Understanding the Role of Family Management in Ethnically Diverse Children with ADHD

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Introduction

CHILDHOOD ADHD
- Attention Deficit Hyperactivity Disorder (ADHD) is the most common childhood neurodevelopmental condition.
- From a biomedical perspective, ADHD is a chronic disorder caused by a complex interplay between genetics, changes in brain development, and environmental influences.
- Standard evidence-based treatments include behavioral therapy and psychopharmacology.

ROLE OF FAMILY IN ADHD
- Family is an integral aspect to the care, management, and well-being of children with ADHD.
- The literature suggests that the behavioral management by families is a key determinant in treatment outcomes.
- Prior research has shown greater improvement in child ADHD outcomes with active family engagement and participatory collaboration between health care providers and parental caregivers.

HEALTH DISPARITIES IN ADHD
- Health disparities exist for children with ADHD in regards to symptom recognition, diagnostic rates, treatment acceptability, and service use.
- Disparities are created by a variety of socioecological influences, which are present in children’s lives, including family, school, healthcare, and community level factors.
- Furthermore, issues of health equity magnify these disparities, especially for children at high risk for undiagnosed, untreated, or undertreated ADHD.

SIGNIFICANCE
- Health disparities in ADHD diagnosis, treatment, and service use may cause significant and long-lasting effects on children, like:
  - Poor academic achievement
  - Negative peer relationships
  - Conflict in family life, and
  - Psychiatric co-morbidities (e.g., depression, anxiety, severe mood and behavioral disturbances, oppositional-defiant and conduct disorders)

- For a subset of children, the lack of appropriate care for ADHD may lead to:
  - Risk-taking behaviors
  - Illegitimate substance use or abuse of prescription medications
  - or involvement in the juvenile justice system.

GAPS IN THE LITERATURE
- What is less known in the literature is how caregivers manage childhood ADHD on a daily basis and how these experiences and family management factors, including child’s daily life, condition management ability, condition management effort, and view of condition impact, influence child functioning.

PURPOSE
- Guided by socioecological theory and family management framework, the purpose of this study was to understand how caregivers manage childhood ADHD in their everyday lives and to examine how family management factors relate to child functioning.

Methods

DESIGN
- This mixed-methods study used a cross-sectional embedded concurrent nested design (QUALITATIVE quantitative).

SPECIFIC AIMS

***Aim 1: To qualitatively examine via in-person interviews how caregivers manage ADHD in their everyday lives (using the family management factors as a guide) and to understand the barriers and facilitators of family management for their child’s ADHD.

Aim 2: To qualitatively examine how child characteristics, family management factors, and caregiver and environmental characteristics influence children’s level of functional impairment.

Aim 3: To use a mixed-methods approach to integrate the qualitative and quantitative findings explicating overlapping complementary themes and family management factors that influence children with ADHD at higher and lower levels of children’s functional impairment.

***Only qualitative results will be presented.

Quantitative & Mixed-Methods analyses were under way as poster was prepared.