

# The association between parenting stress, depressed mood and informant agreement in ADHD and ODD

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## Abstract

**Objective:** In Attention Deficit Hyperactivity Disorder (ADHD) agreement between parents and teachers is often low. Parental depressed mood and parenting stress are considered to decrease informant agreement. This study examined informant agreement in children with ADHD and the association between parental depressed mood, parenting stress and agreement in the ratings of ADHD, ODD and CD symptoms.

**Method:** 65 parents completed questionnaires on ADHD behavior of their child, parenting stress and depressed mood, teachers reported on ADHD behavior.

**Results:** Low agreement was found for hyperactive and moderate agreement for inattentive, ODD and CD symptoms. Stepwise regression analyses showed that parenting stress, and not parental depressed mood accounted for 12% of the variance in inattention symptoms disagreement, 14% of the variance in hyperactive symptoms disagreement and 9% in oppositional behavior disagreement. No significant predictors were found for CD disagreement. The found effect was independent of stimulant medication use.

**Conclusion:** Parenting stress, but not parental depressed mood, was associated with the disagreement between parents and teachers on both ADHD and ODD symptoms. These results emphasize the importance of considering parenting stress in diagnosing ADHD and comorbid ODD.

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**Keywords:** Informant; Agreement; ADHD; Depressed mood; Parenting stress

## Introduction

Attention Deficit Hyperactivity Disorder (ADHD) is a behavior disorder characterized by symptoms of inattention, hyperactivity and impulsivity. Criteria to receive the DSM-IV (Diagnostic and Statistical Manual of Mental Disorders, American Psychiatric Association [APA], 1994) diagnosis of ADHD include: showing at least some symptoms before the age of 7, and some degree of dysfunctioning in at least two settings. A large percentage of children with ADHD (40–60%) also show comorbid Oppositional Defiant Disorder (ODD) and/or Conduct Disorder (CD; August, Realmunto, MacDonald III, Nugent, & Crosby, 1996).

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Especially, the diagnostic criterion of dysfunctioning in two settings has been problematic (Barkley, 2003). For children these two settings often are school and home. However, correlations between parent and teacher ratings of children's behavior are low (Achenbach, McConaughy, & Howell, 1987). In a meta-analysis of studies on informant agreement of children's behavior problems, Achenbach et al. (1987) found a mean agreement rate of .28 between parent and teachers. In the studies analyzed in this meta-analysis, no distinction was made between ADHD, with or without comorbid ODD or CD.

Few studies have examined the agreement between parents and teachers on ADHD symptoms in clinically referred ADHD samples (Antrop, Oosterlaan, Roeyers, & Van Oost, 2002; Biederman, Faraone, Milberger, & Doyle, 1993; Cohen, Becker, & Campbell, 1990; Mitsis, McKay, Schulz, Newcorn, & Halperin, 2000). In these studies, agreement rates for ADHD symptoms range from low to high (range .09 to .63), whereas for comorbid ODD and CD symptoms agreement rates vary between moderate and high (range .36 to .64).

A possible explanation for these different agreement rates, may be the method used for observation (rating scale versus diagnostic interview), the source observing the child (teacher versus parents) or different behaviors of the child across settings. Also, symptoms of ADHD can fluctuate as a function of different situational demands (Barkley, 1998). Therefore, informant disagreement can occur due to different situational demands, such as different types of settings within the school or home that may or may not elicit ADHD behavior.

Recent research has shown substantial variance in the descriptions of ADHD subtypes depending on the measure and source used (Burns, Walsh, & Gomez, 2003; Gomez, Burns, Walsh, & de Moura, 2003). In a recent study, Burns et al. (2003) showed that for inattention and hyperactivity, the amount of source variance, defined as the systematic variance that is specific to a source (teacher or parent), was substantial and consistent across time intervals. Especially, the hyperactivity ratings of parents contained a large percentage (84%) of source variance. This source variance may be viewed either as a bias of the observer or as real differences in the behavior of the child across settings.

Several observer characteristics may relate to the difference in agreement between raters, such as depressed mood and levels of stress. Youngstrom, Loeber, and Stouthamer-Loeber (2000), for example, found that, in a sample of male seventh-graders, 13–14% of the variance of the difference between teacher and parent ratings was accounted for by parental factors. Parental depressed mood and stress (i.e. the parent's level of stress and perceived ability to handle problems) significantly influenced the rates of agreement both on internalizing and externalizing problems. In an ADHD sample, examination of depressed mood and stress levels of parents seems especially important, since several studies have shown that parents of ADHD children exhibit, next to increased depressed mood (e.g. Barkley, Fischer, Edelbrock, & Smallish, 1990; Befera & Barkley, 1985; Nigg & Hinshaw, 1998), higher levels of stress than normal controls (e.g. Breen & Barkley, 1988; Mash & Johnston, 1990; for a review of this literature, see Johnston & Mash, 2001). Moreover, aggressive behavior in ADHD is a predictor of stress in parents (Anastopoulos, Guevremont, Shelton, & DuPaul, 1992).

According to the depression distortion hypothesis the depressed mood of caregivers creates a negative bias in their descriptions of the child's functioning (Youngstrom, Izard, & Ackerman, 1999). Another hypothesis is that caregivers do provide an accurate description of increased behavior problems of the child occurring in the home setting, due to the effects of depressed mood (Achenbach, 1995). An alternative is that caregiver-child interactions might alter due to the caregiver's depressed mood, causing behavior problems that might not have existed otherwise (Richters, 1992).

Only one study has examined the depression distortion hypothesis in a clinical sample of children with ADHD (Chi & Hinshaw, 2002), using multiple informants. Chi and Hinshaw found that scores on the Beck Depression Inventory (Beck, Ward, Mendelson, Mock, & Erbaugh, 1961) predicted mother-teacher discrepancies in the ratings of ADHD behavior. However, in their study only the association between caregivers depressed mood and inter-rater agreement in ADHD was examined, ignoring the possible association with the stress levels of parents. Further, the relation between depressed mood, stress levels of parents and informant agreement has not been examined for the most common comorbid conditions of ADHD, ODD and CD. This is surprising since the DSM-IV specifically states "Manifestations of the disorder (ODD) are almost invariably present in the home setting, but may not be evident in school" (APA, 1994, p. 92), leaving room for the speculation of parental factors influencing the ratings. In a non-clinical sample, one study examines the association between teacher and parent reported ODD and CD symptoms and depression of the parent (Offord et al., 1996). Children were classified as having ODD or CD based on

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