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# Parent Beliefs and the Treatment of ADHD

*Mackenzie Pike*

Attention Deficit Hyperactive Disorder (ADHD) affects a large number of children throughout the world. Treatments of this disorder have evolved over time as new medicines are developed and behavior therapies are studied. One component of treatments that is often not discussed is the people who most often initiate and administer treatments: the parents. Three studies aimed to address the role of parent attitudes and how it effects the child's treatment: "The Use Of Stimulant Medication And Behavioral Interventions For The Treatment Of Attention Deficit Hyperactivity Disorder: A Survey Of Parents' Knowledge, Attitudes, And Experiences" by Stroh et al., "A Discrete Choice Conjoint Experiment To Evaluate Parent Preferences For Treatment Of Young, Medication Naive Children With ADHD" by Waschbusch et al., and "Treatment Choices And Experiences In Attention Deficit And Hyperactivity : Relations To Parents' Beliefs And Attributions" by Johnston et al. Stroh et al., Waschbusch et al., and Johnston et al. agree that parents' attitudes toward treatment of ADHD plays a role in its effectiveness, though they disagree on which treatment parents prefer and how informed the parents are about ADHD and potential treatments.

Though these studies all address very similar topics, the type and purpose of the study varies. Stroh et al. surveyed 146 Wisconsin parents who had children in elementary school (385). This study gathered opinions from parents with and without children who have ADHD. The purpose of this study was to determine how parents felt about various treatments as well as discover how informed they were about this disorder. Stroh et al. also proposed potential action to be taken based on their findings. Waschbusch et al. also conducted a survey. This study surveyed 183 parents of children who had never taken medication (548). Similar to Stroh et al., this survey aimed to compile the treatment preferences. One key difference, however, was the way the participants were chosen. In Stroh et al.,

the participants were all parents from one school. Waschbusch et al., however, recruited participants with flyers that advertised the study as a way to eliminate or limit the use of the children needing medication in the future (548). The survey conducted by Johnston et al. was similar to the survey by Stroh et al. because the survey aimed to gather information about parent attitudes. Unlike Waschbusch et al., this survey did not promise to limit the need of medication in the future. The survey by Johnston et al. also differed from the other two because the participants were parents of boys ages 5 to 13, rather than members of both sex (670). This survey acquired its participants by advertising in newspapers and community centers, similar to Waschbusch et al. Rather than advertising on the premise of limiting medication use, however, the survey by Johnston et al. reimbursed the parents monetarily (Johnston et al. 670). All three studies aimed to acquire information about parent attitudes and beliefs, but varied in the ways they advertised for and conducted their surveys.

All three studies readily acknowledge that parents play a large role in ADHD treatment. Not only do they make the final decision for their child, but they also are the ones who keep their children accountable to take the medication or participate in the behavior treatment. The studies, however, attribute the origin of parent beliefs about medication and treatments to varying sources. Both Waschbusch et al. and Johnston et al. found that a treatment needs to be congruent with the parents' beliefs in order to be effective. Waschbusch et al. found that parents whose children had not yet taken medication were focused on utilizing other methods to treat their children in order to avoid giving them medicine (556-557). Thereby, it would not be effective to prescribe medication to these children because the parents may not fill the prescription or enforce consistent use of the medication. Attitudes toward treatment could also be connected to certain demographics. For example, outcome oriented parents-those willing to use whichever treatment is the most effective, including medicine- were more likely to be depressed single mothers with high stress levels and low education (Waschbusch 557). These parents are typically more open to different types of treatments and will implement whatever works best. Similarly, Johnston et al. found that a treatment can only be effective if the doctor works with the family "in establishing

treatment plans that will not only meet the child's needs, but also be congruent with parents' beliefs" (676). Stroh et al. also found that parents influenced treatment, yet in contrast, they found that preferences originated from the physician or from pamphlets rather than personal beliefs of the parents (398). Because of the natural bias of these pamphlets produced by pharmaceutical companies, parents who receive information about ADHD from these sources are often more friendly toward medicine (Stroh 398). Not only do these studies address the influence of parent preferences, but also the types of preferences that the parents have.

All three research groups came to varying conclusions about the preferences of parents. According to Stroh et al., parents of children with ADHD view medication as more effective than behavior therapy, whereas parents who did not have a child with the disorder saw medication as negative (397). The study conducted by Waschbusch et al. came to a similar conclusion. The study concluded that a large majority, or about 70.5%, of parents were medicine avoidant, meaning that not giving their children medicine was a top priority for them (Waschbusch et al. 556). However, this result is not necessarily accurate. The participants were children who had never taken medicine and whose parents aimed to avoid treating their kids with medication in the future. The former two surveys made the participants choose one treatment method over the other, whereas Johnston et al. acknowledges that most parents prefer a combination of multiple treatments. These treatments could include trying various methods that have not definitively been proven to work, like altering the child's diet or adding vitamins and minerals (675). Preferences vary from parent to parent, depending on personal beliefs along with information obtained from various methods.

Stroh et al. and Johnston et al. came to differing conclusions on the level of knowledge that parents had about ADHD along with its treatments. One study came to the conclusion that parents are lacking adequate knowledge about their child's disorder. Because they are inadequately informed, parents often readily accept information from their doctors, their child's teacher, and even biased pharmaceutical pamphlets (Stroh 397-398). This lack of knowledge or presence of one sided knowledge can prevent parents from being open to varying treatments. Johnston et al. state that most parents involved in the study had a good general knowledge of ADHD and

its treatments, yet still maintained some inaccurate beliefs (676). While the two sources disagree on whether or not parents have an adequate knowledge about ADHD, they both maintain that parents receive information from biased sources, which could alter their preferences. Waschbusch et al. do not address parent knowledge in that study, however. The purpose of this study was to determine the attitudes of parents of ADHD children toward treatments along with discovering certain demographic trends. Determining how parents' knowledge of medication influenced attitudes was not a goal of this study, therefore it was not addressed.

At any given time, 3% to 7% of children in school are suffering from ADHD (Johnston et al.669). The problem is widespread and it is up to their parents to take action. Despite all of the differences between Waschbusch et al., Stroh et al., and Johnston et al., they all agreed that treating children with ADHD is vital. They also agreed that parents are the final decision maker for the treatment of their children but had varying conclusions about how those preferences are applied and what effect they have on the children. Regardless of what parents believe or how knowledgeable they are, it is important that they make sure their child is receiving whatever treatment works best for them and their family.

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