



The Effectiveness of A Behavior Management Training on The Symptoms of ADHD, Marital Satisfaction, Mother's Self-Efficacy

Alireza Mollazadeh¹, Aliakbar Arjmandnia^{2*}, Gholamali Afrooz³

¹Department of Psychology and Education of Exceptional Children, Science and Research Branch, Islamic Azad University, Tehran, Iran
E-mail: alimollazade@yahoo.com

²Department of Psychology and Education of Exceptional Children, School of Psychology, University of Tehran, Tehran, Iran
E-mail: arjmandnia@ut.ac.ir

³Department of Psychology and Educational Sciences, School of Psychology, University of Tehran, Tehran, Iran

(Received June 2015; Published Sept 2015)

ABSTRACT

This study aimed to determine the effectiveness of behavior management training on attention deficit-hyperactivity disorder symptoms in children, marital satisfaction and mother's self-efficacy. This study of the semi experimental used for the present paper type pretest, posttest, control group, the study population included all mothers of children 3 to 12 years with ADHD Attention Deficit-Hyperactivity the selection of targeted sample. The criteria for the study included 60 mothers who were selected after satisfaction questionnaire invited to participate during the training and implementation of a members were divided randomly into two groups of 30 control and examination. In this study, the question demographic characteristics of subjects, the scale of SNAP, Parenting scale (PSAM), satisfaction scale. Results showed parent management, reducing the symptoms of attention deficit hyperactivity disorder in children. Marital satisfaction change of parity, include three components: problem solving, parenting, good reflection and self-effective parents. Intervention improve the quality of mother's self-efficacy.

Keywords: Attention Deficit/Hyperactivity, Marital Satisfaction, Self-Efficacy, Behavior Management Training, Education And Family-Centered

[DOI:10.14331/ijfpss.2015.330052](https://doi.org/10.14331/ijfpss.2015.330052)

INTRODUCTION

One of the most common behavioral disorders and psychological problems of children with disabilities for children, family members and other people associated with children such as teachers and peers gives a lot of problems. Among the most common behavioral disorders have been reported, ADHD, and according to research prevalence rate of 7 to 8 percent of school-age children to mature. Epidemiologic studies show that this disorder in approximately 5% of children and adolescents and adults

occur in about 2.5 percent ADHD disorder in the Diagnostic and Statistical Manual fifth edition Mental Disorders (DSM-5) is placed in category neural growth disorder and the diagnosis was confirmed on two things: the presence of ADHD disorder associated with failure before age 12, in the previous edition (DSM-IV) criteria for ADHD aged 7 years and the presence of at least two different conditions such as in a home environment and school and work (Benjamin, 2014). Children who have attention deficit/hyperactivity dominant feature is more likely than children who have

attention deficit syndrome is dominant, are referred for treatment. Most children with attention deficit/hyperactivity are experiencing some difficulties and social problems. In those children who suffer with social, mental disorders and that children with more behavior problems in school and relationships with peers and family members more. In general, it seems, the rate of attention deficit/hyperactivity in a child with lasting psychological damage, especially conduct disorder, social dysfunction and family factors depend disturbed and may improve social functioning children, aggression and corrected as soon as possible family circumstances, the best results are usually the first sign that an active subside and disregard the last sign that goes away, so often in adults, feelings of restlessness and attention problems continue Partly cloudy. The possibility of improvement after 12 to 20 years of age (Benjamin, 2014; Sadock, Sadock, & Ruiz, 2009). One of the most natural groups that can satisfy human needs, family. The task of family child care and education, they communicate well together and help members of the child's independence, even if the child is mentally retarded, blind, or deaf (Afrooz & Ghodrati, 2011). If a family has a child is exceptional, obviously the nature and severity of the disability on the one hand, and on the other hand he needs, he features in the shape of the yield impact-affected families. This is influenced by many variables such as economic status, social, ethnic, religious and family are. families with children birth exceptional variety of emotional reactions and cognitive experience. The birth of a child with challenges and new responsibilities for parents, because they have to adjust your life with a new family member. It is generally accepted that the child's family that his exceptional impact on the change in roles and responsibilities of family members. The results of the effects, positive and negative consequences of short-term and long-term consequences that can have on family functioning (Lee & Gardner, 2010).

Ha, Greenberg, and Seltzer (2011) argue that most of the parents of exceptional children with symptoms associated physical and mental health of the parents affected. Birth of a child with a disability can be a family as a social institution, in many ways change. Parents and siblings may be the subject of trauma, despair, anger, depression, guilt and confusion react. Over time, many parents and siblings grows coping skills and in-between, well-being and their capacity to cope with stress and stressful for children, youth or adults with a disability, increased. In addition, the relationships between family members usually change One of the factors that had a negative impact on children's emotional development and social and communication and leads to behavioral disorders in children, introversion, academic problems, insecure attachment, difficulty in relationships with peers and problem solving skills is an issue of consent couples. The findings indicate that increased stress can lead to adverse psychological consequences of mental well-being and reduce the general condition has been damage to favor parity (Hardman, Drew, & Egan, 2013; Kitzmann, 2000; Mallers, Charles, Neupert, & Almeida, 2010).

Children with ADHD family interaction check-reflects the behavior of children in stressful and acts as a stimulus to turn

on the behavior of parents (especially mothers) and self-involved mother. Term efficacy alone and for the first time by Bandura (1988) (cited in (Taylor, 2006)), introduced and spread. Accordingly, people who have low self-efficacy, do not believe that to be the initiator of changes in themselves and their surroundings. Self-perception by an individual, that person believes in their ability to assign a task that is well defined (Trunzo, 2006). It can Bandura thought patterns, scientific and emotional arousal at different levels of human experience, from the physiological to the collective activities under the contract its effect. In this system, the effect of environmental events in the regulation of behavior, mainly influenced by cognitive processes, evaluation and efficiency are determined. Parental self-efficacy, mother's perceptions of their ability to play the role of mother is defined. The definition of a good mother is different in different cultures. It also features that are hardly parental self-efficacy, varies in different societies. In America, women who are educated receive adequate social support and their children are not difficult and parents have higher self-efficacy. Mothers who know their parents efficiency, are less likely to be depressed, often in their relationships with their children in positive, active participation in meetings related to his school and to help their children with their homework (Teti & Gelfand, 1991).

Parent management training as a formal treatment in 1960 was entered into the field of mental health. During more than four decades, various forms of parent management training for different ages and disorder, also stressed that any particular technique were there. It involves interventions to change behavior in which parents teach children. These child-parent interactions in order to change the design house, the parents taught the different ways to communicate with their children, to increase their positive behaviors and reduce their negative behavior. Parents also reduce stress in dealing with confrontational behavior in children and increase the efficiency of their parenting. The purpose of this intervention and treatment, the formation of specific responses in children and their parents, as well as behavior modification, educational training for children and increase children's good behavior at home, school and community desired (Kazdin, 2005). This method is based on the principles of conditioning agent and in consecutive years, a good experience had in the treatment of childhood behavior problems. The evidence-based treatment for children with oppositional defiant disorder, parent management training is an evidence-based treatment. The most popular practices in relation to children with ADHD, behavioral management methods with positive reinforcement and other outcomes, desired behavior. This study examined, the effectiveness of a family-centered behavior management program training on the symptoms of attention deficit/hyperactivity disorder marital satisfaction, mother's self-efficacy. The research hypothesis are as, 1-Parent management training reducing ADHA disorder symptoms. 2-Parent management training effect on parity marital satisfaction in ADHD children mother's 3-Parent management training effect self-efficacy in ADHD children mother's.

METHODOLOGY

This study Method is quasi-experimental designs used in the present study is type pretest-posttest control group. The study population consisted of all mothers of children 3 to 12 years old with attention deficit/hyperactivity is That in 1393 the child psychiatry clinic of Tehran Imam Hussein hospital visited. Targeted selection of the study, a sample of mothers of children by psychiatrists, children's clinic, the diagnosis of ADHD were 36 patients in each treatment group were controlled, experimental conditions timetable for the experimental group company participants were notified. In the case of the control group matched with experimental group, 36 children with ADHD were on the waiting list 36 were in the experimental group, were divided into 3 groups of

12 to contact the appropriate intervals for class, intervention and last run sessions for groups, during the period of 60 days, a week and a total of 8 meeting session, the mothers were formed questionnaire, research, participants are then listed after 4 months with a questionnaire, were about to pursue. Finally, many people do not complete the questionnaire because don't return or, of having a child with a psychiatric disorder that was evaluated through additional demographic data interviews, absence of more than two sessions other cited mother and exit the sample, were excluded from the study (participants loss). Finally, 60 subjects tested and control groups had 30 mothers of children with attention deficit over the 3-year-old Faly12- from fully completed questionnaires, entered the research process. The data collected were analyzed with SPSS software.

Table 1. Research design diagram

Group	Pretest	Independent Variable	Post Test	Follow Up
Experimental	T1	X1	T2	T3
Control	T1	-	T2	T3

The tools used in this study are including as; **1-Rating scale SNAP-IV:** SNAP grading scale for diagnosis of attention deficit-hyperactivity disorder (ADHD) is a special form of a set of 18 female parents and teachers formed This scale was in 1980 by Swanson, Nolan and Pelham were made in the name of its creators called SNAP. Point cut in the total scale and each of the subscales and more attention deficit hyperactivity respectively 1.57, 1.45 and 1.9.

2-Scale self-parenting (PSAM): This scale by Dumka, Stoerzinger, Jackson, and Roosa (1996) and parenting were used to assess efficacy. Parental self-efficacy, including 10 females and an overall sense of confidence in the role of parent measures parents. Domka study on English-speaking mothers with high and medium socioeconomic level, Cronbach's alpha coefficient was 0.75. In a study by Taylor (2006) on a group of mothers, reliability obtained for positive parenting efficacy, Cronbach's alpha 0.69, self-efficacy negative parenting 0.65 and total parental income, alpha 0.54.

3-Marital satisfaction scale (AMSS): Satisfaction Questionnaire short form of marital satisfaction consists of two, 51 and 110 long-question Likert scoring all questions are in the range of 4 degrees. In this study, the Short Form 51-item scale was used with a 10 in. The internal consistency by Cronbach's alpha coefficient of this scale, 95.0, (and the power mongers, 2011), respectively, which represents a very favorable reputation and satisfaction parity is luminous. The results of factor analysis and construct validity of this scale showed the number 9.

THE STAGES OF PROVIDED RESEARCH INTERVENTION PROGRAM

The program for the development of this research, various components of these various training programs and educational requirements of children with ADHD clinical-extracted for parents, according to the bio-psycho-social characteristics of children program it was prepared. Content validity by experts in psychology specialty of medical child psychologist evaluated and approved. The program emphasizes active participation from both parents, but the fact that mothers have more time and energy to attend training classes and interaction, samples of the mothers was selected. Although some intervention includes father with mothers meetings were tests conducted only by mothers. During regard to mothers who were stressed and training sessions, discussions and speak Hara notes or record the session to inform his wife have taught their mother and father two to learning and implementing lessons learned related to parenting actively, mobile and home environment act in line with each other.

DATA ANALYSIS

The results presented in Table 2 show that, on average in attention deficit and hyperactivity variables in the experimental group compared to the pre-test declined.

Table 2. Descriptive characters of attention deficit-hyperactivity on experimental and control group

Variables	Groups	Pretest		Post Test		Follow up	
		M	SD	M	SD	M	SD
Attention Deficit	Experimental	1036	0.77	1010	0.76	1011	0.57
	Control	1019	0.58	1008	1.01	1055	0.88
Hyperactivity	Experimental	1006	0.98	1015	0.99	1010	0.64
	Control	1007	0.87	1008	0.94	1005	0.56
Attention Deficit -Hyperactivity	Experimental	1048	1.03	1013	0.65	1010	0.75
	Control	1055	0.83	1044	0.74	1054	1.11

Also in the control group to measure changes over time have had in three stages. Performed multivariate analysis of covariance, Hotelling test shows ($F = 44.13$, $\eta^2 P = 64.0$, $p < 0.1$) at least one dependent variable ADHD, there are

significant differences. Followed by univariate analysis of covariance was used for attention deficit/hyperactivity disorder (Table 3).

Table 3. Univariate analysis of covariance model for attention deficit-hyperactivity

Variables	SS	DF	MS	F	Sig	$\eta^2 P$
Attention Deficit	13051/83	1	13051.83	10.65	0.01	0.39
Hyperactivity	1484.27	1	1448.27	12.35	0.01	0.46
Attention Deficit- Hyperactivity	1421.05	1	1421.05	11.87	0.01	0.44

The results of this study showed, for attention deficit variables ($F = 65.10$, $P = 0.01$) hyperactivity ($F = 35.12$, $P = 0.01$) and ADHD ($F = 87.11$, $P = 0.01$). Significant

univariate analysis of covariance respectively. This means, a pilot intervention study on tests for attention deficit, hyperactivity ADHD impact.

Table 4. Descriptive characters self-efficacy parent on experimental and control

Group	Pretest		Post test	
	M	SD	M	SD
Experimental group	44.50	8.82	53.00	7.70
Experimental group	46.05	9.32	44.90	7.87

Average of the observed changes in both groups had average parental self-efficacy. It is noteworthy that criteria normal distribution, the same variance and covariance matrices, there is no difference, so the use of univariate analysis of covariance model is unobstructed. According to Table 5, two experimental and control groups had no

significant differences in pre-test and post-test together after covariate the minimum initial difference, between the two groups was significant ($F = 27.2$, $P = 0.01$ Based on the average of the experimental group in the post-test average parental self-efficacy increased.

Table 5. Univariate analysis of covariance model of self-efficacy parent

Variable	SS	DF	MS	F	Sig	$\eta^2 P$
Pretest	236.01	1	236.1	2.97	0.42	0.11
Group	705.33	1	705.33	27.02	0.01	0.61
Error	443.7	17	26.1			

Therefore, behavior management training program, is to increase parental self-efficacy. The Table 5, shows that the average parity components of satisfaction in two groups of

experimental and the control group in both pre-test and post-test, have shown changes.

Table 6. Descriptive characters of couple satisfaction permanents on experimental and control group

Variable	Group	Pretest		Post test	
		M	SD	M	SD
Couple Satisfaction	Experimental	13.73	42.48	139.75	28.32
	Control	135.67	38.66	136.56	41.31
Effective Satisfaction	Experimental	15.5	5.42	16.83	3.90
	Control	15.69	5.24	15.45	6.35
Interaction Satisfaction	Experimental	14	5.49	15.58	3.75
	Control	15.32	4.81	15.26	0.02
Attitude Satisfaction	Experimental	18.74	6.70	20.42	4.03
	Control	19.36	6.32	19.52	6.56
Behavioral Satisfaction	Experimental	28.82	8.33	29.33	6.005
	Control	26.73	9.34	26.83	10.19
Social Support Satisfaction	Experimental	14.05	4.9	14.00	2.33
	Control	13.18	3.8	12.32	4.22
Agreement Satisfaction	Experimental	8.33	2.6	9.67	1.56
	Control	8.85	2.34	9.04	2.38
Problem Solving Satisfaction	Experimental	10.97	2.99	13.03	2.39
	Control	8.97	2.51	9.49	2.53
Personality Satisfaction	Experimental	7.66	3.05	8.16	2.48
	Control	7.5	2.11	6.98	3.01
Parenting Satisfaction	Experimental	8.15	2.86	11.918	1.64
	Control	8.4	2.07	8.59	1.88
Optimistic Satisfaction	Experimental	11.5	3.85	14.75	2.01
	Control	11.42	3.22	11.61	3.02

As we have seen, occurs, this variable in the experimental group than the control group at post-test and the difference is increasing. To test these differences through multivariate analysis of covariance, the assumptions of normality of distribution, covariance matrix homology ($P = 0.05$, $F = 2.97$) and the same variance exists between the two groups. Furthermore in order to study the effect of each of mothers in couples' satisfaction tests, univariate ANCOVA were analyzed. As Table 6 shows. The results show that

satisfaction problem solving ($F = 15.4$, $P = 0.05$) parental satisfaction ($F = 31.9$, $P = 0.01$) and optimal satisfaction of thinking ($F = 43.4$, $P = 0.05$) is the result of significant univariate analysis of covariance. In the remaining couples' satisfaction between the experimental and control groups was not statistically significant. This means, intervention on problem-solving, parental and the optimistic satisfaction is improved.

Table 7. Univariate analysis of covariance for Mather couple satisfaction

Variables	SS	DF	MS	F	Sig	η^2
Couple Satisfaction	3856.37	1	3856.37	0.79	0.37	0.03
Effective Satisfaction	17.91	1	17.91	0.37	0.54	0.02
Interaction Satisfaction	501.83	1	501.83	3.31	0.07	0.02
Attitude Satisfaction	0.08	1	0.08	0.01	0.97	0.14
Behavioral Satisfaction	12.52	1	12.52	0.31	0.57	0.03
Social Support Satisfaction	6.88	1	6.88	0.06	0.81	0.06
Agreement Satisfaction	5.59	1	5.59	0.33	0.57	0.03
Problem Solving Satisfaction	169.52	1	169.52	4.15	0.05	0.41
Personality Satisfaction	121.31	1	121.31	2.4	0.15	0.02
Parenting Satisfaction	176.03	1	179.03	9.31	0.01	0.68
Optimistic Satisfaction	173.43	1	173.43	4.43	0.04	0.43

RESULT AND DISCUSSION

After intervention and behavior management training to women, data analysis showed that the difference between experimental and control groups is statistically significant. In other words intervention significantly decreased the rate of failure is HD. In clinical found, mothers of children with ADHD compared to children question indifferent, it could more actively to attract children to the behavior of the children's answers lead. Furthermore, when parents are not able to establish control procedures fixed on their children, so that he acted passively, in the form of ordinary children are receptive to inappropriate behavior. The attention to negative behaviors and ignoring the positive behaviors can lead to deterioration of behavior problems of children with ADHD (Graham, Turk, & Verhulst, 1999). Research carried out in connection with the effectiveness of various programs to reduce the symptoms of attention deficit/ hyperactivity, attention parents have had mixed results. Reitman, Hupp, O'Callaghan, Gulley, and Northup (2001) states that the token economy system, improve attention and reduce disruptive behavior, is more effective than methylphenidate.

Other research have shown Befera and Barkley (1985), Sanders (2008), Barkley (2014), Hoath and Sanders (2002); Huang, Chao, Tu, and Yang (2003); Mash and Johnston (1990), TAHMASIAN, Anari, and SALEH (2009), Abedi-Shapourabadi, Pourmohamadrez-Tajrishi, Mohamadkhani, and Farzi (2012) usefulness of parental education on children with ADHD symptoms. It can be concluded, using the principles of behavior change education to mothers such as strength, taps, token economy, observational learning, and fine deprivation leads to improved behavior and reduction of deviant behaviors are socially acceptable. A total of behavioral treatments for attention deficit-hyperactivity in improving learning, academic performance, impulsive behavior, motor activity, attention and influence (Befera &

Barkley, 1985). The researcher was noticed during the implementation of the intervention program, parents educated, young and middle to high socioeconomic level, more active participation in class and also had performances at home. So an important variable, socio-economic level of the family and the education of parents, especially mothers, should be considered. Lewis (2002) have pointed out that the active participation of parents in their meetings and incentives, has a decisive influence on the outcome terms of education of parents, there are various programs and some hints reasons mainly related to methodology, the cause of the failure. Factors such as intervention measures, behavioral and personality characteristics of parents and duration of the intervention, seems to have an important role in this issue. The reasons for the lack of effectiveness in doing some research on the different types of programs cited lack of full and proper application. As TAHMASIAN et al. (2009) noted, short-term interventions may not be able to see signs of change or evaluation. Improve the level of parental knowledge of child behavior management methods and characteristics of the disorder can lead to changes in knowledge and attitudes of the parents of the child's behavior, from the deterioration of children's maladaptive behaviors and more actively prevented. On the other hand, as Hechtman (2000) have shown that increasing parental knowledge lead to a change in behavior is not. After the intervention program and training, data analysis showed a difference between the experimental and control groups in terms of satisfaction of spouses is not statistically significant. Educational programs implemented in this study, the sewage through behavioral training necessary for mothers of children with ADHD and symptoms aimed at dampening the inappropriate behavior of children on the one hand and align the attitudes and methods of education parents On the other hand, the happy couple has three subsets that include problem-solving satisfaction,

parental satisfaction and optimal satisfaction of thinking. Intervention, this research leads to new insights and approaches to solving conflicts arising child couples with children and gaining attention deficit/hyperactivity is parenting skills. Behavior management skills as well as on the behavior of children with ADHD, decreased negative emotions and enhance positive emotions and attitudes toward impaired children and improve the satisfaction of parity in 3 sub-be. In this context, two hypotheses premise reflection: In this case, parental consent or lack of consent of marriage reflects the hostility and conflict between couples. In fact, along with ineffective parenting, rejection or excessive child care the b-hypothesis compensation: Contrary to previous assumptions, the lack of coordination and lack of consent does not comply with the parenting, marital conflicts, even more attention to children are caused handle (Zimet & Jacob, 2001). The results showed that parental self-efficacy in women in the intervention groups than in the control group had significantly increased. Note that in this program there were the positive aspects of intervention in every session that mothers interact with their with child pointed out, encouraged, and positive engagement in shared experiences in the group, encourage It was, to help mothers to identify the components of a good relationship, good communication with their children in the way of empathy and encouragement to mothers motivated to form good relationships with children, take place. The program aims to increase the confidence and the ability to dominate her mother on the conditions and disorders in children. Encourage mothers to improve their performance on the part of the therapist and

group members in total social support group members through the experiences, perhaps as a mediator in an increase in efficacy among parent know. result of study findings of various studies, including Hanna, Edgecombe, Jackson, and Newman (2002); Gross, Fogg, and Tucker (1995) are consistent.

This study is an applied research and has several practical implications and recommendations in the area of education of gifted children, children with special needs, developmental psychology, clinical psychology, and child psychology and child abuse. According to the effect Part of this research intervention to reduce behavioral problems in children with attention deficit-hyperactivity, this method can be used in clinical settings for the treatment of behavioral problems in the wider children or children with externalizing disorders and in making used Also, to prevent the first level of emotional behavioral disorders, can be common in mothers of children from the intervention and improvement of their interaction with the child. To prevent different levels of behavioral problems common in children, children exposed to Risk and children with special needs, intervention research are ready to apply some changes to be applied.

ACKNOWLEDGMENTS

This work is funded by cooperation all employees and officials of Child and Adolescent Psychiatry Imam Hussein Hospital and mothers participating in the program behavior management training, took interest, Thank you.

REFERENCES

- Abedi-Shapourabadi, S., Pourmohamadreza-Tajrishi, M., Mohamadkhani, P., & Farzi, M. (2012). Effectiveness of group training positive parenting program (Triple-P) on parent-child relationship in children with attention deficit/hyperactivity disorders. *Journal of Clinical Psychology*, 4(3), 63-73.
- Afrooz, G., & Ghodrati, M. (2011). Creativity in Students: Evidence from Parental Marital Satisfaction, Intelligence, and Age. *International Journal of Social Sciences*, 1(1), 9-16.
- Bandura, A. (1988). Self-efficacy conception of anxiety. *Anxiety research*, 1(2), 77-98.
- Barkley, R. A. (2014). *Attention-deficit hyperactivity disorder: A handbook for diagnosis and treatment*: Guilford Publications.
- Befera, M. S., & Barkley, R. A. (1985). Hyperactive and normal girls and boys: Mother-child interaction, parent psychiatric status and child psychopathology. *Child Psychology & Psychiatry & Allied Disciplines*.
- Benjamin, J. (2014). Sadock. Synopsis of Psychiatry: Behavioral Sciences. *Clinical Psychiatry*,. Eleventh Edition, volter cluwer.
- Dumka, L. E., Stoerzinger, H. D., Jackson, K. M., & Roosa, M. W. (1996). Examination of the cross-cultural and cross-language equivalence of the parenting self-agency measure. *Family Relations*, 216-222.
- Graham, P. J., Turk, S. L. C. P. J., & Verhulst, P. D. C. A. P. F. (1999). *Child Psychiatry: A Developmental Approach*: Oxford University Press, USA.
- Gross, D., Fogg, L., & Tucker, S. (1995). The efficacy of parent training for promoting positive parent-toddler relationships. *Research in nursing & health*, 18(6), 489-499.
- Ha, J.-H., Greenberg, J., & Seltzer, M. M. (2011). Parenting a child with a disability: The role of social support for African American parents. *Families in Society: The Journal of Contemporary Social Services*, 92(4), 405-411.
- Hanna, B. A., Edgecombe, G., Jackson, C. A., & Newman, S. (2002). The importance of first-time parent groups for new parents. *Nursing & health sciences*, 4(4), 209-214.
- Hardman, M., Drew, C., & Egan, M. W. (2013). *Human exceptionality: School, community, and family*: Cengage Learning.
- Hechtman, L. (2000). Assessment and diagnosis of attention-deficit/hyperactivity disorder. *Child and adolescent psychiatric clinics of North America*, 9(3), 481-498.
- Hoath, F. E., & Sanders, M. R. (2002). A feasibility study of Enhanced Group Triple P—positive parenting program for parents of children with attention-deficit/hyperactivity disorder. *Behaviour Change*, 19(04), 191-206.
- Huang, H. L., Chao, C. C., Tu, C. C., & Yang, P. C. (2003). Behavioral parent training for Taiwanese parents of children with attention-deficit/hyperactivity disorder. *Psychiatry and clinical neurosciences*, 57(3), 275-281.

- Kazdin, A. E. (2005). *Parent management training: Treatment for oppositional, aggressive, and antisocial behavior in children and adolescents*: Oxford University Press.
- Kitzmann, K. M. (2000). Effects of marital conflict on subsequent triadic family interactions and parenting. *Developmental psychology*, 36(1), 3.
- Lee, M., & Gardner, J. E. (2010). Grandparents' involvement and support in families with children with disabilities. *Educational Gerontology*, 36(6), 467-499.
- Lewis, M. (2002). *Child and adolescent psychiatry: A comprehensive textbook*: lippincott Williams & wilkins Philadelphia.
- Mallers, M. H., Charles, S. T., Neupert, S. D., & Almeida, D. M. (2010). Perceptions of childhood relationships with mother and father: daily emotional and stressor experiences in adulthood. *Developmental psychology*, 46(6), 1651.
- Mash, E. J., & Johnston, C. (1990). Determinants of parenting stress: Illustrations from families of hyperactive children and families of physically abused children. *Journal of Clinical Child Psychology*, 19(4), 313-328.
- Reitman, D., Hupp, S. D., O'Callaghan, P. M., Gulley, V., & Northup, J. (2001). The influence of a token economy and methylphenidate on attentive and disruptive behavior during sports with ADHD-diagnosed children. *Behavior Modification*, 25(2), 305-323.
- Sadock, B., Sadock, V., & Ruiz, P. (2009). *Comprehensive textbook of psychiatry*. 9th: Philadelphia: Lippincott Williams & Wilkins.
- Sanders, M. R. (2008). Triple P-Positive Parenting Program as a public health approach to strengthening parenting. *Journal of Family Psychology*, 22(4), 506.
- TAHMASIAN, K., Anari, A., & SALEH, S. B. (2009). Direct and indirect impact of social self-efficacy on adolescents loneliness.
- Taylor, S. (2006). *An investigation of the relationship between Black single mothers' myth/stereotype acceptance, parental self efficacy, and childrearing practices*. Boston College.
- Teti, D. M., & Gelfand, D. M. (1991). Behavioral competence among mothers of infants in the first year: the mediational role of maternal self-efficacy. *Child development*, 62(5), 918-929.
- Trunzo, A. C. (2006). *Engagement, parenting skills, and parent-child relations as mediators of the relationship between parental self-efficacy and treatment outcomes for children with conduct problems*. University of Pittsburgh.
- Zimet, D. M., & Jacob, T. (2001). Influences of marital conflict on child adjustment: Review of theory and research. *Clinical Child and Family Psychology Review*, 4(4), 319-335.