



# Community, Work & Family IV



## Work-Life Integration Issues for Parents Raising Children with ADHD

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# Work-Life Integration

- Is the degree to which people are able to find a fit between the responsibilities of their work and their personal lives (Lewis, Rapoport, & Gambles, 2003).
- Is particularly difficult for families raising children with mental health disorders, who report higher levels of caregiver strain, poorer health, and lower workforce participation (Powers, 2003; Brennan & Brannan, 2005; Witt et al., 2009).
- Child mental health disorders result in **exceptional care** requirements, e.g. arranging mental health treatment, participating in special education planning, and maintaining appropriate child care (Friesen, Brennan, & Penn, 2008).



# Exceptional Care: ADHD

- Attention deficit hyperactivity disorder (ADHD) is a serious and stigmatizing neurobehavioral disorder affecting approximately 3%-7% of children and adolescents worldwide (Barkely, 2006).
- ADHD is "a persistent pattern of inattention and/or hyperactivity-impulsivity that is more frequent and severe than typically observed in individuals at a comparable level of development" (DSM IV, p. 48).
- Symptoms arise in early childhood, are relatively chronic throughout the life span, and frequently are manifested as difficult and negative behaviors.
- There is a strong link between level of impairment and the family environment (Pressman et al., 2006).



# Exceptional Care: ADHD

- ADHD symptoms include poor impulse control, disinhibition, egocentricity, poor delay of gratification, learning/processing difficulties, non-goal directed hyperactivity, and poor rule-regulated behaviors, which contribute to a lower self-concept (Houck, Kendall, Miller, Morrel, & Wiebe, 2010).
- Parenting a child with this chronic and disruptive disorder requires a lifelong adjustment and a level of skill above that required for parenting a child with typical development (Kendall, 1998).
- Caring for these children often leaves parents feeling emotionally and physically overwhelmed by the frightening and discouraging events surrounding their child (Kendall & Shelton, 2003).



# ADHD and Family Functioning

- Parents of children with ADHD have higher rates of depression, divorce, parenting stress, family conflict, disrupted parent-child relationships, and subjective feelings of parenting incompetence than parents of children without ADHD (Harpin, 2005).
- Family “disruption” has been identified as the central concern for families, which included episodes of aggression, out-of-control hyperactivity, emotional and social immaturity, academic underachievement and learning problems, family conflicts), negative peer interactions, and isolation and rejection from extended family (Kendall, 1998).
- Integrating work into a life characterized by family disruption may be particularly challenging.



# ADHD and Work-Life Integration

- Attaining a fit between work and family life will be based in part on the supports the parents have attained in their workplaces and communities (Gareis & Barnett, 2005; Voydanoff, 2005)
- Taking a person in environment perspective, Voydanoff (2005) argues that fit results from a match between the person and surrounding environment.
- When fit is poor, role strain results, often resulting in major adjustments in either work or family to decrease the incongruence and alleviate stress in the employed family member.
- Fit can be seen as having two types: demands-abilities and needs-supplies.



# Family Demands

- Exceptional care for children with ADHD involves serious time and emotional demands on parents.
  - 15.5% of parents of children with mental health difficulties spend 11 or more hours per week coordinating care (US DHHS, 2008).
  - Levels of caregiver strain are predicted by child **internalizing** (anxiety, depression, distorted thinking) and **externalizing** (aggression, hyperactivity, conduct problems) behavior (Brannan & Heflinger, 2001)
  - Can affect family functioning: high levels of symptoms lead to greater maternal distress, and increased family conflict (Kendall, Leo, Perrin, & Hatton, 2005).



# Family Resources

- Parental knowledge about ADHD and successful family management strategies serve as resource for family members (Barkley, 2006).
- Engagement in employment provides essential economic resources for families facing the additional expenses from caring for a child with mental health difficulties (Lynch & Brennan, 2008).
- In general, mothers with higher levels of education and fewer children are more likely to engage in paid work (O'Connell, 2002; Smolensky & Gootman, 2003).





# Work Demands

- Work demand experienced by employed parents is affected by the number of hours they work per week, and the types of schedules they are required to follow (Barnett, Gareis, & Brennan, 1999; Wight, Raley, & Bianchi, 2008).
- Time-based strain is especially prevalent for parents raising children with behavioral difficulties, such as ADHD, which make finding and maintaining off-hours or protracted child care particularly difficult (Rosenzweig, Brennan, Huffstutter, & Bradley, 2008).



# Work Resources

- Flexibility in the work domain is particularly important for families providing exceptional care (Brennan et al., 2007; Emlen, 2010).
- Flexibility in location, timing, and duration of work hours provides relief from time-strain and job burnout, and allows employees to experience healthier lives (Grzywacz, Casey, & Jones, 2007; Grzywacz, Carlson, & Shulkin, 2008).
- Workplace flexibility has the potential to decrease their difficulty combining work and family, and to increase their workforce participation.



# PACT Intervention

- PACT: Parents and Children Together, a nursing intervention, provided home visiting and service brokering for families in the study, support to relieve the caregiving burden of mothers in the study, and case management services tailored to individual families raising children with ADHD (Kendall & Tabacco, in press).
- Families were randomly assigned to intervention or control conditions and participated in data collection at baseline, 6 months, 12 months, and 18 months.



# Research Questions

We analyzed baseline PACT data to explore the relationship between demands, resources, and work-life outcomes.

1. Controlling for mother's education, and number of children in the family, will the level of the children's mental health difficulties, and family functioning predict mothers' workforce participation?
2. For employed mothers, do work-family flexibility, child mental health functioning, and family functioning, predict their difficulty combining work and family?



# Method: Study Participants

- A total of 174 participating families, recruited from the Pacific Northwest US, had a principal caregiver and a school aged child with a diagnosis of ADHD who were willing to participate in the 18-month intervention study, and who completed baseline data collection.
- Most mothers were European American (78%), and middle aged (M = 41 years, SD = 9.1), with middle incomes (median family income between \$20-60K per year).
- Nearly half (48.3%) were employed full-time, 23.3% worked part-time, and 28.1% were unemployed. Of the employed mothers, 42.1% held professional or technical jobs, 17.8% clerical jobs, and 13.5% managerial positions.
- The majority (76%) were educated beyond secondary school; nearly half (44%) had bachelor's or graduate degrees.



# Method: Research Procedure

- At the initial home visit, participants completed a short interview with the maternal caregiver regarding child services, and then were given a booklet of instruments in either English or Spanish.
- Instruments were completed by the mothers in the next week, and then returned by mail. Those who completed the instruments were given a \$50 gift card.
- Questionnaires included measures of child behavior problems, family functioning, employment status, and demographics. Additionally instruments measuring severity of ADHD symptoms, maternal distress, acculturation (for Latino families), and engagement in clinical services were included for other studies.



# Method: Major Study Instruments

- **Child behavior problems**—*Child Behavior Checklist* (CBCL; Achenbach, 1991) a standardized 118-item schedule assessing problem behaviors and social competencies of children 4-18 years old, as reported by their caregivers;  $\alpha = .91$  for the internalizing subscale and  $\alpha = .92$  for the externalizing subscale.
- **Family functioning**—*Family Systems Scale* (FSS; Kendall & Leo, 2005) measuring the level of family functioning, as rated by the mothers in the study with 56 items, grouped into four subscales measuring cohesion, conflict, communication, and behavior control.
- **Employment measures**—Items adapted from the *Employee Survey* (Neal, Chapman, Ingersoll-Dayton, & Emlen, 1993) collecting employment information, and rating work and family flexibility, and difficulty combining work and family.



# Results: Family Characteristics

- Of the 174 “focus children” with ADHD two thirds were male (66.1%;  $n = 115$ ). The focus children ranged in age from 4 to 19 years and were, on average, 10.5 years of age ( $M = 10.70$ ;  $SD = 3.28$ ).
- Families reported having from one to six children living in their home, with the mean number of children = 2.18 ( $SD = 1.02$ ).
- Nearly half the children (47.7%;  $n = 86$ ) were being raised by two parents (either biological or adoptive), and an additional 11.5% ( $n = 20$ ) were living with the mother and another adult male.
- Only about a fourth of the mothers (27.6%;  $n = 48$ ) reported raising their children as a single parent.





# Results: Maternal Employment

- On average, the employed mothers reported working 32.4 hours ( $SD = 13.8$ ) in their last full work week.
- The majority of employed mothers worked standard full time schedules (50.4%), but the remainder indicated flexible work hours (26.8%), compressed work weeks (7.9%), or part-time work (17.9%).
- In this group of mothers, only about one quarter reported working from home (26.4%), averaging 11.9 hours ( $SD = 16.1$ ) per week.



# Results: Work-Life Integration

- When asked about the flexibility that they had at work for family responsibilities, fully 85.6% reported that they had “a lot of flexibility” or “some flexibility.”
- Similarly, 79.0% of the mothers reported that they had “a lot of flexibility” or “some flexibility” at home for work responsibilities.
- Over half the mothers (52.8%) reported that their family responsibilities had “definitely” or “somewhat” affected their progress in their careers.
- Finally, nearly two thirds of the mothers reported that combining work and family was at least “somewhat difficult” (62.3%), and 18.5% reported it was “very difficult” for them.



# Results: Child Mental Health

- The children's age at diagnosis for ADHD ranged from 2 to 17 years, with an average age at diagnosis of seven years ( $M = 6.94$ ;  $SD = 2.98$ ).
- The majority of children (78%,  $n = 92$ ) and adolescents (80.4%,  $n = 45$ ) were taking medication for ADHD.
- The CBCL scores on the internalizing, externalizing, and total problem scales were examined for focus children by gender and age in relation to raw score norms using  $t$ -tests.
  - In all comparisons, the focus children had significantly higher problem scores than the norms ( $p < .01$ )
  - Cohen's  $d$  ranged from .72 to .90 for internalizing problems and from .81 to 1.22 for externalizing problems.



# Results: Predicting Mother's Employment

- Logistic regression revealed workforce participation was significantly predicted by mother's education, number of children in the family, and severity of child's mental health symptoms,  $X^2 = 36.48 (4)$ ,  $p = .022$ , Nagelkerke  $R^2 = .29$ .
- Mother's education was an independent, positive predictor of employment; smaller number of children in the home and lower levels of child internalizing symptoms were also marginally associated with mothers being employed.
- Family functioning variables did not add significantly to the prediction of workforce participation.
- The logistic regression model correctly classified 76.5% of participants as employed or unemployed.



# Results: Work-Family Difficulty

- Hierarchical multiple regression analysis was conducted on data from the 123 employed mothers to determine the extent to which the reported difficulty of combining work and family responsibilities was predicted by children's mental health disorders, work-family flexibility, and family functioning.
- Using multiple regression, we determined that employed mothers' difficulty combining work and family was predicted by work-family flexibility, child's mental health functioning, and levels of family conflict ( $F = 5.76, p < .001, R^2 = .26$ ).
- Family flexibility for work demands, children's mental health functioning, and family systems conflict were independent, significant predictors of difficulty combining work and family demands.



# Discussion: Workforce Participation

- At best, raising a child with ADHD requires parents to experience a high level of family demand (Barkely, 2006). When coupled with additional internalizing mental health conditions experienced by the child, parents in the current study were less likely to participate in the workforce.
- In a qualitative study of interviews with this group of mothers, one mother explained that her exhaustion with parenting her son, lack of support, and depression forced her to quit her job. (Brennan, Brannan, Kendall, Bradley, & Huffstutter, 2005)

*–“Some days, a lot of days, I just can’t handle it. I don’t know the answers anymore...I think back on all the counselors and all the doctors we saw and no one ever really did anything, except give meds. I’m exhausted - I am so exhausted. I can’t do it anymore.”*



# Discussion: Workforce Participation

- Many children affected by ADHD receive medication that can help them focus on schoolwork and decrease some of the disruptive behaviors that are part of this disease (Froehlich, McGough, & Stein, 2010).
- Kendall and Shelton (2003) found that even after taking medication, most children with ADHD still experience emotional and behavioral difficulties that disrupt family functioning and challenge parents' family management.
- Parents requested more support, information, resources, and education about ADHD. Providing family supports for these exceptional caregivers is crucial for their workforce participation and performance, and may also be important for their children's functioning.



# Discussion: Work-Family Fit

- For employed mothers, the level of mental health problems of their children with ADHD strongly predicted their difficulty combining work with family. When they reported higher levels of externalizing and internalizing behavior, their work-life fit worsened.
- Some mothers had already made workplace decisions that increased their flexibility at work, with over one quarter reporting they had flexible work hours, a fifth working part-time schedules and a quarter sometimes working at home.
- The reported levels of family flexibility to meet work responsibilities was a significant predictor of fit. The flexibility in their family arrangements for the care of their children was key for less difficulty combining work-family.





# Discussion: Work-Family Fit

- The level of family conflict strongly predicted difficulty combining work and family responsibilities, with higher levels of conflict related to lower work-family fit.
- The PACT intervention supported family members in the child's life and helped them understand the nature of the disorder so that parents are more able to structure situations to enable the child to behave appropriately and achieve success within the limits of the disability.
- In this way, family members would be more able to function in a stable and supportive manner to each other and to the child with ADHD, and improve the child's ability to be successful in the community, and reduce the conflict between the child's needs and work demands.



# Study Limitations

- Participants of this study were all mothers who were willing to be enrolled in a home visitation intervention, presumably because of their experiences of disrupted family functioning.
- Additionally, the families all lived in one metropolitan area of the Pacific Northwest of the United States, and were demographically similar to the area residents, who are limited in their racial/ethnic diversity.
- Because the study was focused on testing the PACT intervention, and required extensive measurement of parent and child mental health and services, the work-family measures that were used in this study were limited to brief and basic measures



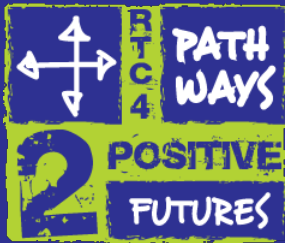
# Future Directions

- The PACT intervention is designed to assist mothers to take charge of their child's ADHD symptoms and to become the family expert and advocate within a strength- and knowledge-based position, which can then serve as a catalyst for increased well-being within the family unit as a whole.
- Through this intervention, we predict that maternal depression and anxiety will decrease, that family functioning will increase, which, in turn, will decrease child behavior problems.
- By stabilizing home life, we expect that work-life issues will steadily improve as the intervention proceeds allowing mothers more energy, opportunities and participation in the work force.



# Future Directions

- FSS data from all the children in the family, age 10 and above, as well as the fathers, will be analyzed to determine how different members of the family perceive family life as a contributing factor in predicting family stability, and possibly work-life integration.
- We will also examine whether specific community services may provide clues as to what contributes to family stability and resolution of work-life concerns (Ascher, et al, 1996).
- Once the factors and components of family life are more clearly identified that contribute to family stability and improved work-family fit, clinicians will have more of a guide as to how to intervene to help families cope with the difficulties the disorder offers and plan effective care.



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# Our thanks also to the PACT families!!

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