD symptoms[1], greater amounts of FI would be related to parents' reports of more dysfunctional discipline (i.e., less effective child management strategies). Conversely, for couples who report more love,

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[1] We did not examine maternal ADHD symptoms or nontraditional role identification for theoretical reasons: On one hand, FI may be particularly beneficial for mothers with ADHD symptoms because they may have a greater need for a respite from the stresses of child care. On the other hand, FI may create problems for these mothers because maternal impulsivity may impede effective marital negotiation. These positive and negative effects are likely to counteract each other, making them difficult to detect. Traditional role identification was chosen as a moderator variable because it was thought that FI would substantially interfere with these roles and negatively affect family functioning. FI would not interfere with parents' identification or lack of identification with nontraditional roles; it might be more (or less) congruent with these roles, but an absence of congruence would not create stress as would active interference with these roles. For example, for a mother who does not identify highly with her career role, FI may not be quite as congruent with this role identification as it is for a mother who identifies highly with her career role. However, there is no reason to believe that FI will be problematic for either of these women unless FI interferes with their traditional role (parenting).

more similar views about child rearing, less traditional role identification (TRI), and fewer paternal ADHD symptoms, we expected that more FI would be associated with parents' reporting more effective discipline. Parents' self-reports of two types of discipline that are consistently related to children's behavior problems (Kendziora & O'Leary, 1993) served as dependent variables: overreactive or authoritarian discipline and lax or permissive approaches.

Method

Participants were recruited from families whose children had been referred to a specialty clinic for assessments of ADHD and who had been diagnosed with ADHD by the staff on the basis of criteria from the *Diagnostic and Statistical Manual of Mental Disorders* (3rd ed., revised [*DSM–III–R;* American Psychiatric Association, 1987] or 4th ed. [*DSM–IV;* American Psychiatric Association, 1994]). Diagnoses were made using either a semistructured interview, similar to one that Barkley (1990) designed specifically for ADHD populations, or the Diagnostic Interview Schedule for Children—Revised (DISC-R; Shaffer et al., 1993). Standardized rating scales collected from parents and teachers were used to assist in diagnoses. No information on the interrater reliability of these diagnoses was available.

Eligibility criteria were that (a) both a mother and father figure lived with the child at the time of the study and for at least 1 year prior and (b) the child was 7 to 12 years old. Of the 156 families that met the eligibility requirements, 71 families agreed to participate. The 65 boys and 6 girls averaged 9.3 years of age (SD = 1.5). Twelve children met criteria for oppositional defiant disorder (ODD; 17%), and 1 child met criteria for conduct disorder (CD; 1%). The ODD rates were lower than usual because many of the children with ADHD who were comorbid for ODD were participating in another study being conducted concurrently in the clinic. It is not clear why the rate of CD was so low. In five of the families, the father was a stepfather; in three families, the child was adopted. In the remaining families, both parents were biological parents of the diagnosed child. All but one family were European American. The average annual family income was $55,600. (See Table 1 for additional demographic information.) The experimenter met with the parents jointly to provide instructions for completing the questionnaires, which parents then completed in separate rooms.

FI was assessed with a scale adapted from Baruch and Barnett (1986). Parents used time charts to indicate when each parent was available to the child during waking hours for 5 typical weekdays and 2 typical weekend days. To assess interaction, we asked each parent to indicate for each of 11 child-care tasks what percentage of the time the task was completed by the father alone, the mother alone, and the parents together. These percentages were averaged across tasks. Cronbach's alphas for the father alone, mother alone, and parents together were .70, .70, and .59, respectively. Fathers' availability and interaction scores were determined by adding the father-alone values (hours or percentage) plus one half of the parents-together values. These two scores were standardized and averaged to create the FI score. Mothers' and fathers' reports of FI correlated .71.

The Feelings Questionnaire (FQ; O'Leary, Fincham, & Turkewitz, 1983) was used to measure the overall level of positive affect or love individuals felt toward their spouses. This scale exhibits good reliability and validity (Broderick & O'Leary, 1985; O'Leary et al., 1983).

A similarity index (SI) was calculated using the Modified Child Rearing Practices Report, a 40-item self-report measure of child-rearing values that has adequate reliability (Rickel & Biasatti, 1982) and validity (Jones, Rickel, & Smith, 1980). Each couple's responses to items on the questionnaire were correlated. This index, based on a longer version of this scale, has good reliability and validity (Gjerde, 1988). In this sample, the Spearman–Brown reliability of the SI was .74.

TRI was measured with 2 six-item scales. One scale assesses the degree to which the parent identifies with the parenting role and was completed by mothers. The other scale measures a parent's identification with the career role and was completed by fathers. The scales are identical except for the type of role that is specified. Scores can range from 1 (*low involvement in the role*) to 7 (*very high involvement*). These scales were adapted from Barling and MacEwen's Role Involvement Scale for the role of an employed mother, which has adequate reliability and validity (Barling & MacEwen, 1988). Cronbach's alpha for the career role scale was .55, and for the parenting role scale, it was .66.

Fathers' ADHD symptoms (ADHD Sx) were assessed using the Adult ADHD Scale, a 21-item self-report measure of ADHD symptoms in adults. It is a modification of the 18-item Behavior Checklist described by Barkley (1990). Cronbach's alpha in this sample was .94. This scale was completed by the fathers about themselves to yield a score indicating the total number of ADHD symptoms present.

The Parenting Scale, used to measure the dependent variables, has both Laxness (LAX) and Overreactivity (OVR) factors. This 30-item self-report scale has good reliability and relates strongly to toddlers' behavior problems (Arnold, O'Leary, Wolff, & Acker, 1993). It has not been validated on 7- to 12-year-old children; however, the items appear to have face validity for this age. A factor analysis on the data from this study indicated that although both OVR and LAX factors emerged for both mothers and fathers, the specific items that loaded on each factor differed somewhat for mothers and fathers within this sample and in comparison with the loadings reported by Arnold et al. (1993). Therefore, factor scores were calculated using the factor structure obtained in the present study.[2] Cronbach's alphas of the OVR and LAX factors for mothers and fathers ranged from .75 to .84.

Results and Discussion

Separate, parallel analyses were conducted for mothers and fathers using their own reports of both OVR and LAX as dependent variables. For the independent variables, we used parents' own reports of FI, FQ, and TRI (e.g., mother report to predict mothers' parenting); SI was determined by both mother and father report as described above; and ADHD Sx was based on father report. To evaluate our prediction that FI would interact with the four moderator variables in predicting self-reported dysfunctional parenting, we conducted regression analyses using a product term (Jaccard, Turrisi, & Wan, 1990) separately for OVR and LAX. To decrease multicollinearity (caused by using product terms), we converted each of the independent variables to deviation scores (Jaccard et al., 1990). Two fathers were identified as outliers and were eliminated from all analyses.[3] One-tailed tests of significance were used with an alpha level of .05 to evaluate the hypotheses of this study. Familywise corrections were not made. This liberal criterion was used because predictions were made a priori and were theory based, interaction effects are difficult to detect in correlational research

[2] Details regarding the factor structure of the Parenting Scale based on the present study can be obtained from Elizabeth Harvey Arnold.

[3] The residuals of these two cases were more than 3 *SD* from the mean, and their parenting scores were extreme. One father's laxness score was more than 2 *SD* above the next highest laxness score and was 4.5 *SD* above the mean. Another father's overreactivity score was more than 1 *SD* above the next highest score and was 3.5 *SD* above the mean.

Table 1
Means and Standard Deviations of Demographic Variables, Parents' Availability and Interaction, and Moderating and Dependent Variables

Variable	Mothers' reports		Fathers' reports	
	M	*SD*	*M*	*SD*
Age	37.10	4.96	39.08	5.28
Education	13.66	4.63	13.98	4.84
Employment (hours/week)	22.30	17.46	47.97	9.99
Hours of availability per week (%)[a]				
Mother alone	19.70 (31%)	13.76	17.16 (27%)	12.14
Father alone	6.37 (10%)	8.46	8.30 (13%)	9.74
Parents together	36.95 (59%)	13.00	37.86 (60%)	12.75
Interaction (%)[a]				
Mother alone	59.45	15.15	53.46	13.43
Father alone	17.99	9.63	20.78	10.45
Parents together	22.52	12.15	26.47	12.02
FQ	97.75	14.96	101.15	14.45
SI[b]	0.54	0.21	0.54	0.21
TRI	5.81	0.76	3.08	0.84
ADHD Sx[c]			4.29	5.11
OVR	3.53	0.88	3.22	0.82
LAX	2.19	0.68	2.44	0.66

Note. Mean scores on availability, interaction, Feelings Questionnaire (FQ), Similarity Index (SI), and laxness (LAX) are comparable with those found in previous studies using these measures in nonclinic populations. No comparison data were available for the traditional role identification (TRI), and fathers' attention deficit–hyperactivity disorder symptoms (ADHD Sx). Overreactivity (OVR) scores were elevated compared with parents of nonclinic preschoolers (Arnold et al., 1993). OVR scores ranged from 1.5 to 6.25, and LAX scores ranged from 1.1 to 4.38.

[a] The father involvement index was constructed from standardized scores on fathers' availability and interaction by adding the father alone values plus one half of the parents together values. Mother alone data were not used in any analyses but are presented for completeness. [b] The similarity in child-rearing views index is a correlation between mothers' and fathers' scores. Thus, in same scores were used in analyses predicting both parents' discipline styles. [c] Only fathers reported on fathers' ADHD symptoms. Thus, the fathers' scores were used in analyses predicting both parents' discipline styles.

(McClelland & Judd, 1993), and avoiding Type II errors was deemed important because this study is a first step in this research area.

Table 1 presents means and standard deviations (before transformation) of all variables, and Table 2 presents correlations among the independent and dependent variables. Five of the 16 interaction terms were significant in predicting reported parenting (see Table 3). To interpret these significant interactions, regression coefficients were computed at three levels of the moderating variables: the mean ±1 *SD* from the mean. These

Table 2
Correlations Between Father Involvement, Moderating Variables, and Dysfunctional Parenting

Variable	1	2	3	4	5	6	7
1. FI	—	.18	.01	−.17	−.09	−.03	−.01
2. SI	.25*	—	.14	−.05	−.05	−.33**	−.09
3. FQ	−.10	.09	—	.09	−.03	−.04	−.11
4. TRI	−.11	−.04	.05	—	−.05	−.01	.00
5. ADHD Sx	.02	−.05	−.16	.16	—	−.02	−.17
6. OVR	.10	.15	−.33**	.18	.21	—	.39**
7. LAX	.04	.03	−.22	.21	.05	.34**	—

Note. Mothers' correlations are above the diagonal and fathers' correlations are below the diagonal. FI = father involvement; SI = similarity index; FQ = Feelings Questionnaire; TRI = traditional role identification; ADHD Sx = fathers' attention deficit–hyperactivity disorder symptomatology; OVR = overreactivity; LAX = laxness. Spearman rank-order correlations were used for ADHD symptomatology because the variable was not normally distributed.

* $p < .05$, two-tailed. ** $p < .01$, two-tailed.

Table 3
Summary of Regression Analyses for Significant Interactions and Relations Between Father Involvement and Dependent Variables at Three Levels of the Moderating Variables

Moderating variable and level	*B*	*SEB*	*β*	Incr. R^2
	Father OVR			
FQ	−0.33	0.16	−0.26	.06*
SD = −1 (low)	0.34	0.17	0.32*	
SD = 0 (middle)	0.04	0.12	0.04	
SD = 1 (high)	−0.26	0.20	−0.24	
	Father LAX			
FQ	−0.27	0.12	−0.28	.07*
SD = −1	0.22	0.14	0.26	
SD = 0	−0.02	0.10	−0.02	
SD = 1	−0.26	0.16	−0.31*	
	Mother OVR			
SI	−1.50	0.64	−0.27	.07*
SD = −1	0.42	0.20	0.38*	
SD = 0	0.10	0.13	0.09	
SD = 1	−0.22	0.16	−0.20	
	Father LAX			
Father TRI	0.25	0.11	0.26	.07*
SD = −1	−0.15	0.13	−0.18	
SD = 0	0.06	0.10	0.07	
SD = 1	0.27	0.15	0.32*	
	Father OVR			
ADHD Sx	0.09	0.03	0.38	.14***
SD = −1[a]	−0.34	0.16	−0.32*	
SD = 0	0.05	0.10	0.05	
SD = 1	0.51	0.16	0.48**	

Note. Significant interactions are reported. Incremental R^2 (Incr. R^2) indicates the unique contribution of the interaction term. Simultaneous regression analyses were used to calculate *B* and beta. For each interaction, regression coefficients were also computed at three levels of the moderating variables: the mean ±1 *SD* from the mean. The significance levels indicate whether these coefficients are significantly different from 0; they do not represent the significance of the interaction. OVR = overreactivity; FQ = Feelings Questionnaire; LAX = laxness; SI = similarity index; TRI = traditional role identification; ADHD Sx = fathers' attention deficit–hyperactivity disorder symptoms.
[a] Because the value of −1 *SD* below the mean was meaningless (less than 0 symptoms), this value was set to 0 symptoms.
* $p < .05$. ** $p < .01$. *** $p < .001$.

coefficients provide information about the direction and significance of the effects of FI at high, middle, and low levels of the moderating variables.

Fathers' love for their wives interacted significantly with FI in predicting fathers' self-reported OVR and LAX. The relations between FI and fathers' OVR and LAX decreased (moved in the positive-to-negative direction) as fathers' FQ increased. For fathers who reported lower levels of love for their wives, FI was associated with significantly more OVR and with more LAX at a level that approached significance ($p = .05$). For fathers who reported high FQ levels, FI was associated with fathers reporting less LAX. For these fathers, FI was also associated with less OVR, although not significantly so ($p = .10$). It may be that FI requires parents to work together and coordinate child-rearing tasks. Although this may be a positive experience for fathers who love their wives, for fathers who report lower levels of love this may cause marital conflict which negatively affects parenting (e.g., Jouriles & Farris, 1992). Although this is consistent with existing theory (Hoffman, 1983; Russell, 1989), research is needed to determine whether marital conflict in fact mediates this effect.

Similarity in child rearing views interacted significantly with FI in predicting mothers' self-reported OVR. The relation between FI and mothers' OVR decreased as SI increased. FI was associated with mothers being more OVR when parents held different child-rearing views and was associated with less maternal OVR when parents' views were similar; however, only the former effect was significant. Marital conflict may also mediate this relation. If parents have very different child-rearing views, greater negotiation required by FI may cause more conflict, which in turn may negatively affect parenting. Also, since mothers carry the primary responsibility for child rearing (Baruch & Barnett, 1986), they may feel very strongly about how their children should be raised and experience stress when fathers use approaches that differ from their own; this stress may negatively affect their parenting. Although these hypotheses are consistent with theory (Hoffman, 1983), future research should examine marital conflict and parental stress as possible mediators of this relation.

Fathers' traditional role identification interacted significantly with FI in predicting fathers' self-reported LAX. The relation between FI and fathers' LAX decreased as TRI decreased. For fathers who did not identify highly with their traditional role, FI was associated with less LAX, although not significantly so. For fathers who had above average TRI, FI was significantly associated with greater paternal LAX. For these fathers, high FI may conflict with their TRI. Congruence between men's role beliefs and role behaviors within the home is associated with marital satisfaction (Perry-Jenkins & Crouter, 1990), which in turn is associated with parenting (Arnold et al., 1993). FI may also create greater role overload and interrole conflict for high TRI men, which negatively affects their parenting. In previous studies, workload has been associated with role strain (Marshall & Barnett, 1993), which has been associated with lower well-being (Greenberger & O'Neil, 1990). Well-being, in turn may negatively affect parenting (Dix, 1991). In contrast to the results of the present study, Greenberger and Goldberg (1989) found that fathers' patterns of work and parenting commitment were unrelated to parenting. Perhaps such patterns have a stronger impact on fathers with ADHD children because parental roles may be more stressful.

Finally, paternal ADHD Sx interacted with FI in predicting fathers' self-reported OVR. More FI was associated with more OVR when fathers reported many ADHD Sx. Perhaps paternal ADHD symptoms limit fathers' patience and capacity for employing effective parenting strategies, and only for highly involved fathers is this limit reached. Studies have demonstrated that fathers of children with ADHD have higher rates of ADHD themselves (for a review, see Barkley, 1990), and that fathers'

antisocial behavior affects conduct problems in children with ADHD (e.g. Lahey et al., 1988); however, it is not clear how fathers' ADHD affects their children. More FI was associated with less OVR when fathers reported no ADHD Sx. FI may decrease overreactivity in fathers without ADHD symptoms by providing more parenting experience or by increasing positive father–child interactions. No studies have directly examined how the amount of time spent with children affects parenting.

Several characteristics of this study suggest that the results should be interpreted with caution and argue for replication. First, the correlational and cross-sectional design of this study limits causal conclusions. We have presented causal explanations that are consistent with these results, but alternate explanations are possible. Parenting practices might affect FI or a third variable might be causing these effects. However, we were unable to generate plausible alternative causal explanations, perhaps because our effects were interactions rather than main effects. Second, this study relied on a single method of measurement, self-report. Single-method measurement is less reliable and valid than multimethod measurement and typically raises the unwanted influence of method variance, thereby inflating relationships. However, although common method variance would inflate main effects, it is unlikely to inflate interaction effects. Nonetheless, these results are based on self-reports of parenting behavior; different findings might be obtained using observed or other-reported parenting behavior. Third, the present study used a liberal criterion to determine significance levels, so Type I error is a potential concern. At the same time, interaction effects are notoriously difficult to detect, and so Type II error may be present as well (McClelland & Judd, 1993). Fourth, the homogeneity of the sample argues for replication in different populations. Finally, the reliability and validity of the instruments used in this study have not been previously demonstrated in this population.

Nonetheless, this study points to the need to examine the relation between FI and parenting and to systematically examine family differences by identifying moderating variables. Furthermore, it suggests that FI with ADHD children merits further attention. Under certain circumstances, increasing FI might benefit ADHD children; however, research is needed to understand both the potential benefits as well as costs of FI among these families.

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