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### A comparative review of “how to” books for parents of ADHD children and “how to” books for parents of typical children

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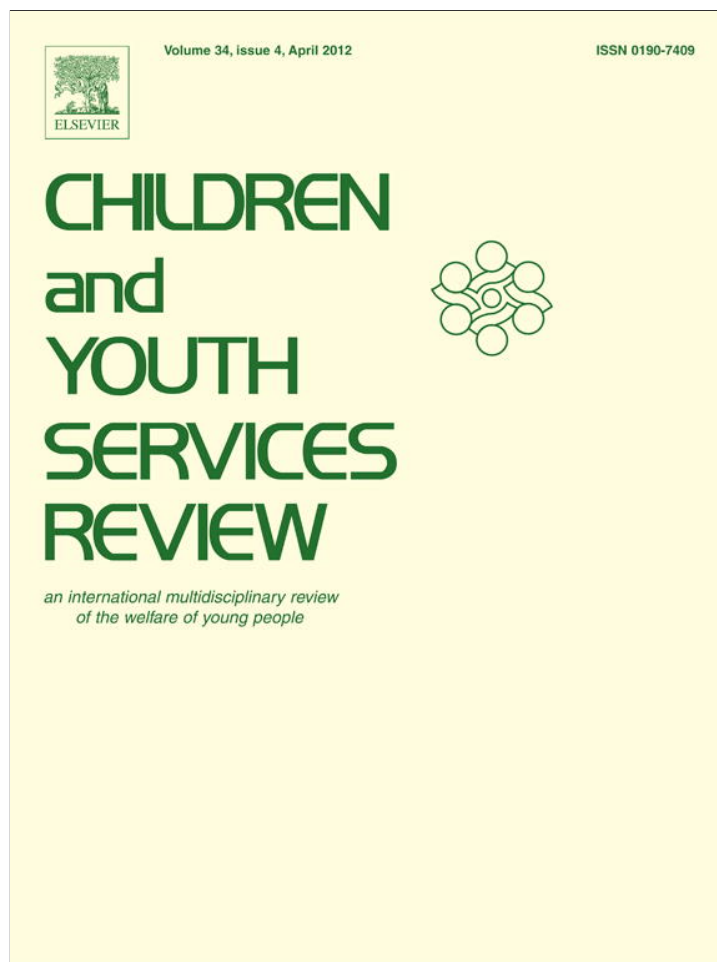
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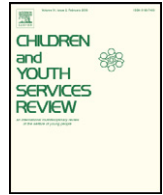


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## A comparative review of “how to” books for parents of ADHD children and “how to” books for parents of typical children

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### ABSTRACT

Although an increasing number of children are diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) and take medications to control their behaviors, a well-publicized controversy persists about whether ADHD refers to a common neurobehavioral disorder of childhood or to various medicalized temperamental, educational, and cultural differences and difficulties of children. Moreover, behaviors indicative of ADHD are commonly found among all children—although with different frequencies. This paper aims to identify and compare the type of information provided to parents of ADHD and non-ADHD diagnosed children through readily available self-help books. Searches using popular online bookstores were conducted to rank and select the ten most popular self-help books for parents of ADHD diagnosed children and those of typical children, from which relevant information was systematically extracted. We conclude that the information provided for these two sets of parents was substantially different, if not opposites, but children's behaviors were similarly portrayed.

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### 1. Introduction

This paper aims to better understand the situations of parents of children diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) by examining common materials available to these parents—popular self-help books—and understanding the type of knowledge imparted and interventions recommended to them on managing their children's diagnosed condition. It does so by reviewing and comparing popular self help books available for parents of ADHD and non-ADHD children on handling similar childhood behaviors. The materials are ten self-help books—five targeting parents of ADHD children and five targeting parents of typical children.

A prodigious amount of literature drawn from a variety of professional disciplines details many facets of ADHD. This body of literature recognizes the parents of ADHD children as the gatekeepers to and managers of their children's treatment (Arcia & Fernández, 1998; Hansen & Hansen, 2006; Harborne, Wolpert, & Clare, 2004; Kendall & Shelton, 2003). They are also often seen as caught in a web of dilemmas (Hansen & Hansen, 2006), confusion (Charach, Skyba, Cook, & Antle, 2006) and uncertainty (Harborne et al., 2004; Malacrida, 2001) about the nature of ADHD (Kendall, 1998; Taylor,

O'Donoghue, & Houghton, 2006) as well as medication use (Bussing & Gary, 2001; Charach et al., 2006; Jackson & Peters, 2008; Taylor et al., 2006), which remains the mainstay of ADHD treatment in the United States (Hersen & Van Hasselt, 1998). Part of their situation is said to derive from the contradictory information they receive from teachers and professionals as well as media or family and friends (Blum, 2007). However, the literature on these parents says little about the types of information and interventions recommended to parents of ADHD children on various aspects of handling the problem.

Questions persist about the nature of ADHD. The diagnostic label might refer to a common “neurobehavioral disorder” of childhood (Barkley, 2003) or to various medicalized temperamental, educational, and cultural differences and difficulties of children (Timimi & Leo, 2009). Although the ADHD construct is commonly held to represent a valid disorder or psychopathological entity in the fields of psychiatry, pediatrics, psychology, and education, critiques from within each of these fields and others have contested its validity since its inception (review by Cohen, 2006; Timimi & Leo, 2009). Debates about the relative merits of the positions, augmented by societal ambivalence about medicating children, give rise to controversies that are widely aired by the media (e.g., *The Medicated Child*, PBS: Frontline, 2007). Parents may find themselves caught between their child's problems and needs, the uncertainties regarding the validity of ADHD as a genuine medical condition and the benefits of psychiatric medication. Besides the documented short-term improvement of ADHD symptoms, the long-term effects of psychiatric medication use among children show no evidence of benefits (Molina et al., 2009) but possible

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drawbacks (Department of Health, 2010). Also, periodic warnings about adverse effects of stimulant medications—including sudden death—can exacerbate parents' worries (Food and Drug Administration, 2005, 2006, 2009 Gould et al., 2009).

Few studies focus on parents as pivotal players in the ADHD situation, and information concerning their circumstances and choices remains largely anecdotal. Similarly, little is known about what information these parents receive. This investigation attempts to fill this gap by examining some readily available materials for these parents—popular self-help books. However, since problem behaviors exhibited by ADHD children are commonly found among all children (Barkley, 2005; Mayes, Bagwell, & Erkulwater, 2008), it is likely that the parents of typical children are at least familiar with such behaviors. Therefore, to better conceptualize what is communicated to parents of ADHD children, it seems necessary to juxtapose it to the corresponding contents of materials that reach out to the parents of typical children.

A description of the type of knowledge that these parents are presented with should add to the understanding of parents' experiences with ADHD and the considerations they make when choosing a treatment or intervention for their child. Comparing the interventions recommended to both sets of parents about similar childhood behaviors could clarify why treatments of ADHD children vary from one family to another (Kendall & Shelton, 2003; Leslie, Plemmons, Monn, & Palinkas, 2007). Findings could generate ideas for interventions that better suit and help the families of ADHD children. (In this paper, for the sake of convenience, the terms *ADHD children* are used to refer to children diagnosed with ADHD, and *typical children* or *non-ADHD children* to refer to children who are not labeled as such.)

## 2. Literature review

### 2.1. Controversies over ADHD and its drug treatment

About 5.4 million or 9.8% of US children from the ages of 4 to 17 are diagnosed with ADHD (21.8% increase rate from 2003 to 2007) and nearly 66.3% of them take psychiatric medication to control their condition (CDC, 2010). Nevertheless, the diagnostic label of ADHD remains controversial in regards to its nature and its treatment. The uncertainty among observers and researchers is commonly reflected in the language employed to define the condition, often presented as a “problem,” “disorder,” “disability,” “illness,” or “disease” (e.g. Arcia, Fernández, & Jáquez, 2004; Blum, 2007; Charach et al., 2006), but occasionally as “individual difference” (Carpenter & Austin, 2007), “behavioral difference” (Jacobson, 2006), or “evolutionary advantage” (Armstrong, 2006). ADHD is sometimes described as a common neurobehavioral disorder of impulse control (Barkley et al., 2002) and impaired working memory (Rucklidge, 2006), accompanied by brain volume abnormalities (Castellanos et al., 2002), and at other times, as an indicator of the lack of fit of a child's temperament with a fixed structured environment (Diller & Tanner, 1996), as a questionable label for normal disruptive or inattentive child behavior (Leo, 2002; Stolzer, 2005), or as a cultural construct (Timimi & Taylor, 2004).

Uncertainty about the nature of ADHD is also present in the *Diagnostic and Statistical Manual of Mental Disorders, 4th Edition* (DSM-IV; American Psychiatric Association, 2000), where the diagnostic criteria for ADHD are all qualified by the undefined “often” (often forgets, often fidgets) and includes unclear descriptors such as “details,” “careless mistakes,” or “necessary tasks” (Barnes, Cerrito, & Levi, 2003; Schwartz, 2005). Researchers' discussions about the validity of ADHD can become heated and argumentative at times (Barkley et al., 2002; Jureidini, 2002), even more so when the topic of the use of psychiatric medication arises.

The ability of stimulant drugs to reduce behaviors seen as ADHD symptoms in the short-term is well established (Biederman, Spencer, Wilens, Prince, & Faraone, 2006; Wilens, Biederman, & Spencer, 2002), but is balanced by warnings about these medications' potential side effects such as insomnia, increased blood pressure, anxiety, depression, loss of appetite and weight, tics, and growth suppression (Breggin, 2000). In 2006, the Drug Safety and Risk Management Advisory Committee of the Food and Drug Administration (FDA) voted for a black box warning to be attached to stimulants used to treat ADHD, advising consumers of their cardiovascular risks probably caused by chronic elevation of heart rate and blood pressure (Nissen, 2006). Although this appears to be a very rare effect, the possibility of its occurrence could worry any parent, especially one unsure whether their child is taking medication for a genuine disease.

Furthermore, the long-term effects of psychiatric medication use are uncertain at best. An NIMH Collaborative Multisite Multimodal Treatment Study of Children with ADHD abbreviated as MTA study compared four treatment strategies for 579 children over a period of 8 years. This study reports no benefits of long-term psychiatric medication use among children diagnosed as ADHD (Molina et al., 2009). Another longitudinal study was conducted by the Western Australian Department of Health known as the Raine ADHD study. Data collected on 2868 families over 14 years showed no statistically significant differences on depression, self-perception, and social functioning because of medication use. However, slightly higher depression levels, lower self-esteem, and lower social functioning were reported when children took medications consistently (Department of Health, 2010).

### 2.2. Parents of ADHD diagnosed children

The parents of ADHD children are part and parcel of the ADHD phenomenon. They are usually the first to be notified by teachers concerning their children's ADHD-like behavior (Sax & Kautz, 2003). Parents use their own judgment about their child's behavior to follow up with a professional, and then to decide whether to follow that professional's recommendations (Arcia & Fernández, 1998; Bussing & Gary, 2001; Hansen & Hansen, 2006). Professionals rely on parents' accounts of their child's behavior, and parents choose what treatment their ADHD child might receive. To make these decisions, parents of ADHD children might employ their own cognition schemas (Arcia et al., 2004), opinions from friends and family (Jackson & Peters, 2008), and acquired knowledge from reported findings, researchers, and media (Taylor et al., 2006)—all of these likely in some dynamic interaction. As noted, given the existence of longstanding controversies about the condition and its treatment, these parental decisions may seem daunting.

Parents of ADHD children are often reported to show apprehension about medication use (Blum, 2007; Cohen, 2006; Hansen & Hansen, 2006) and commonly seek alternatives, even when medications seem to positively affect their children's behaviors (Charach et al., 2006; Cohen, 2006; Taylor et al., 2006). Some known alternatives to medications are parent training programs and the use of self-help materials. Parent training programs include the Triple-P training program (Saunders, Turner, & Markie Dadds, 2002), behavioral management (Danforth, Ulaszek, & McKee, 2006), and cognitive training program (Froelich, Doepfner, & Lehmkuhl, 2002). These programs are sometimes regarded as inaccessible because of parents' inflexible work schedules, their lack of time to participate, the costs associated with child care while training, and the fear of stigmatization (Hahlweg, Heinrichs, Kuschel, & Feldman, 2008).

Therefore, parents who seek to improve their children's health, social and emotional wellbeing, and academic performance, but who are unable to attend parent training programs, are likely to try to access readily available and affordable guidance on this matter.

### 2.3. Self-help materials for child rearing

Self-help books provide information and advice on countless problems and conditions (Norcross, 2000a, 2000b), and are among the most accessible sources of information for parents of ADHD (Rafalovich, 2005). Some researchers use the term *bibliotherapy* to refer to these media-based self-help materials (Watkins, 2008). Besides its convenience, bibliotherapy may also reveal people's desire to change without professional help (Norcross, 2000a, 2000b). In turn, professionals have long recommended written self-help materials to clients, with extensive use documented among social workers and psychologists (Shechtman, 2009).

Self-help materials have been widely used in social work and appeared for the first time in the *Social Work Dictionary* in 1984 (Pardeck, 1993). Self-help materials can help children and families not only to manage the symptoms of a problematic behavior, but also to learn more about the nature of the problem (Elgar & McGrath, 2003). These materials are increasingly popular in the field of ADHD (Rafalovich, 2001), and through books, media, or web pages, they can reach out to a large number of parents who are otherwise unable to participate in parent training programs or other services offered to them (Elgar & McGrath, 2003; Reyno & McGrath, 2005). Thus, they are considered as an even more effective mechanism of communication of knowledge and treatment from professionals and researchers to the population in need (Campbell & Smith, 2003; Elgar & McGrath, 2003).

Self-help books offer suggestions and practical solutions to common issues that parents face while raising children (Elgar & McGrath, 2003). Although there is a great deal of controversy about ADHD, all authorities seem to agree that ADHD-like behaviors are commonly found among all children (Barkley, 2005; Brock, Jimerson, & Hansen, 2009; Cimera, 2006; Monastra, 2005), and it is often confusing for parents to distinguish ADHD-like behaviors from other behaviors (Arcia et al., 2004; Barkley, 2005; Hansen & Hansen, 2006). This study aims to compare

and contrast recommendations to parents of ADHD children with recommendations to parents of non-ADHD children on similar childhood behaviors.

## 3. Methodology

### 3.1. Selection of self-help books and data extraction

For the purpose of this study four websites of major bookstores were searched: amazon.com; barnesandnoble.com; borders.com; and alibris.com. A combination of different keywords such as "parenting," "raising children," "raising ADHD children," and "ADHD" were used to locate readily available books for parents. The popularity of a book was initially determined by website rankings of the book based on the frequency of purchases. Later, lists were created to compare the book's rankings on different websites. Books repeatedly appearing as top-ranked were selected. Five books on raising an ADHD child and five books raising a typical child were selected for analysis (Table 1).

An instrument to guide the data extraction and analysis was constructed based on a number of studies that conducted research with popular materials (Busch & Folaron, 2005; Coleman & Nickleberry, 2009; Cotunga, Vickery, & Carpenter-Haeefe, 2005; Richardson, Richards, & Barkham, 2008). In addition to the general bibliographic information presented in Table 1, the present study extracted data on: (1) the stated goals of each book, (2) the characteristics of ADHD and non-ADHD children, (3) the types of recommended interventions, and (4) the discussion of medication use. Fig. 1 summarizes these data.

### 3.2. Data analysis

The ten self-help books were first read to extract information by following the techniques of Ryan and Bernard (2003) to identify the common themes in the text. The information was initially copied

**Table 1**  
Selected books on raising an ADHD child and a non-ADHD child.

Author (s)	Title	Year of publication	Number of pages	About the author (s)
<i>Books on raising an ADHD child</i>				
Barkley, R. A.	Taking charge of ADHD: The complete authoritative guide for parents	2005	330	Russell A. Barkley is research professor of psychiatry at SUNY Upstate Medical University at Syracuse.
Heininger, J., & Weiss, S. K.	From chaos to calm: Effective parenting for challenging children with ADHD and other behavior problems	2001	326	JH is historian and the mother of Theodore—the child described in the book. SKW is a behavioral consultant in private practice in Virginia.
Monastra, V. J.	Parenting children with ADHD: 10 lessons that medicine cannot teach	2004	261	VJM is a clinical psychologist and the director of FPI Attention Disorders Clinic in Endicott, New York.
Reiff, M. L., & Tippins, S.	ADHD: A complete and authoritative guide	2004	355	Michael I. Reiff is a behavioral development pediatrician and an associate professor of pediatrics. Sherill Tippins is a development pediatrician.
Sonna, L.	The everything parent's guide to children with ADD/ADHD: A reassuring guide to getting the right diagnosis, understanding treatments, and helping your child focus	2005	303	Linda Sonna is a child psychologist who teaches creative writing and psychology at the University of New Mexico.
<i>Books on raising a typical child</i>				
Aldort, N.	Raising our children, raising ourselves: Transforming parent-child relationships from reaction and struggle to freedom, power, and joy.	2006	265	Naomi Aldort is an internationally published parenting writer, speaker, and counselor.
Cline, F., & Fay, J.	Parenting with love and logic	2006	270	Foster Cline is a child and adult psychiatrist. He is the cofounder of the Love and Logic Institute. Jim Fay is an educator and cofounder of the Love and Logic Institute.
Cohen, L. J.	Playful parenting	2002	308	Lawrence J. Cohen is a psychologist specializing in children's play, play therapy, and parenting.
Runkel, H. E.	Screamfree parenting: The revolutionary approach to raising your kids by keeping your cool	2007	225	Hal E. Runkel is a marriage and family therapist and international speaker. He is the founder of the Screamfree Living Inc.
Siegel, D. J., & Hartzell, M.	Parenting from the inside out	2004	260	Daniel J. Siegel is an MD and an associate professor of psychiatry for the Center for Culture, Brain, and Development at UCLA. Mary Hartzell is a child development specialist and parent educator.

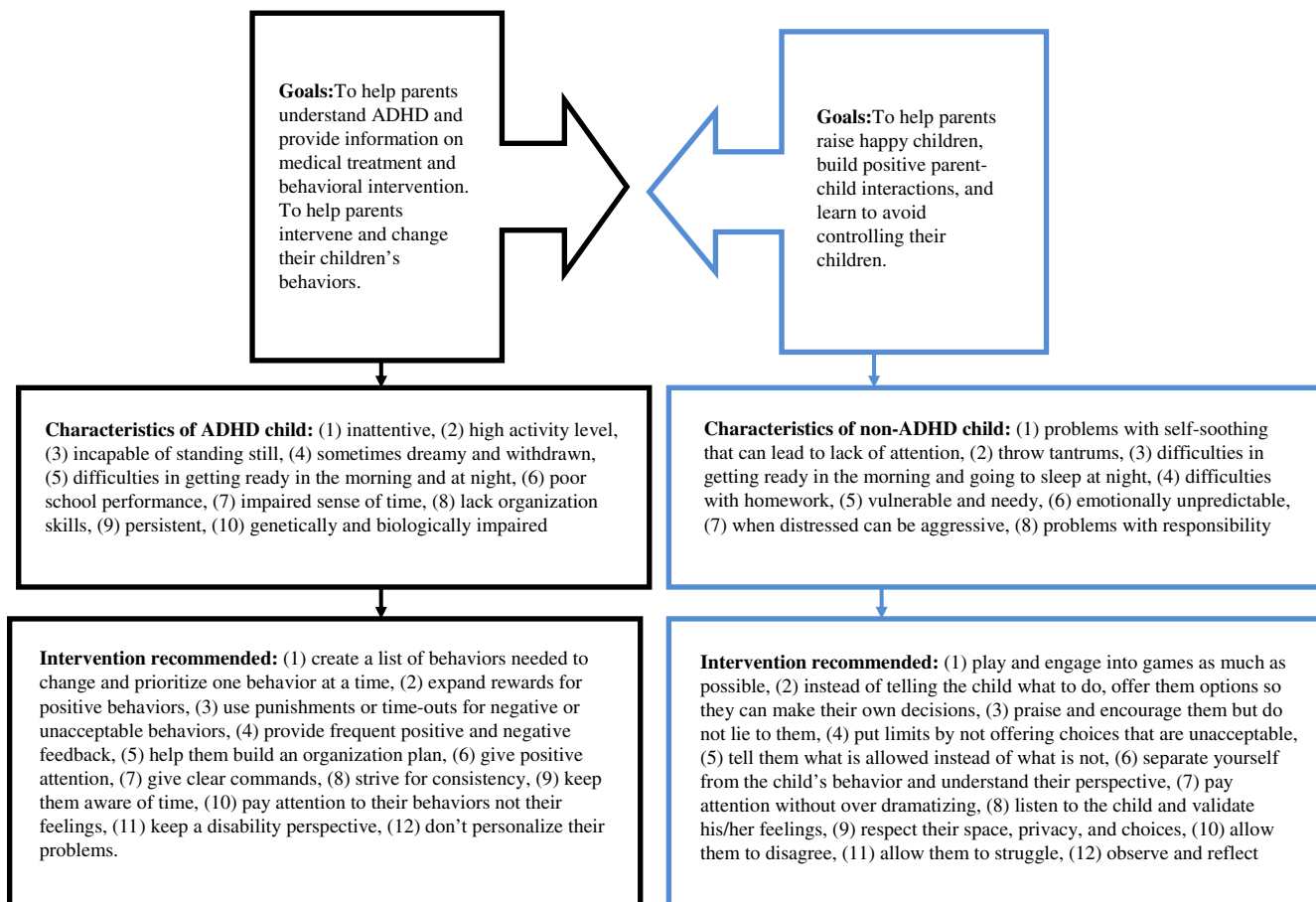


Fig. 1. Goals, logic of organization, characteristics of ADHD and non-ADHD child rearing books, and interventions recommended.

into a large table of raw data before reading the books a second time by the first author. This review employed Elder and Paul (2001; 2002) definition of critical thinking to analyze the materials (taking one's thinking apart, analyzing each part, and assessing its quality). The table of raw data was analyzed by first identifying the information and recommended interventions in each book, further looking for similarities, and then comparing each set of books. The raw data was widely discussed between both authors.

#### 4. Findings

##### 4.1. Stated goals

The stated goals of the self-help books for parents of ADHD children can be summarized as: (1) to help parents gain information on the nature of ADHD, issues regarding diagnosis, and information about medications and over the counter remedies (Barkley, 2005; Heininger & Weiss, 2001; Monastra, 2005; Reiff & Tippins, 2004; Sonna, 2005); (2) to help parents choose the right treatment for their child (Barkley, 2005; Heininger & Weiss, 2001; Monastra, 2005; Reiff & Tippins, 2004; Sonna, 2005); and (3) to help parents take control and discipline these demanding children (Barkley, 2005; Monastra, 2005; Sonna, 2005).

The stated goals of the self-help books for parents of typical children can all be summarized as to help parents raise happy, independent, and responsible children (Aldort, 2006; Cline & Fay, 2006; Cohen, 2001; Runkel, 2007; Siegel & Hartzell, 2004). To reach this goal, these books attempt to show to parents how (1) to motivate children to make their own decisions and allow them to face the consequences of their actions (Cline & Fay, 2006; Runkel, 2007), (2) to

avoid excessive control of them (Aldort, 2006; Runkel, 2007), (3) to increase parent-child communication (Siegel & Hartzell, 2004), and (4) to avoid harm to their emotional world (Cohen, 2001).

##### 4.2. Characteristics of the ADHD and the typical child

The self-help books for parents of ADHD children introduce ADHD as a distinct medical condition associated with abnormalities of the brain (Monastra, 2005), or a biologically caused disorder that has a substantial genetic basis (Barkley, 2005). ADHD children are described as reacting before processing information because of their differently wired brains (Sonna, 2005). An illustration of brain structures deemed essential for attention and concentration is provided in one of the books (Monastra, 2005, p. 31). ADHD children are portrayed as having poor organization skills, being easily distracted, making careless mistakes, talking and running excessively, and interrupting conversations (Reiff & Tippins, 2004; Sonna, 2005). A more detailed description portrays ADHD children as easily distractible by things that attract them rather than things that are required of them, as resistant to change and unwilling to handle the unexpected, as persistent to the point of annoyance, and as emotionally volatile (Heininger & Weiss, 2001). Authors describe ADHD children as having an impaired sense of time that makes them focus exclusively on the immediate present without an understanding of the future (Barkley, 2005; Heininger & Weiss, 2001). Occasionally, ADHD children are portrayed as being dreamy, quiet, messy, and careless with schoolwork (Reiff & Tippins, 2004). All these behaviors are exhibited in schoolwork, getting ready for school in the morning, and going to sleep at night (Heininger & Weiss, 2001; Monastra, 2005; Sonna, 2005).

School performance, poor grades, and teachers' evaluations are emphasized in these books as a key concern for parents (Heininger & Weiss, 2001), the presence of which unmistakably points to the possibility of ADHD (Barkley, 2005). That is perhaps the reason why parents are urged to follow up on teachers' concerns (Reiff & Tippins, 2004) and the reason why teachers seem to be the first to recommend an ADHD evaluation (Sonna, 2005). Notably, one of the five self-help books for parents of ADHD children (Sonna, 2005) specifically warns parents that teachers are sometimes anxious to eliminate behavior problems and believe that medication makes the class easier to manage. This book (pp. 15–16) warns parents that doctors consider teachers' reports as sufficient to warrant a diagnosis, and therefore it is up to parents to carefully evaluate their child's situation.

Typical children also exhibit their behavior problems in getting up in the morning, going to sleep at night, and doing homework (Cline & Fay, 2006; Cohen, 2001; Runkel, 2007). These children are also described as emotionally volatile, vulnerable, and needy (Aldort, 2006; Siegel & Hartzell, 2004), as throwing tantrums (Cline & Fay, 2006; Cohen, 2001; Runkel, 2007), as attempting to do what they want instead of what they are told (Cline & Fay, 2006; Runkel, 2007), as having problems with responsibility (Aldort, 2006; Cohen, 2001; Cline & Fay, 2006; Runkel, 2007; Siegel & Hartzell, 2004), and as having a limited understanding of the future consequences of their actions (Cline & Fay, 2006). The problems experienced by typical children are presented as common childhood issues that most parents face. In contrast to books for parents of ADHD children, school problems and encounters with teachers regarding children's behaviors are rarely present. When mentioned, these problems include being sent to the principal's office (Cohen, 2001) or having problems with academic performance (Cline & Fay, 2006).

In sum, the characteristics of ADHD and typical children appear similar in the types of behaviors and the settings they are expressed. Both sets of children seem easily distractible, not sitting still, throwing tantrums, interrupting conversations, doing what they want instead of what they are told, and having a limited understanding of the future consequences of their action. Furthermore, they all show difficulties in getting up and ready in the morning, going to bed at night, and doing homework. What seems to differentiate one group from the other is that ADHD children are described *less-easy* than other children in similar situations (Heininger & Weiss, 2001) or that the presence of inattention and hyperactivity is much *greater* (Monastra, 2005) and more *frequent* (Barkley, 2005; Reiff & Tippins, 2004). Also, poor academic performance seems a crucial problematic area for ADHD children, even though both sets of children regard homework unfavorably.

#### 4.3. Recommended interventions

Parents of ADHD children are told to start their intervening strategy by initially prioritizing which behavior needs to be attended first, then starting with small reachable goals. Parents should do this either by writing down a list (Monastra, 2005; Sonna, 2005) or keeping a written log (Heininger & Weiss, 2001). The books then present various tactics, such as parents providing detailed instructions to their child on what the child should do and in which order. This will allow the parent to maintain control and order (Sonna, 2005), by using a motivation system of rewards and keeping or removing points depending on the child's behavior (Monastra, 2005), and by using immediate feedback, incentives, and punishments or time-outs (Barkley, 2005; Heininger & Weiss, 2001; Reiff & Tippins, 2004).

Two of these self-help books tell parents to not take their children's behaviors personally (Barkley, 2005; Sonna, 2005) and to keep a "disability perspective by constantly reminding yourself that you are the responsible adult for the disabled child" (Barkley, 2005, pp. 152–153). Sonna (2005) points out the importance of nutrition and diet as well as lead and aluminum exposure on children's

behaviors. Reiff and Tippins (2004), on the other hand, claim that changes in diets do not help children with their ADHD-like behaviors.

Descriptions of specific systems of rewards and punishments are prevalent among the self-help books for parents of ADHD children, and most discuss at length how behaviors can change when such tactics are used appropriately and consistently. The use of rewards and punishments is brought to interested parents forcefully by Barkley (2005), who presents their use as "the most critical part of managing an ADHD child ... can decrease a child's defiant behavior, refusal to obey, or other misbehavior" (pp. 182–183). He gives detailed advice on when and how to use rewards, give clear commands, and use punishments and time-outs. Similar effective punishments and time outs are introduced by Heininger and Weiss (2001) and Reiff and Tippins (2004). Monastra introduces a different version of the "time out" that is called "time stand still".

On the other hand, in self-help books for parents of typical children, these same notions of controlling children's behaviors and using punishments or time-outs are considered ineffective, bound to cause the behaviors they are trying to fix, and harmful to children's feelings and their growth toward independence (Aldort, 2006; Cohen, 2001; Cline & Fay, 2006; Runkel, 2007; Siegel & Hartzell, 2004). For example, Cohen (2001) shows how, by means of games, parents can strengthen attachment with their children, give them power, and encourage their confidence. He asks parents to reevaluate the meaning of discipline and be able to recognize that closeness, emotional understandings, and playfulness are more effective than punishments, behavior modifications and permissiveness (p.232).

Cline and Fay (2006) introduce what they call "consultant parenting style" which entails offering options to children and allowing them to make decisions instead of telling them precisely what to do. Such approach, they forewarn parents, means accepting the fact that children may decide on venues parents do not approve of, but allowing children to learn and solve their own problems will guarantee their independent growth. This way, children are forced to ponder about their choices and face their own actions' consequences. Along the same lines, Runkel (2007) tell parents that inspiring children to motivate themselves rather than controlling their behaviors stimulates their thinking and increases their responsibility. This author tells parents that unless children are free to act on their own, they will never make the link between choices and consequences (p. 30). He also reminds parents that children are humans on their own right and it is crucial to respect their space, privacy, and choices.

A five-step technique called "communication SALVE" is introduced by Aldort (2006) based on the same aforementioned principles. Again parents are shown that by respecting children's space, listen to their inner worlds, validating their feelings without dramatizing them, and allowing them to solve their own situation (pp.9–10) will result in happier independent children. Again, controlling children by coercion or covert manipulation is deemed as exacerbating the problems parents try to fix (Aldort, 2006, pp. xiv). Along the same principles, Siegel and Hartzell (2004) discuss the impact of parents' own emotions and memories on their childrearing behavior, and urge parents to observe and reflect on them. Parents should then expand communication with their children through the use of storytelling, for example, and reaching an emotional understanding.

To summarize, the two sets of strategies and tactics stand in stark contrast to each other. The self-help books for parents of typical children focus first and foremost on describing ways of parenting that avoid controlling children's specific behaviors or using commands, rewards, or punishments. These parents are recommended to rely on communication with the child, engagement in games, motivation, and inspiration, while at the same time allowing children to make their own choices within limits and allowing them to learn from their actions' consequences. On the other hand, the self-help books for parents of ADHD children offer strategies to take control of children's behaviors: be in charge, control, use commands, rewards,

punishments, and time-outs. In fact, for the very same types of problematic behavior (for example difficulties in waking up and getting ready in the morning) parents of non-ADHD children are advised to stay away from the strategies recommended to the parents of ADHD children because these strategies will harm their children's development and growth.

#### 4.4. Medication use

Heininger and Weiss (2001) tell parents that the decision to use medications should not be taken lightly. It is recommended that consulting a number of professionals and understanding the way medications work should precede the decision of using them. Although Heininger and Weiss agree that much misinformation circulates about medications and admit that the book is not a professional guide about medications, they still state that the positive effects of stimulants are carefully studied and well documented (p.49). This book, even though based on the story of one single child, regards the side effects of medications as minor and manageable.

Reiff and Tippins (2004), on the other hand, discuss various medications which are presented as analogous to wearing glasses. Parents are told that medications control hyperactivity and help children focus, but they do not cure ADHD, just like glasses do not cure vision but one cannot see without them. Side effects are discussed as present among a small proportion of children and even then as minor and manageable. Parents are shown how to use medications carefully, how to determine the right dosage for their children, and how to use different medications if one appears to cause undesirable side effects. Even more forcefully, Barkley (2005) tells parents that medications are effective in about 50% to 95% of children in improving academic work, behavior, and social adjustment. However, every child reacts differently to medication use. This book tells parents that Ritalin—the leading psychostimulant for the treatment of ADHD—and other stimulant drugs are not dangerous, with rare and minimal side effects.

... the use of these medications for children with ADHD continues to be controversial in the public's mind, although there is absolutely no controversy among the scientific community as to the safety and effectiveness of these medications. Unfounded fear of these drugs is unfortunately perpetuated by some physician's requirement that parents sign a consent form indicating that they have been informed about the medicines and their side effects... If your doctor asks you to sign such a form, don't assume it means the drugs are dangerous... stimulants are no different from using insulin for a child with diabetes... stimulants are the only treatment to date that normalizes the inattentive, impulsive, and restless behavior in children with ADHD (Barkley, 2005, p.269–270).

Monastra (2005) takes a slightly different approach to medication use, stating that there is much controversy over medication use and that both sides are telling the truth. Some children indeed benefit from stimulant use and have a better quality life, but some others face tragic consequences from use of the same stimulants. The reasons for these different reactions to medications are numerous, but it is important for parents to realize that medications do not work in about 15% to 30% of cases. This book discusses different types of medications, dosages, and ways of using them.

Only Sonna's (2005) self-help book for parents of ADHD does not speak favorably of medication use. The author states that although medications may reduce behavioral problems, they are not meant to be taken for long periods of time and their side effects vary from troubling to tragic (p.109). The book tells parents to be aware when their child is prescribed medications during a single 30-minute appointment with a professional, and that professionals receive their

information about the safety of medications from pharmaceutical companies—invisible information from the other self help books.

To conclude, 4 out of 5 self-help books for parents of ADHD children under this review seem to be in favor of medication use—with one book presenting the benefits and the drawbacks of medications and 3 books presenting only benefits of medication and dismissing negative effects as rare and manageable. Medications are recognized as the most effective treatment for ADHD symptoms, but not as a cure for it.

#### 5. Limitations

This focused review has a number of limitations, starting with the fact that the sample size for each set of self-help books is small and should not be used to make generalizations about the entire body of the hundreds of self-help books for parents of ADHD or non-ADHD children. Moreover, the data were extracted and analyzed by one author, with no checking (for example, with the authors of the books) to verify the accuracy of the interpretations of their narratives and messages.

#### 6. Discussion: Interventions and the disability circle

The examination of these two sets of self-help books suggests that whether or not their authors have in mind children diagnosed or not diagnosed with ADHD, the children are portrayed as exhibiting similar behaviors in similar settings. Both groups of children are portrayed as having difficulties going to bed at night, getting up and ready in the morning, doing homework, and not listening or not doing what parents tell them to do. The authors of self-help books for parents of ADHD children specifically note that these behaviors are common among all children (i.e., Barkley, 2005; Cline & Fay, 2006; Heininger & Weiss, 2001; Runkel, 2007; Sonna, 2005). What seems to mark the distinction between a typical and an ADHD child is the perception of the frequency of such behaviors (Barkley, 2005; Biederman, 2003) or—using the language of the *Diagnostic and Statistical Manual of Mental Disorders, Fourth edition, Text revision* (DSM-IV-TR, American Psychiatric Association, 2000), how often they occur—and the perception of the relation between the behaviors and poor academic performance, the latter apparently being the primary incentive for parents to seek a diagnosis and a treatment (Arcia et al., 2004; Malacrida, 2001; Perry, Hatton, & Kendall, 2005).

The distinction between the ADHD and the typical child is critical to the ways these similar behaviors of children are handled. The tactics and strategies recommended to the parents of ADHD children focus on behavior control whereas the tactics and strategies recommended to parents of typical children focus on children's emotional wellbeing. Furthermore the same tactics and strategies recommended to parents of ADHD children are considered as ineffective methods that perpetuate undesirable behaviors to parents of typical children. They base the ineffectiveness upon the idea that children will adjust their behaviors as a result of the interaction with their parents. Goffman's understanding of the perception of "self" supports this idea. In his work on the social situations of mental patients, he claimed that the conceptualization of "self" is to a certain extent a result of the kind of behaviors others adopt when interacting with an individual. Therefore, the conceptualization of "self" can be easily challenged or even changed accordingly (Goffman, 1961). Parents, who are crucial to their child's development, influence children's self-conceptualization. In fact, parents can influence and encourage their children to occupy the sick role and perform illness behaviors (Walker & Zeman, 1992). Walker and Zeman found that by frequently attending to their child's pain symptoms and granting permission to avoid regular activities, parents were influencing their children's increased occupation of the sick role.

Thus, through interactions, the parents of ADHD children may influence how their children understand their capabilities. By



approaching children through a disability perspective, reminding them about what they need to do, as self-help books for parents of ADHD children suggest, it is possible than ADHD-like behaviors are reinforced rather than extinguished. It is intriguing, if not disconcerting, that the self-help books targeting parents of ADHD children make no mention of how parents of non-ADHD children might be advised to approach these similar behavioral problems with their children. Although the self-help books targeting parents of ADHD children portray ADHD essentially as a brain impairment (Barkley, 2005; Reiff & Tippins, 2004; Sonna, 2005), they also emphasize how the behaviors symptomatic of ADHD are commonly found among all children (Barkley, 2005; Reiff & Tippins, 2004), and one author even mentions the possibility that creative children could be wrongly diagnosed as ADHD (Sonna, 2005). Therefore, one could expect that these parents will be informed about parenting strategies for handling non-ADHD children's similar behaviors.

This idea that the way people behave or interact with a person can mold a person's perception of him or herself and influence his or her behaviors is also noted in Parsons' definition of the "sick role." Parsons (1975) claims that sickness is socially controlled and institutionalized because it relies upon a person's ability to occupy expected social roles. Therefore, it is integral to social equilibrium and it can cause dysfunction for the social system by preventing the effective performance of social roles and undermining the cultural value placed on productive capacity (Parsons, 1951, p. 286). Following this path, the concept of sickness in recent decades seems to indicate the lack of fit between the capacities of individuals and the environment in which they must function (Mechanic, 1995, p. 1209). Moreover, sickness can be used to excuse failure and explain disappointment, to justify release from expected social roles and obligations, and to justify sympathy, assistance, and dependence (p. 1208). Upon this reasoning, it may not be surprising that the self-help books for parents of ADHD children attempt to justify parents and children's behaviors by offering a disability narrative that—although not intended to, may in fact perpetuate ADHD-like behaviors—and assist through medications, considering them as most effective (Barkley, 2005; Heininger & Weiss, 2001; Reiff & Tippins, 2004).

To conclude, it appears from this analysis that self-help books for parents of ADHD children promote the creation of the appropriate conditions for children diagnosed as ADHD to enter or perhaps remain within a disability circle. The interventions recommended to the parents of ADHD children are considered harmful and ineffective in the parenting of typical children, although the authors agree that ADHD-like behaviors are common among all children. In addition, most self help books targeting parents of ADHD children regard medications as effective, well researched, and with minor side effects — a one sided portrayal of the actual controversy on prescribing and using psychiatric drugs on young children. Considering the complexities and vagueness surrounding an ADHD diagnosis and its treatment, it may help these parents to know more details about the controversy of medication use as well as how these same behaviors might be approached by parents of typical children. Instead, self-help book authors advise the former parents to keep a disability perspective and to use "reminding," "rewarding," "commanding," "punishing," and "time-outs"—tactics generally shunned in books for parents of typical children. If a child were wrongly diagnosed as having ADHD, but his or her parents employ such tactics with him along with psychiatric medications, the child may embody the sick role and become dependent on someone else for completing everyday chores, and at some point, may turn into a disabled child. Furthermore, the parents' choice of intervening in their children's behavior—ADHD or non-ADHD—may vary if they are presented with the knowledge and interventions recommended to the parents of typical children. Professionals who recommend self-help books to the parents of ADHD children, and authors who write such books, might consider such implications.

## References

- \*Aldort, N. (2006). *Raising our children, raising ourselves*. Bothell, WA: Book Publishers Network.
- American Psychiatric Association (2000). *Diagnostic and statistical manual of mental disorders, fourth edition, text revision (DSM-IV-TR)*. Washington, DC: American Psychiatric Publishing. doi:10.1176/appi.books.9780890423349.
- Arcia, E., & Fernández, M. C. (1998). Cuban mothers' schemas of ADHD: Development, characteristics, and help seeking behavior. *Journal of Child and Family Studies*, 7(3), 333–352. doi:10.1023/A:1022945628866.
- Arcia, E., Fernández, M. C., & Jáquez, M. (2004). Latina mothers' stances on stimulant medication: Complexity, conflict, and compromise. *Journal of Developmental and Behavioral Pediatrics*, 25(5), 311–317. doi:10.1097/00004703-200410000-00002.
- Armstrong, T. (2006). Canaries in the coal mine: The symptoms of children labeled 'ADHD' as biocultural feedback. In D. Cohen, I. Lloyd, & J. Stead (Eds.), *Critical new perspectives on ADHD* (pp. 156–176). London: Routledge.
- Barkley, R. (2003). Issues in the diagnosis of attention-deficit/hyperactivity disorder in children. *Brain & Development*, 25(2), 77–83. doi:10.1016/S0387-7604(02)00152-3.
- \*Barkley, R. (2005). *Taking charge of ADHD: The complete authoritative guide for parents*. New York: The Guilford Press.
- Barkley, R. A., Cook, E. H., Dulcan, M., Campbell, S., Prior, M., Atkins, M., et al. (2002). Consensus statement on ADHD. *European Child & Adolescent Psychiatry*, 11(2), 96–98. doi:10.1007/s007870200017.
- Barnes, G. R., Cerrito, P. B., & Levi, I. (2003). An examination of the variability of understanding of language used in ADHD behavior rating scales. *Ethical Human Sciences and Services*, 5(3), 195–208.
- Biederman, J. (2003). Pharmacotherapy for attention-deficit/hyperactivity disorder (ADHD) decreases the risk for substance abuse: Findings from a longitudinal follow-up of youths with and without ADHD. *The Journal of Clinical Psychiatry*, 64(Suppl. 11), 3–8.
- Biederman, J., Spencer, T., Wilens, T., Prince, J., & Faraone, S. (2006). Treatment of ADHD with stimulant medications: Response to Nissen's perspective in The New England Journal of Medicine. *Journal of the American Academy of Child and Adolescent Psychiatry*, 45(10), 1147–1150. doi:10.1097/01.chi.0000227883.88521.e6.
- Blum, L. (2007). Mother-blame in the Prozac nation: Raising children with invisible disabilities. *Gender and Society*, 21(2), 202–226. doi:10.1177/0891243206298178.
- Breggin, P. R. (2000). *Reclaiming our children: A healing plan for a nation in crisis*. New York: Perseus Publishing.
- Brock, S. E., Jimerson, S. R., & Hansen, R. L. (2009). *Identifying, assessing, and treating ADHD at school*. London: Springer.
- Busch, M., & Folaron, G. (2005). Accessibility and clarity of state child welfare agency mission statements. *Child Welfare*, 35(3), 415–430.
- Bussing, R., & Gary, F. A. (2001). Practice guidelines and parental ADHD treatment evaluations: Friends or foes? *Harvard Review of Psychiatry*, 9(5), 223–233. doi:10.1080/10673220127905.
- Campbell, L. F., & Smith, T. P. (2003). Integrating self-help books into psychotherapy. *Journal of Clinical Psychology: In Session, Psychotherapy in Practice*, 59, 177–186.
- Carpenter, L., & Austin, H. (2007). Silenced, silence, silent. *Qualitative Inquiry*, 13(5), 660–674. doi:10.1177/1077800407301179.
- Castellanos, F. X., Lee, P. P., Sharp, W., Jeffries, N. O., Greenstein, D. K., Clasen, L. S., et al. (2002). Developmental trajectories of brain volume abnormalities in children and adolescents with attention-deficit/hyperactivity disorder. *JAMA: The Journal of the American Medical Association*, 288, 1740–1748.
- Centers for Disease Control and Prevention (2010). Increasing prevalence of parent-reported Attention Deficit/Hyperactivity Disorder among children, United States 2003–2007. *Publication of National Center for Chronic Disease Prevention and Health Promotion MMWR*, 59(44), 1439–1443.
- Charach, A., Skyba, A., Cook, L., & Antle, B. (2006). Using stimulant medications for children with ADHD: What do parents say? A brief report. *Journal of Canadian Academy of Child and Adolescent Psychiatry*, 15(2), 75–83.
- Cimera, R. E. (2006). *Making ADHD a gift: Teaching Superman how to fly*. Maryland: Rowman & Littlefield Education.
- \*Cline, F., & Fay, J. (2006). *Parenting with love and logic: Teaching children responsibility*. Canada: NavPress.
- \*Cohen, L. J. (2001). *Playful parenting: An exciting new approach to raising children that will help you: Nurture close connections, solve behavior problems, encourage confidence*. New York: Ballantine Books.
- Cohen, D. (2006). How does the decision to medicate children arise in cases of 'ADHD'? In D. Cohen, G. Lloyd, & J. Stead (Eds.), *Critical new perspectives on ADHD* (pp. 236–252). London: Routledge.
- Coleman, M., & Nickleberry, L. (2009). An evaluation of the remarriage and stepfamily self-help literature. *Family Relations*, 58(5), 549–561. doi:10.1111/j.1741-3729.2009.00574.x.
- Cotunga, N., Vickery, C., & Carpenter-Haeefe, K. (2005). Evaluation of literacy level on patient education pages in health related journals. *Journal of Community Health*, 30(3), 213–219. doi:10.1007/s10900-004-1959-x.
- Danforth, J. H. E., Ulaszek, W., & McKee, T. (2006). The outcome of group parent training for families of children with attention-deficit hyperactivity disorder and defiant aggressive behavior. *Journal of Behavior Therapy and Experimental Psychiatry*, 37(3), 188–205.
- Department of Health (2010). *Government of Western Australia Report. Raine ADHD study: Long term outcomes associated with stimulant medication in the treatment of ADHD children*.

\* Articles under review

- Diller, L. H., & Tanner, J. L. (1996). Etiology of ADHD: Nature or nurture? *The American Journal of Psychiatry*, 153(3), 451–452.
- Elder, L., & Paul, R. (2001). Critical thinking: Thinking to some purpose. *Journal of Developmental Education*, 25(1), 40–42.
- Elder, L., & Paul, R. (2002). Critical thinking: Distinguishing between inferences and assumptions. *Journal of Developmental Education*, 25(3), 34–36.
- Elgar, F. J., & McGrath, P. J. (2003). Self-administered psychosocial treatments for children and families. *Journal of Clinical Psychology*, 59(3), 321–339.
- FDA Consumer, 2005. New warnings for ADHD drug, 39 (2). Retrieved from <http://connection.ebscohost.com/content/article/>.
- FDA Consumer, 2006. Amphetamines have a high potential for abuse. Retrieved from <http://www.fda.gov/ohrms/dockets/ac/06/briefing/2006-4202B107FDA-Tab07.pdf-2006-02-08>.
- FDA Consumer, 2009. Risks for ADHD drugs outlined in patients guides. Retrieved from <http://www.fda.gov>.
- Froelich, M., Doepfner, M., & Lehmkuhl, G. (2002). Effects of combined cognitive behavioral treatment with parent management training in ADHD. *Behavioral and Cognitive Psychotherapy*, 30, 111–115.
- Gaviria, M. (Producer/Director). (2007). The medicated child. In D. Fanning (Executive Producer), Frontline. Retrieved from <http://www.pbs.org/wgbh/pages/frontline/medicatedchild/>
- Goffman, E. (1961). *Asylums: Essays on the condition of the social situation of mental patients and other inmates*. New York: Doubleday Anchor.
- Gould, M. S., Walsh, B. T., Munfakh, J. L., Kleinman, M., Duan, N., Olfson, M., et al. (2009). Sudden death and use of stimulant medications in youths. *The American Journal of Psychiatry*, 166, 992–1001.
- Hahlweg, B., Heinrichs, N., Kuschel, A., & Feldman, M. (2008). Therapist-assisted, self-administered bibliotherapy to enhance parental competence. *Behavior Modification*, 32(5), 659–681. doi:10.1177/0145445508317131.
- Hansen, D. L., & Hansen, E. H. (2006). Caught in a balancing act: Parents' dilemmas regarding their ADHD child's treatment with stimulant medication. *Qualitative Health Research*, 16(9), 1267–1285. doi:10.1177/1049732306292543.
- Harborne, A., Wolpert, M., & Clare, L. (2004). Making sense of ADHD: A battle for understanding parents' views of their children being diagnosed with ADHD. *Clinical Child Psychology and Psychiatry*, 9(3), 327–339. doi:10.1177/1359104504043915.
- \*Heininger, J. E., & Weiss, S. K. (2001). *From chaos to calm: Effective parenting of challenging children with ADHD and other behavioral problems*. New York: Penguin Group.
- Hersen, M., & Van Hasselt, V. B. (1998). *Handbook of psychological treatment protocols for children and adolescents*. Mahwah, NJ: Erlbaum.
- Jackson, D., & Peters, K. (2008). Use of drug therapy in children with attention deficit hyperactivity disorder: Maternal views and experiences. *Journal of Clinical Nursing*, 17(20), 2725–2732. doi:10.1111/j.1365-2702.2008.02444.x.
- Jacobson, K. (2006). ADHD from a cross-cultural perspective: Insights into adult-child power relationships. In D. Cohen, I. Lloyd, & J. Stead (Eds.), *Critical new perspectives on ADHD* (pp. 156–176). London: Routledge.
- Jureidini, J. N. (2002). Does the international consensus statement on ADHD leave room for healthy skepticism? *European Child & Adolescent Psychiatry*, 11(5), 240–242.
- Kendall, J. (1998). Outlasting disruption: The process of reinvestment in families with ADHD children. *Qualitative Health Research*, 8(6), 839–857. doi:10.1177/104973239800800609.
- Kendall, J., & Shelton, K. (2003). A typology of management styles in families with children with ADHD. *Journal of Family Nursing*, 9(3), 257–280. doi:10.1177/1074840703255446.
- Leo, J. (2002). American preschoolers on Ritalin. *Society*, 39(2), 52–60. doi:10.1007/BF02717529.
- Leslie, L. K., Plemmons, D., Monn, A. R., & Palinkas, L. A. (2007). Investigating ADHD treatment trajectories: Listening to families' stories about medication use. *Journal of Developmental and Behavioral Pediatrics*, 28(3), 179–188. doi:10.1097/DBP.0b013e3180324d9a.
- Malacrida, C. (2001). Motherhood, resistance, and attention deficit disorder: Strategies and limits. *The Canadian Review of Sociology and Anthropology*, 38(2), 141–165.
- Mayes, B. R., Bagwell, C. L., & Erkulwater, J. E. (2008). ADHD and the rise in stimulant use among children. *Harvard Review of Psychiatry*, 16, 151–166.
- Mechanic, D. (1995). Sociological dimensions of illness behavior. *Social Science & Medicine*, 41, 1207–1216.
- Molina, B. S. G., Hinshaw, S. P., Swanson, J. M., Arnold, E. L., Vitiello, B., Jensen, P. S., et al. (2009). The MTA at 8 years: Prospective follow-up of children treated for combined-type ADHD in a multisite study. *Journal of the American Academy of Child and Adolescent Psychiatry*, 48(5), 484–500.
- \*Monastra, V. J. (2005). *Parenting children with ADHD: 10 lessons that medicine cannot teach*. Washington DC: American Psychological Association.
- Nissen, S. E. (2006). ADHD drugs and cardiovascular risk. *The New England Journal of Medicine*, 354(21), 1445–1448.
- Norcross, J. C. (2000). Here comes the self-help revolution in mental health. *Psychotherapy*, 37, 370–377.
- Norcross, J. C. (2000). Psychotherapist self-care practitioner-tested, research-informed strategies. *Professional Psychology: Research and Practice*, 31(6), 710–713.
- Pardeck, J. T. (1993). *Using bibliotherapy in clinical practice: A guide to self-help books*. London: Greenwood Press.
- Parsons, T. (1951). *The Social System*. Glencoe, IL: The Free Press.
- Parsons, T. (1975). The sick role and the role of the physician reconsidered. *The Milbank Memorial Fund Quarterly. Health and Society*, 53(3), 257–278.
- Perry, C. E., Hutton, D., & Kendall, J. (2005). Latino parents' accounts of Attention Deficit Hyperactivity Disorder. *Journal of Transcultural Nursing*, 16(4), 312–321. doi:10.1177/1043659605278938.
- Rafalovich, A. (2001). Disciplining domesticity: Framing the ADHD parent and child. *The Sociological Quarterly*, 42(3), 373–393.
- Rafalovich, A. (2005). Relational troubles and semi-official suspicion: Educators and the medicalization of unruly children. *Symbolic Interaction*, 28, 25–46.
- \*Reiff, M. L., & Tippins, S. (2004). *ADHD: A complete authoritative guide*. American Academy of Pediatrics.
- Reyno, S. M., & McGrath, P. J. (2005). Predictors of parent training efficacy for child externalizing behavior problems – A meta analytic review. *Journal of Child Psychology and Psychiatry*, 47(1), 99–111. doi:10.1111/j.1469-7610.2005.01544.
- Richardson, R., Richards, D. A., & Barkham, M. (2008). Self-help books for people with depression: A scoping review. *Journal of Mental Health*, 17(5), 543–552. doi:10.1080/09638230802053334.
- Rucklidge, J. (2006). Impact of ADHD on the neurocognitive functioning of adolescents with bipolar disorder. *Biological Psychiatry*, 60(9), 921–928.
- \*Runkel, H. E. (2007). *Screamfree parenting: The revolutionary approach to raising your kids by keeping your cool*. New York: Broadway Books.
- Ryan, G. W., & Bernard, R. H. (2003). Techniques to identify themes. *Field Methods*, 15(1), 85–109. doi:10.1177/1525822X02239569.
- Saunders, M. R., Turner, K. M. T., & Markie Dadds, C. (2002). The development and dissemination of the Triple-P positive parenting program: A multilevel, evidence-based system of parenting and family support. *Prevention Science*, 3, 173–189.
- Sax, L., & Kautz, K. J. (2003). Who first suggests the diagnosis of Attention Deficit Hyperactivity Disorder? *Annals of Family Medicine*, 1, 171–174. doi:10.1370/afm.3.
- Schwartz, Z. (2005). Prescription of medication for ADHD: An unethical practice. *Ivy Journal of Ethics*, 4(2), 18–21.
- Shechtman, Z. (2009). *Treating child and adolescent aggression through bibliotherapy*. New York: Springer.
- \*Siegel, D. J., & Hartzell, M. (2004). *Parenting from the inside out: How a deeper self-understanding can help you raise children who thrive*. New York: Penguin Group.
- \*Sonna, L. (2005). *The everything parent's guide to children with ADD/ADHD: A reassuring guide to getting the right diagnosis, understanding treatments, and helping your child focus*. Avon, MA: Adams Media.
- Stolzer, J. M. (2005). The ADHD epidemic in America. *Ethical Human Psychology and Psychiatry*, 9(2), 109–116.
- Taylor, M., O'Donoghue, T., & Houghton, T. (2006). To medicate or not to medicate? The decision making process of Australian parents following their child's diagnosis with an Attention Deficit Hyperactivity Disorder. *International Journal of Disability, Development and Education*, 53(1), 111–128. doi:10.1080/10349120500510115.
- Timimi, S., & Leo, J. (2009). *Rethinking ADHD: From brain to culture*. Basingstoke, Hampshire: Palgrave Macmillan.
- Timimi, S., & Taylor, E. (2004). ADHD is best understood as cultural construct. *The British Journal of Psychiatry*, 8(9), 184–189.
- Walker, L. S., & Zeman, J. L. (1992). Parental response to child illness behavior. *Journal of Pediatric Psychology*, 17(1), 49–71.
- Watkins, P. L. (2008). Self-help therapies: Past and present. In P. L. Watkins, & G. A. Clum (Eds.), *Handbook of self-help therapies* (pp. 1–25). New York: Routledge.
- Wilens, T. E., Biederman, J., & Spencer, T. J. (2002). Attention Deficit Hyperactivity Disorder across the lifespan. *Annual Review of Medicine*, 53, 113–131. doi:10.1146/annurev.med.53.0829.