

**A Study on Resilience and its Effect on Parental Self-efficacy and Well-being of Parents
with ADHD children**

Submitted By

Nivethithaa. P

(21PCP011)

Under the Guidance of

Mrs. S. Akila

A Thesis Submitted To



Avinashilingam Institute for Home Science and Higher Education for Women

In Partial Fulfillment of the Requirement for the Degree of

Master of Science in Clinical Psychology

(2021-2023)

May 2023

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Signature of the Head of the Department

Signature of the Guide

CERTIFICATE

Certificate

This is to certify that the project work titled “**A Study on Resilience and its Effect on Parental Self-efficacy and Well-being of Parents with ADHD children**” submitted to the Department of Clinical Psychology, Avinashilingam Institute for Home Science and Higher Education for Woman, Coimbatore, in partial fulfillment for the degree of Master of Science in Clinical Psychology, is the record of the original project work done by **Nivethithaa. P (21PCP011)** during the period of her study, under my supervision and guidance.

Signature of the Guide

Signature of the Head of the Department

Submitted for the viva voice examination held on _____.

Internal Examiner

External Examiner

DECLARATION

Declaration

I hereby declare that this project work titled “**A Study on Resilience and its Effect on Parental Self-efficacy and Well-being of Parents with ADHD children**” submitted to the Department of Clinical Psychology, Avinashilingam Institute for Home Science and Higher Education for Women, Coimbatore, in partial fulfillment of the requirement for the award of the **Degree of Master of Science in Clinical Psychology** is the bonafide record of original project work done by **Nivethithaa. P (21PCP011)** during the period of her study under the supervision and guidance of **Mrs. S. Akila**, Department of Clinical Psychology.

Place: Coimbatore

Signature of the Candidate

Date:

Nivethithaa.P

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ABSTRACT

Abstract

Parents living with ADHD child experience stress as they struggle to cope with the child's symptoms and they also experience burdensome emotions and impaired social and occupational functioning. The aim of the study was to find the relationship between resilience, parental self-efficacy and well-being of parents with ADHD children. The data was collected from 30 parents (15 mothers and 15 fathers) between the age group of 25 - 45 years who have child/children diagnosed with ADHD by Purposive Sampling Method in Chennai and Coimbatore. Bharathiar University Resilience Scale (BURS), Who - Well Being Scale and Parenting Sense of Competence Scale (PSOC) were used. The data was analysed statistically using the SPSS software version 29.0.0.0. The results indicated that there was significant relationship between resilience, parental self-efficacy and well-being. Resilience and self-efficacy are positively correlated, self-efficacy and well-being, well-being and resilience are also positively correlated. There were no gender differences in resilience, parental self-efficacy and well-being of parents with ADHD children.

Keywords: ADHD, resilience, self-efficacy, well-being

INTRODUCTION

Chapter- 1

Introduction

Attention - Deficit/ Hyperactivity Disorder is a neurodevelopmental disorder characterised by difficulty in paying attention, hyperactivity and restlessness. One of the most prevalent childhood diseases, attention deficit hyperactivity disorder (ADHD) syndrome has a severe impact on many facets of children. The current prevalence rate of ADHD is 9.40% among male children and 5.20% among female children. With regard to age, the prevalence of ADHD among children and adolescents ranges from 8 to 15 years among male children and 7.6–15 years among female children (Joseph,2019). The ICD-10 requires the definite presence of abnormal levels of inattention, hyperactivity and restlessness that are pervasive across situations and persistent over time and that are not caused by any other disorders such as autism or affective disorders in order to diagnose ADHD.

The DSM-IV, classifies ADHD as a disorder within a broader group of disorders of childhood and adolescence. The Attention- Deficit/ Hyperactivity Disorder belongs to an umbrella category of three externalizing childhood disorders. The Disorders of childhood and adolescence discusses several childhood problems, many of which are regarded as either externalizing or internalising disorders. The disorders that come under externalising conditions are ADHD, Oppositional Defiant Disorder and Conduct Disorder. The disorders that come under internalising conditions are Separation Anxiety disorder, Other Anxiety Disorders found in childhood. The impact of attention-

deficit/hyperactivity disorder is very large, whether measured in terms of stress experienced by families and effects on children's self-esteem or by financial costs and interference with academic and vocational achievement (Sarason and Sarason, 2017). Currently, the DSM-5 provides diagnoses for a large number of childhood and adolescent disorders or Neurodevelopmental Disorders. In addition, several disorders involving intellectual disability (formerly referred to as mental retardation) are included. Space limitations do not allow us to explore fully the mental disorders of childhood and adolescence included in the DSM system, so we have selected several disorders to illustrate the broad range of problems that can occur in childhood and adolescence. Some of these disorders are more transient than many of the abnormal behavior patterns of adulthood discussed in earlier chapters and also perhaps more amenable to treatment while others have a likelihood of persistence (Butcher, 2014).

The causes of ADHD in children have been much debated. It still remains unclear to what extent the disorder results from environmental or biological factors (Carr et al., 2006; Hinshaw et al., 2007), and recent research points to both genetic (Sharp et al., 2009; Plott et al., 2010) and social environmental precursors (Hechtman, 1996). Many researchers believe that biological factors such as genetic inheritance will turn out to be important precursors to the development of ADHD (Durstun, 2003). But firm conclusions about any biological basis for ADHD must await further research (Butcher, 2014).

Wolraich, Chan, Froehlich, Lynch, Bax, Redwine, Ihyembe and Hagan (2019) suggested that Attention-deficit/hyperactivity disorder (ADHD) is the most common behavioral condition and the second most common chronic illness in children. The observance of specific behaviours in multiple settings have remained the most successful

method for diagnosing the condition, and although there are differences in specific areas of the brain, and a high heritability estimate (0.76), they are not diagnostically specific. Medications, and particularly stimulant medication, have undergone rigorous studies to document their efficacy dating back to the 1970s. Likewise, behavioural interventions in the form of parent training and classroom programs have demonstrated robust efficacy during the same time period. Both medication and behavioural interventions are symptomatic treatments.

ATTENTION-DEFICIT/HYPERACTIVITY DISORDER

Attention- Deficit/ Hyperactivity Disorder also known as Hyperkinetic disorder is defined by symptoms of inattention, hyperactive and impulsiveness. ADHD frequently occurs together with learning disabilities, depression, anxiety, conduct disorder, or oppositional defiant disorder, so that the overall effects of the problem can be large (Sarason and Sarason,2017). Children with ADHD are highly distractible and often fail to follow instructions or respond to demands placed on them (Wender, 2000). Children with ADHD also tend to talk incessantly and to be socially intrusive and immature. Recent research has shown that many children with ADHD show deficits on neuropsychological testing that are related to poor academic functioning (Biederman et al., 2004). The intricate mechanism of this neurobehavioral illness, which typically manifests in childhood, makes it difficult to diagnose. Between the ages of two and seventeen, it is estimated that six million kids have ADHD. These kids display signs including inattentiveness, hyperactivity, and impulsive actions. The effects of ADHD difficulties don't just damage the child; they also put the child's parents through a lot of hardship. Three significant patterns define ADHD. The three factors that make it difficult for people

to pay attention and manage their conduct are inattention, hyperactivity, and impulsivity. ADHD is regarded as a chronic condition. Although if symptoms do improve throughout time, they might nevertheless affect an adult's ability to operate. Relationships, the workplace, health, and finances are a few of the affected areas.

DEFINITIONS OF ADHD

- The American Psychological Association defines Attention-Deficit/Hyperactivity Disorder as,

“ADHD, or attention-deficit/hyperactivity disorder, is a behavioural condition that makes focusing on everyday requests and routines challenging.”
(APA,2000)

- The Centres for Disease Control and Prevention defines Attention-Deficit/Hyperactivity Disorder as,

“ADHD is one of the most common neurodevelopmental disorders of childhood. It is usually first diagnosed in childhood and often lasts into adulthood. Children with ADHD may have trouble paying attention, controlling impulsive behaviours (may act without thinking about what the result will be), or be overly active.” (CDC,2023)

Types of Attention-Deficit-Hyperactivity Disorder

There are three main types of ADHD as given below

- ***Predominantly inattentive presentation***

Inattentive refers to challenges with staying on task, focusing, and organisation. For a diagnosis of this type of ADHD, six (or five for individuals who are 17 years old or older) of the following symptoms occur frequently:

- ❖ Doesn't pay close attention to details or makes careless mistakes in school or job tasks.
 - ❖ Has problems staying focused on tasks or activities, such as during lectures, conversations or long reading.
 - ❖ Does not seem to listen when spoken to (i.e., seems to be elsewhere).
 - ❖ Does not follow through on instructions and doesn't complete schoolwork, chores or job duties (may start tasks but quickly loses focus).
 - ❖ Has problems organising tasks and work (for instance, does not manage time well; has messy, disorganised work; misses deadlines).
 - ❖ Avoids or dislikes tasks that require sustained mental effort, such as preparing reports and completing forms.
 - ❖ Often loses things needed for tasks or daily life, such as school papers, books, keys, wallet, cell phone and eyeglasses.
 - ❖ Is easily distracted.
 - ❖ Forgets daily tasks, such as doing chores and running errands. Older teens and adults may forget to return phone calls, pay bills and keep appointments (Butcher,2014).
- ***Predominantly hyperactive/impulsive presentation***

Hyperactivity refers to excessive movement such as fidgeting, excessive energy, not sitting still, and being talkative. Impulsivity refers to decisions or actions taken without thinking through the consequences.

For a diagnosis of this type of ADHD, six (or five for individuals who are 17 years old or older) of the following symptoms occur frequently

- ❖ Fidgets with or taps hands or feet, or squirms in their seats.
 - ❖ Not able to stay seated (in classroom, workplace).
 - ❖ Runs about or climbs where it is inappropriate.
 - ❖ Unable to play or do leisure activities quietly.
 - ❖ Always “on the go,” as if driven by a motor.
 - ❖ Talks too much.
 - ❖ Blurts out an answer before a question has been finished (for instance may finish people’s sentences, can’t wait to speak in conversations).
 - ❖ Has difficulty waiting for his or her turn, such as while waiting in line.
 - ❖ Interrupts or intrudes on others (for instance, cuts into conversations, games or activities, or starts using other people’s things without permission).
- Older teens and adults may take over what others are doing (Butcher,2014).

- ***Combined presentation***

This type of ADHD is diagnosed when both criteria for both inattentive and hyperactive/impulse types are met.

ADHD is typically diagnosed by mental health providers or primary care providers. A psychiatric evaluation will include a description of symptoms from the patient and caregivers, completion of scales and questionnaires by patient,

caregivers and teachers, complete psychiatric and medical history, family history, and information regarding education, environment, and upbringing. It may also include a referral for medical evaluation to rule out other medical conditions (Butcher,2014).

It is important to note that several conditions can mimic ADHD such as learning disorders, mood disorders, anxiety, substance use, head injuries, thyroid conditions, and use of some medications such as steroids (Austerman, 2015). ADHD may also coexist with other mental health conditions, such as oppositional defiant disorder or conduct disorder, anxiety disorders, and learning disorders (Austerman, 2015). Thus, a full psychiatric evaluation is very important. There are no specific blood tests or routine imaging for ADHD diagnosis. Sometimes, patients may be referred for additional psychological testing (such as neuropsychological or psychoeducational testing) or may undergo computer-based tests to assess the severity of symptoms (Austerman, 2015).

HISTORY

ADHD was originally called as hyperkinetic reaction of childhood. The first example of a disorder that appears to be similar to ADHD was given by **Sir Alexander Crichton** in 1798. It wasn't included until the 1960s, then the American Psychiatric Association (APA) formally recognized it as a mental disorder, and in the 1980s, the diagnosis became known as "attention deficit disorder with or without hyperactivity."

ADHD was first mentioned in 1902. British pediatrician Sir George Frederic Still describes ADHD as “an abnormal defect of moral control in children.” He found that some affected children could not control their behaviour the way a typical child would, but they were still intelligent (White,2021). In 1798, a Scottish doctor, Sir Alexander Crichton, noticed some people were easily distracted and unable to focus on their activities the way others could. He reported that these symptoms began early in life. That's consistent with what we now call attention deficit hyperactivity disorder (ADHD). In a series of lectures in 1902, Sir George Frederic Still talked about mental conditions in otherwise healthy children of normal intelligence. These children were more impulsive, and had problems with attention and self-control. He noted 15 cases in young boys and five in girls. This squares with the modern-day knowledge that males are more likely to be diagnosed with ADHD than females. In 1932, German doctors Franz Kramer and Hans Pollnow described a condition called hyperkinetic disease. Children with this condition couldn't stay still. Their difficulty following rules disturbed their school classes. And they had problems getting along with other kids. The condition started in children as young as 3 or 4 and peaked at age 6. By the time the kids were 7, their restlessness became less intense. Most got better as they grew older. In 1987, the APA changed the name to attention deficit hyperactivity disorder (ADHD), which combined inattentiveness, impulsivity, and hyperactivity into a single type (White,2021).

EPIDEMIOLOGY

The rate of autism diagnosed is growing. According to the DSM-IV-TR diagnosis, ADHD has certain comorbidity with other disorders like oppositional defiant disorder, conduct disorder, anxiety/depression and learning disability. The prevalence rate of ADHD, predominantly inattentive type, with the following disorders like oppositional defiant disorder, conduct disorder, anxiety/depression and learning disability is in the ratio of 111:10, 37:10, 213:10 and 68:5 respectively. The prevalence rate of ADHD, predominantly hyperactive-impulsive type, with the following disorders like oppositional defiant disorder, conduct disorder, anxiety/depression and learning disability is in the ratio of 363:10, 8:1, 23:2 and 27:10 respectively. The prevalence rate of ADHD, combined type, with the following disorders like oppositional defiant disorder, conduct disorder, anxiety/depression and learning disability is in the ratio of 249:5, 43:2, 249:10 and 109:10 respectively. These differences have led many researchers to conclude that a variety of genes at different gene locations may combine to produce the behaviours associated with ADHD (Wolraich, 1998).

A recent study estimated that the prevalence of ADHD in children and adolescents in Africa was 7.47%. The prevalence of ADHD was apparently greater in boys (10.60%) than in girls (5.28%) with a male:female ratio of 2.01:1. This systematic review suggested a higher prevalence of ADHD (7.47%) in children and adolescents in Africa, indicating that ADHD is a serious public health problem in children and adolescents in Africa. The prevalence of ADHD was considerably greater in males than in females. The predominantly inattentive type (ADHD-I) was the most common type of ADHD in both

males and females. Greater attention needs to be paid to the prevention and treatment of ADHD (Ayano,2020).

CHARACTERISTICS OF ADHD CHILDREN

The following are the areas of impairment that characterise the behaviour of children with ADHD

1. ***Behavioural inhibition.*** Difficulty inhibiting response and interrupting ongoing activities.
2. ***Working memory.*** Difficulty holding events in mind, anticipating problems, and imitating complex behaviour sequences.
3. ***Self-regulation.*** Difficulty controlling feelings and impulses and looking at situations with some perspectives of their antecedents and consequences.
4. ***Goal direction.*** Difficulty formulating goals and keeping them in mind.
5. ***Response to feedback.*** Difficulty in attending to feedback from the environment, and in using that feedback to plan future behaviour (Sarason and Sarason, 2017).

THEORETICAL BASE OF ADHD

1. The Inhibition Model of ADHD

Poor reaction inhibition is the core weakness of ADHD, according to Barkley, and it results from the following three connected processes:

1. To reduce a stimulus's initial prepotent response,
2. To halt a conversation, permit a wait in the decision to respond, and
3. To manage information that may be distracting. (Barkley,1977)

The executive functions (EFs), a group of neuropsychological skills, would be negatively impacted by inhibition failure, which might then have an impact on motor control. Although there are several definitions of EF, most of the skills that Barkley listed have been thought of as being a member of the executive attentional network (Berger and Posner,2000). As a result, children may not perform as well on inhibition and executive function executive functions (EF) tasks as typically developed peers. Additionally, there may be some abnormalities in the structure and function of the brain regions involved in the executive attentional network, including the anterior cingulate cortex and the prefrontal cortex modulated by dopamine. (Barkley,1977)

Behavioural evidence

Few observations would suggest that behavioural inhibition is the issue underneath the symptoms of ADHD, according to Barkley's paradigm. Not all of the evidence, though, has been reliable. There are also a few studies that failed to detect differences between ADHD kids and controls in non-verbal working memory (WM), verbal working memory (WM), self-regulation of arousal, and reconstitution. In those situations, researchers have emphasised how crucial it is to consider the EF developmental alterations and the ADHD subtype in order to explain the conflicting outcomes. In addition to the inconsistent findings in executive functions, studies have also failed to detect substantial group

differences in inhibition (Westerberg, 2004), which is particularly important because Barkley has suggested that this mechanism is the fundamental weakness in ADHD. (Barkley,1977)

Neurological evidence

In terms of the neurological data, we would anticipate that individuals with ADHD would exhibit differences from their typically developed peers in the dopaminergic system and the structure and function of brain regions associated with the executive attentional network (basal ganglia, anterior cingulate, and prefrontal cortex) (Barkley,1977).

The Cognitive- Energetic model of ADHD

The CEM claims that energetic variables are the most important aspect in the explanation of ADHD and that the absence of these factors causes both symptoms of inattention and symptoms of hyperactivity. This model asserts that the interaction of three mechanisms operating at various levels, including top-down and bottom-up streams, determines the overall effectiveness of information processing (Sergeant, 2000). Encoding, search, decision, and motor organisation are the four general stages of the computational mechanisms of attention that are included in the lower level. The arousal, effort, and activation energetic pools make up the intermediate level. The term "arousal pool" refers to a phasic response that is time-locked to stimulus processing, often influenced by signal intensity and novelty, and behaviorally indexed by cycles of sleep and wakefulness. The effort pool, which is housed in the hippocampus and is defined by the energy required to accomplish task demands, appears to work by simultaneously stimulating and inhibiting

the other two energetic pools (arousal and activation). The tonic physiological readiness to respond is referred to as the activation pool. The executive control system is the last level, and it is related to, among other things, planning, response inhibition, error detection and correction responses, working memory, and flexibility (Barkley,1977).

Posner and Petersen (1990) alerting system were connected to the noradrenergic system and may control arousal and attention. Many research has implicated various neurotransmitters in ADHD, with Norepinephrine (NE) being the most significant neurotransmitter. Growing evidence suggests that ADHD patients have lower levels of Norepinephrine (NE) than controls (i.e., Biederman and Spencer, 1999). As both attentional and arousal deficiencies are present in ADHD symptoms, it is conceivable that disruption of the NE system may contribute to the pathogenesis of ADHD (Biederman and Spencer, 1999; Park et al., 2012). Moreover, the medicine atomoxetine, which is successfully used to treat ADHD, works as a highly selective inhibitor of noradrenergic reuptake (Arnsten, 2006), providing further evidence of a connection between NE and ADHD. Ultimately, NE being depleted increases distractibility and motor hyperactivity, both of which are characteristic indicators of ADHD. On the other hand, activation of the NE system is linked to a reduction in distractibility and an enhancement of cognitive abilities (Sengupta et al., 2012).

ETIOLOGY

Although the precise causation of this condition is unknown, experts believe that a variety of variables may be at play. While environmental factors interact and also play a part in the development of ADHD, genetic predispositions are discovered to play a substantial influence in its development. The following are some major elements that contribute to the development of ADHD

- Meningitis
- exposure to pollutants like lead
- inadequate nutrition
- substance use while pregnant, and premature birth are just a few examples (CDC,2020).

Genetics

Although ADHD is essentially a genetic disorder, it is estimated that roughly 70% of ADHD is genetic in origin. Without even having the genes for ADHD active, children can inherit them. If a child inherits ADHD from their parent, the parent's ADHD symptoms will not affect the child's symptoms. (Presentation or subtype-impulsive, coupled, or combination), inattention. Despite the fact that men are more likely than women to have ADHD, it's vital to remember that anyone can get ADHD. This is because ADHD is not a disorder that is sex-related (CDC,2020).

Illnesses and injuries

Problems like learning and attention problems can occur due to illnesses like meningitis and encephalitis. Few people might acquire the symptoms of ADHD due to mild brain damages such as early brain injury, trauma or another impediment to normal brain development (CDC,2020).

Toxins

Being exposed to specific environmental toxins during childhood can increase the risk for developing ADHD in that particular child. Exposure to even lower level of toxins can result in hyperactivity and inattention (CDC,2020).

Exposure to Substances in utero

Habits followed by a pregnant mother during pregnancy and a gestational parent's health plays an important role in the development of ADHD. Infections during pregnancy and poor nutrition can increase the risk of ADHD (CDC,2020).

Pathophysiology

Attention Deficit Hyperactivity Disorder (ADHD) has an unclear pathogenesis. Having said that, a number of mechanisms have been put out as potential causes of the illness. They include variations in brain structure, cognitive performance, and neurotransmitter activity. Although it is yet unclear if these processes are the cause or a result of the disorder, they do appear to be connected to the pathophysiology of ADHD and are present in those who have the illness. Further information about their potential positions is provided below (Smith, 2019).

Neurotransmitters

Neurotransmitters like dopamine and noradrenaline have been proposed as important participants in the pathophysiology of ADHD since drugs like psychostimulants and noradrenergic tricyclics are effective in treating ADHD. By assisting with the release and operation of the dopamine or noradrenaline neurotransmitters, these drugs help to lessen the symptoms of ADHD. This is why the pathophysiology and signs of ADHD may be related to a deficit in neuronal transmission. The notion of neurotransmitter involvement has also been validated by additional study with individuals with ADHD. Positive electron transmission (PET) scans have been used to detect low levels of dopamine in affected people, which has been linked to the disorder (Smith, 2019).

Brain Structure

It is believed that the frontal and prefrontal lobes of the brain, as well as perhaps the parietal lobe and cerebellum, are connected to ADHD. Magnetic resonance imaging (MRI) has been used to pinpoint these anatomical regions since studies have found that children with ADHD frequently exhibit abnormal brain activation during particular tasks. Children with ADHD may also have deformities of the basal ganglia nuclei. Children with more severe deformations typically experience harsher symptoms. The effectiveness of stimulant medications in treating ADHD, which may assist to lessen the deformations, may provide weight to this notion (Smith, 2019).

Cognitive Function

Inadequate neurophysiological function and impairments in cognitive function are also associated with ADHD. The Default-Mode-Network (DMN) activity, which is crucial in the area of the brain used to process activities, may be involved in these deficiencies, which are often visible in the resting brain. As a result, those who are afflicted are probably going to have trouble controlling and sustaining focus. Memory, cognitive flexibility, and inhibition are believed to be under the control of cognitive top-down executive control. This is crucial when people are executing difficult jobs that require a lot of adaptation and effort. Patients with ADHD may have abnormalities in this system's operation, which might result in the symptoms common to the disorder. This could involve making more mistakes and having sluggish or inconsistent reaction times when completing specific tasks (Smith, 2019).

RESILIENCE

The American Psychological Association defines resilience as the ability to adapt successfully in the face of hardship, trauma, tragedy, threats, or even severe levels of stress. While resilience does not imply that a person has never been in trouble, it does suggest that they have learned how to deal with challenging events (APA,2000). Some of the determinants of resilience include a variety of biological, psychological, social, and cultural elements that interact with one another to influence how one reacts to stressful situations. Whether resilience is being considered as a trait, a process, or a result must be made clear. As a result of development and interactions with the environment, resilience

tends to alter throughout time. Having the proper social and familial support is one of the variables affecting the resilience of the family of a child with ADHD syndrome. The parents of these kids can gain a lot through appropriate resilience, including better mental health.

ORIGIN OF RESILIENCE

Clinical psychologist Dr. Norman Garmezy is frequently credited as being the father of resilience research. Prior to turning to studies on stress resistance, competence, and resilience, his research initially concentrated on schizophrenia and mental disease. Born on June 18, 1918, He was one of the most renowned psychologists as Dr. Norman Garmezy. His contributions to developmental psychopathology were well-known. Resilience was described by Garmezy as "not necessarily stress-proof. Instead, resilience is meant to represent the ability to bounce back and continue adaptive behaviour after initial withdrawal or impotence after the start of a stressful event (Garmezy, 1991a). In contrast to kids who "meet identical challenges with retreat, despair, or disorder," resilient kids are not "heroic," according to Garmezy. All kids face stress at some point (Garmezy, 1991b). According to Garmezy, one must demonstrate "functional adequacy (the maintenance of competent functioning despite an interfering emotionality) as a benchmark of resilient behaviour under stress" in order to be resilient (Garmezy, 1991a). Dr. Garmezy claims that resilience is not the ability to be brave in the face of difficulty. Instead, it is the ability to bounce back and keep up decent behaviour in spite of experiencing emotional distress. A person is resilient, he added, even if they initially

withdraw in the face of catastrophe as long as they later return and take action. He started studying kids because he wanted to know which kids would be more able to handle stress and which ones would have more issues adjusting. The first significant work in the area was "Stress, Coping, and Development in Children," edited by Garmezy and Michael Rutter.

COMPONENTS OF RESILIENCE

Self - awareness

Having a comprehensive understanding of your personality, including your traits, ideas, beliefs, motivations, and emotions, is known as self-awareness. Self-awareness enables you to comprehend other people, their perception of you, your attitude, and your in-the-moment responses to them.

Mindfulness

Active, unrestricted focus on the here and now is the condition of mindfulness. Being mindful allows you to view your thoughts and feelings objectively, without passing judgement on them. Mindfulness entails being present in the here and now and opening up to experience rather than letting life pass you by.

Self-care

Each person's definition of self-care is distinct, and there are numerous ways to conceptualise it. The term, in its most basic sense, describes our capacity as humans to live effectively in the world and to face the many problems of daily life with vigour, vitality, and confidence. Self-care is something that each of us must actively engage in initiating and maintaining.

Positive relationships

Those who support and care for us, as well as those who care for us, are in positive relationships. Our relationship with other people is one of the most life-changing experiences we can have. We will be happier, more fulfilled, and feel more connected if we establish healthy relationships with others. We will feel healthier, happier, and more content with our lives when we have helpful and positive relationships.

Purpose

Knowing our place in and service to something greater than ourselves is what gives us purpose. Our purpose influences how we think and behave towards other people and the things that happen to us. We can find meaning in our beliefs, families, political parties, being environmentally conscious, or belonging to groups like the Boy Scouts.

Types of Resilience

- ***Physical Resilience***

The body's ability to adapt to change and recover from illnesses, injuries, and physical challenges is referred to as this form of resilience.

- ***Mental Resilience***

Mental resilience is the capacity to adjust to change and uncertainty. They employ mental fortitude to overcome obstacles, advance, and maintain optimism despite setbacks.

- ***Emotional Resilience***

This kind of resilience might be described as the capacity to control one's emotions under pressure. Those who are conscious of their emotional responses are frequently in touch with their inner selves. As a result, when faced with

unpleasant circumstances, individuals can also learn to quiet their minds and control their emotions.

- ***Social Resilience***

This is also called community resilience. Social resilience can be referred to as the ability of groups to recover from difficult situations. It involves people connecting with others and working together to solve problems that affect people both individually and socially.

Signs of resilience

The following are characteristics of resilience

- ***Problem-solving abilities***- Resilient people endeavour to come up with solutions that will have an impact when challenges arise.
- ***Social support***- A key indicator of resilience is having a network of people who are supportive of you. Those that are resilient are able to understand the value of support and are aware of their need for assistance.
- ***A survivor mentality***- Resilient individuals see themselves as survivors. They are aware that they can persevere through challenging situations even if they arise.
- ***Self-compassion***- Together with self-acceptance and compassion for oneself, this is another indication of resilience. Those with resilience can overcome obstacles.

- *Effective Emotional regulation*- Good emotional regulation is a trait of resilience; it is the capacity to control one's emotions under pressure. So, resilient people are able to understand that powerful emotions like anger, grief, or fear are fleeting and manageable.

RESILIENCE AND ADHD

Much progress has already been made in the effort to foster resilience in children with ADHD, even though the research on the topic is still in its infancy (e.g., Mikami & Hinshaw 2003, 2006). With a few notable exceptions (such as Biederman et al., 1998; Chronis et al., 2007), Dvorsky and Langberg (2016) highlight that the majority of information on resilience in ADHD is based on reinterpretation of risk factors identified via variable-focused study designs and continuous measures of risk and resilience. According to Alvord and Grados (2005), resilient children display a variety of behaviours, abilities, and characteristics. These include being resourceful or prosocial (Sanders et al., 2015), using problem-solving abilities (Coşkun, Garipaolu, & Tosun, 2014), and making use of family and/or social community resources to overcome obstacles and bounce back from setbacks (Masten, 2014a). Researchers recently adopted the term *promotive* to describe factors that promote adaptive outcomes for children at both low and high levels of risk, whereas the term *protective* is reserved for factors that mediate risk or confer particularly salient benefits for individuals at high risk levels. The field has not yet reached full consensus regarding the terminology surrounding resilience (Masten 2014b). If a

component has an adaptive effect only (or mostly) when high levels of risk are present, then it makes it the key difference between the two words (Dvorsky & Langberg, 2016).

WELL-BEING

Definition

According to the American Psychological Association, Well-being is a state of happiness and contentment, with low levels of distress, overall good physical and mental health and outlook, or good quality of life. According to the World Health Organization, Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

ORIGIN OF WELL BEING

The idea of general well-being (GWB) has its roots in ancient Greece, when philosophers were primarily interested in how to achieve a good life, or what we now refer to as well-being (Stoll, 2014). Later, when it was recognised as a scientific notion that could be measured and investigated, the idea of wellbeing was separated from the "happy life." The earliest definition of happiness is based on hedonia, which is most commonly translated as pleasure. The phrases hedonism and hedonistic, which imply "a little bit of a party animal" or, as a good friend once put it, "a pleasure monster," make it simplest to recall what they mean. But this is a rather recent adaptation. In the past, it was based on how each individual perceived their own lives. Hedonia derives its intellectual foundation from the Epicureans' (c. 300 BC) view that pleasure is beneficial and ethically admirable

to pursue. Bentham claimed that an action was good based on the results of the action, specifically if it caused more happiness for more people than harm. The utilitarians later adopted this.

COMPONENTS OF WELL - BEING

Emotional Well-Being

To develop emotional well-being, people need to build emotional skills — skills like positive thinking, emotion regulation, and mindfulness, for example. Often, people need to build a variety of these skills to cope with the wide variety of situations that they encounter in their lives. When people have built these emotional well-being skills, an individual can better cope with stress, handle their emotions in the face of challenges, and quickly recover from disappointments. As a result, people can enjoy their lives a bit more, be happier and pursue their goals a bit more effectively.

Physical Well-Being

To develop physical well-being, people need to know what a healthy diet and exercise routine looks like, so that individuals can implement effective strategies in their daily lives. When people improve their physical well-being, not only do they feel better, and people also can find health which can also help prevent many diseases, heal an individual's guts, boost an individual's emotional well-being, and limit the number of health challenges an individual has to deal with in their lives.

Social Well-Being

To develop social well-being, people need to build their social skills, like gratitude, kindness, and communication. Social skills make it easier for an individual to have positive interactions with others, helping people to feel less lonely, angry, or disconnected. When people have developed their social well-being, they feel more meaningfully connected to others.

Workplace Well-Being

To develop an individual's workplace well-being, people need to build skills that help them pursue what really matters. This can include building professional skills which help people to advance more effectively, but it also includes things like living our values and maintaining work-life balance. These skills let people enjoy their work more, helping them to stay focused, motivated, and successful at work. When people have developed workplace well-being, work, and therefore each day, feels more fulfilling.

Societal Well-Being

To develop societal well-being, people need to build skills that make them feel interconnected with all things. People need to know how to support the environment, build stronger local communities, and foster a culture of compassion, fairness, and kindness. These skills help an individual to feel like they are the part of a thriving community that really supports one another and the world at large. When people cultivate societal well-being, individuals feel like they are a part of something and live happily.

WELL-BEING AND ADHD

ADHD may have a negative impact on a child's well-being in a number of ways, such as anxiety, low self-esteem, poorer psychosocial health, and a reduced quality of life overall. Given the extent of ADHD's effects, there are probably going to be significant effects on the wellbeing of people they interact with, especially their siblings. It has been discovered that having an ADHD sibling affects children's wellbeing and the standard of their home life. Kendall's qualitative study revealed that the effects on siblings were mostly centred on feelings of victimisation (from their sibling's violent and unpleasant acts), caretaking (parents' expectations that they befriend and protect their siblings), and anxiety and grief. The frequent disturbance of family life is described by siblings as "chaotic, conflictual, and stressful."

PARENTAL SELF- EFFICACY

According to the American Psychological Association the Parental self- efficacy can be defined as

“The parent’s ability to perform the parenting role successfully.”

Aspirations indicate something that is ideal and should be accomplished, whereas self-efficacy describes an evaluation of one's own abilities. Self-efficacy is more significant than real ability because one's thoughts, feelings, and conduct will be influenced by the results of their self-evaluation. Parenting is a process of action and interaction between

parents and children, and both parties may have an impact on one another during that process (Brooks, 2008). Parenting, according to Brooks, is a process that includes caring for a child's fundamental necessities, giving them love and attention, and teaching them moral principles. While only a few others identified parenting self-efficacy as the key factor influencing parenting behaviour that was directly linked to social adjustment and child development outcomes. Parental self-efficacy, then, refers to parents' confidence in their ability to raise children. Parenting self-efficacy is crucial in regulating the relationship between parental traits (such as temperament, child behaviour issues), child features (such as behavioural issues), and situational factors (such as poverty, social support), and parenting effectiveness. Also, numerous research have demonstrated that parenting self-efficacy is a predictor of effective parenting behaviour. By creating a positive and nurturing home environment, parents with high parenting self-efficacy will demonstrate good parenting behaviour. Mothers who have high self-efficacy are more fully and passionately invested in fulfilling their parental responsibilities.

ORIGIN OF PARENTAL SELF- EFFICACY

Following the development of Social Cognitive Theory (SCT), which offers an explanation for performance in some tasks based on the reciprocity of a) personal factors (e.g., cognitive, biological, and affective events), b) environmental events, and c) behaviour, Bandura (1997) coined the term "self-efficacy" (Crothers et al. 2008). Bandura and Adams (1977) found that people use four sources to evaluate their level of self-efficacy:

1. How they see their own performance (e.g., successful performances are likely to raise self-efficacy, whereas less successful performances are likely to lower it).
2. By observing how others carry out a task, their own abilities.
3. How they react to social persuasion (e.g., how praise or encouragement from others increases self-efficacy while criticism decreases it) and
4. Their emotional and physiological states (e.g., confidence and happiness are more likely to instil a higher self-efficacy than anxiety and fear).

THEORIES OF SELF- EFFICACY

Albert Bandura Model

According to Bandura, a person's perceived self-efficacy affects the type of coping behaviour they employ when faced with stress and difficulties. Self-efficacy is a quality that sustains itself, according to Albert Bandura's theory. When a person is forced to handle challenges on their own, they get positive experiences that further increase their self-efficacy.

Julian Rotter's Locus of Control

Some people think that their reinforcers depend on their own activities, while others think that other people or outside forces are in control of their reinforcers. This idea was dubbed locus of control by Rotter.

Internal Locus of Control

Individuals who have been labelled as internal locus of control personalities think that their own actions and traits are in charge of the reinforcement they receive.

External Locus of Control

People who have an external locus of control believe that fate, luck, or other people decide what rewards they will receive. In other words, they truly believe that they are helpless against external forces.

Bandura concluded that certain conditions increase self-efficacy,

1. Setting up attainable goals enhances performance attainment by exposing people to success experiences.
2. Introducing people to suitable role models who perform successfully improves sensations of vicarious success.
3. Verbal persuasion leads individuals to think they are capable of completing tasks successfully.
4. Increasing physiological arousal through a healthy diet, stress management techniques, and exercise routines improves endurance and coping skills.

PSE is a particular instance of perceived self-efficacy, which is defined as "people's views about their capacities to create specific levels of performance that exercise control over events that affect their lives" (Bandura, 1994, p. 71). It is assumed that personal

efficacy cognitions are at the heart of human agency and that a person's performance of particular actions or tasks is correlated with their sense of the efficacy of those actions (Bandura, 1997, 2002). In general, it has been found that even in neglected circumstances, parents who believe their actions will benefit their children use supportive and constructive parenting techniques (Ardelt and Eccles, 2001; Bandura, 2002; Wittkowski et al., 2017). (Jones and Prinz, 2005). Furthermore, according to Teti and Gelfand (1991; Dumka et al., 2010), mothers with high parenting efficacy are more sensitive, attentive, and warm towards their children (Izzo et al., 2000).

PARENTAL SELF-EFFICACY AND ADHD

Children may actively influence parental behaviour and self-efficacy, despite the fact that complex associations between parents' and children's behaviours were mostly studied in parental influence and view children as passive recipients of parental behaviours. Therefore, it is crucial to investigate how a child's condition or behaviour may affect the parenting style and self-efficacy of the parents. Few research have looked at how parenting and child adjustment relate to kid-driven processes. For instance, parents may take more negative, harsh control measures and fewer positive parenting techniques in reaction to their children's antisocial conduct. Children that engage in disruptive conduct are more likely to affect their parents' actions and sense of self-efficacy. A long-term study found that parental self-efficacy predicted negative parental control in children through externalising conduct. Parents may feel more frustrated, less confident in their parenting abilities, and have lower levels of parental self-efficacy when their children's disruptive

behaviours are at high levels. Although no research has been done to explore this theory, this child-driven process may potentially be relevant to the connection between adolescent Internet addiction and parental efficacy in controlling adolescent Internet use. In other words, parents of teenagers with greater degrees of Internet addiction may be more prone to believe that they are less effective at controlling their children's online behaviour.

THE PURPOSE OF THE STUDY

Parents usually play a vital role in the psychosocial development of their children. Having a child with a disability becomes an adverse situation for parents because it involves many physical and emotional demands, sacrifices to meet their needs, or living with the insecurity of having an uncertain future. The impact of behavioural characteristics of disorders such as ADHD on the mental health of their parents is less known. Resilience is found to be an important aspect in parents of children with neurodevelopmental disorders especially in ADHD, as it can minimize the maladaptation in the parents by cultivating personal strengths. Hence, this study focuses to examine the development of resilience of parents of children with ADHD, and to find out its influence on self-efficacy and well-being.

REVIEW OF LITERATURE

Chapter- 2

Review of Literature

The present study assesses the effect of resilience on the parental self-efficacy and well-being of parents with ADHD children. Innumerable studies have focused on the etiology of ADHD, resilience, parental self-efficacy and well-being. This segment describes the researches that have been reviewed in areas like ADHD, resilience, parental self- efficacy and well- being and relationship between resilience and parental self-efficacy, impact of the child's ADHD on the parenting style and parental self-efficacy. The relevant studies and articles are mentioned below in different subsections.

Studies on Attention-Deficit/Hyperactivity Disorder

An article was brought out on Parental involvement of parents of children with ADHD which was the first ever population study published by Montes and Montes (2020). The purpose of the study was to create a national profile of parental involvement for parents of children with ADHD in the United States. Around 2016 parents and family participated in this education survey. Approximately 1600 parents of children with ADHD were compared with approximately 12000 other parents. The results showed that parents of children with ADHD were more likely to invest more time in communication and led to the conclusion that a more systematic approach is required to encourage and support parental involvement in education for children with ADHD.

A study was done on the co-occurrence of autism spectrum disorder in children with ADHD by Blumberg, Bramlett and Zablotzky (2017). The aim of the study was to deliver that Children with ADHD frequently present with autism spectrum disorder (ASD) symptomatology, has a notable gap in the treatment needs of this subpopulation, including whether the presence of

ASD may be associated with more severe ADHD symptoms. The study was carried out by collecting data from the 2014 National survey of the diagnosis and treatment of ADHD (n=2464), and these data were compared with children with ADHD and ASD, with children with ADHD and not ASD. The results showed that approximately one in eight children was currently diagnosed with ASD. This study highlighted the complexity of children diagnosed with both ASD and ADHD.

A study was conducted on parental stress and parental self-efficacy as mediators of the association between children's ADHD and marital satisfaction by Naim, Gill, Roth and Einav (2018). The aim of the study was to explore the association by examining parental stress and parental self-efficacy as two possible mediators. The samples were collected from 63 parents of children with ADHD and 119 parents without ADHD. Tools used were parental self-efficacy, marital satisfaction and parental stress questionnaires. The result concluded that there was association between ADHD parents and marital satisfaction suggesting that personal characteristics and situation appraisal are tapped when facing strain and hardships.

Curtis, Heath, Weihua and Mc Pherson (2015) has conducted a study on the association between Parenting stress (PST), Parenting self-efficacy (PSE) and the clinical significance of child ADHD symptom change following Behaviour therapy. The purpose of this study was to find the association between these two variables along with the impact of Behaviour therapy on the child's ADHD symptoms. 43 families of children diagnosed with ADHD participated in this study. Tools used were Parenting stress scale and Parenting self- efficacy scale followed by modified BPT. Later after analyzing the changes in PST and PSE. The parents of children demonstrated clinically significant reduction in ADHD symptoms, lower stress and higher self- efficacy than those children who were continued with impairments.

Smith, Koerting, Latter, Knowles, McCann, Sonuga-Barke and Thompson (2014) has done a study on overcoming barriers for effective early parenting interventions for ADHD parents and practitioners. This paper aims to understand the reasons for low uptake and completion of early PPs for ADHD. This qualitative study was conducted by undertaking semi-structured interviews for 25 parents and 18 practitioners based on their views on currently available (Parenting Programmes) PPs for ADHD type problems in the UK. The results showed that the comparisons between the views of parents and practitioners highlighted a need to increase awareness to enhance parental motivation to change parenting practice.

Firouzkouhi, Assareh, Heidaripoor, Eslami Rad and Pishjoo (2013) conducted a study by comparing parenting styles of children with ADHD and normal children. The aim of this study was to evaluate parenting styles of ADHD children and normal children. The study involved subjects aged 7 to 12 which was conducted in Zahedan 2012. Baumrind's questionnaire was used to evaluate the parenting style. The study gave a conclusion that the parents of ADHD children have different parenting styles and factors like gender and parents' education are influential in parenting methods.

Yutaro (2019) aimed to study the physical health in children with Neurodevelopmental Disorders. A sample of 28,058 participated in the study. The data collection was done through well-validated telephone interviews regarding their children's mental health and answered questions about their physical problems. The result concluded with an indication that there is a high rate of physical problems in children with NDDs.

Studies on Resilience

A study was done between psychological well-being and social capital and resilience among cancer patients by Azimi Lolaty, Kordan, Mousavinasab, and Heydari Fard (2019) . The aim of this study was to determine the relationship between the psychological well-being and social capital with resilience among cancer patients. 163 cancer patients participated in this study. The tools used was Riff's Psychological well-being scale (2022), Onyx- Bullen's social capital questionnaire (2000) and Connor-Davidson's Resilience scale(2003). The study concluded that psychological well-being and social capital have high relationship with cancer patient's resilience. Therefore developing appropriate interventions on psychological well-being and social capital can improve the resilience of the cancer patients.

A study was done on the resilience care of patients with vegetative state at home which is based on the grounded theory by Goudarzi, Abedi, Zarea, Ahmadi, and Hosseinigolafshani (2018) . This study aims to explain the process of home care of patients in vegetative state at home. There were 22 participants who were involved in this study. As this was qualitative research with a grounded theory approach, the data was collected through unstructured interviews, observations and field notes. The study gave a conclusion that some changes in the health system should be included considering home care and supporting them in various aspects, especially information, financial and emotional dimensions.

Kaboudi, Abbasi, Heidari Sharif, Dehghan and Ziapour (2018) had done a research on the effect of resilience training on the condition of style of coping and parental stress in mothers of children with leukemia. The aim of this study was to investigate the effect of resilience training on the styles of coping status and parental stress of mothers whose children had leukemia. The study

involved 30 samples. The tools used were Connor- Davidson Resilience questionnaire, coping styles and parental stress. The results showed that mothers who were trained under resilience skills, had significant progress in increasing the style in comparison with mothers in the control group.

Prihadi, Cheow, Yong, and Sundrasagran (2018) conducted research on improving resilience and self- esteem among university students with entrepreneurship simulation board games. This study aims to evaluate the effect of the frequency of playing a board game that simulates entrepreneurial experience called "Traders" on the university students' resilience and self-esteem. 12 students participated in this study. The tools used to measure resilience and self-esteem of students were Connor- Davidson Resilience scale and Mruk two-dimensional self-esteem scale respectively. The results of the study was that playing TBG (Traders Board Game) in certain frequencies significantly improves resilience among the participants.

Rojas, Rodriguez, Pacheco, Zapata, Monsalve, Mantilla, Rodríguez-Jimenez, Ramírez-Santana, Molano-González and Anaya (2018) aimed to evaluate the relationship between resilience and clinical outcomes in patients with autoimmune rheumatic diseases. The data was collected from 188 women with autoimmune rheumatic diseases. The Resilience was evaluated by using Brief Resilience Scale. The results showed that Resilience was influenced by age, duration of disease and socioeconomic status and the study concluded that Resilience in autoimmune rheumatic disease patients is a continuum process.

Togo, Cagdas and Kayden (2018) aimed to investigate the relationship between resilience and constant hope of students studying in a sports science department. 203 students (91 females and 112 males) participated in this study. The tools used for data collection were the Resilience

scale and Constant hope scale. The results showed that there was a positive significant relationship between Resilience and Constant hope.

A study was done on Psychological resilience in adolescents in terms of the effects of perfectionism by Cerkez (2017). The aim of this study is to examine the level of psychological resilience through different variables and the relation between psychological resilience and perfectionism in adolescents. Nearly 295 students from secondary education and universities participated in this study. The data was collected using Personal Information Forms (PIF) and the tools used for measuring the level of resilience and perfectionism were Psychological Resilience Scale and Perfectionism Scale for Child and Adult (PSCA). The results showed that there was a significant relation between psychological resilience and perfectionism.

Studies on Parental self-efficacy

A study was done on the relationship between Resilience and Self- efficacy of parents of adolescents with thalassemia by Beygi, Ghabimi, Roodposhti, Yahyanezhad, Hosseini, Sheikhnejad and Pour (2022). The aim of the study was to investigate the relationship between resilience and self-efficacy of parents of thalassemic adolescents. The number of participants participated in this study was 171 parents in 2018. The tools used were Conner- Davidson Resilience Questionnaire and Dumaka Parenting Self-Agency measure- PSAM. The results showed that parents of thalassemic adolescents had a moderate level of resilience and self- efficacy was higher in housewives, fathers and parents with older children.

Germic, Eckert and Vultee (2021) has conducted a study on the impact of Instagram mommy blogger content on the perceived self- efficacy of mothers. This study examines the impact that Instagram mommy blog content had on the perceived parenting skill of the typical

American mother. A total of 168 mothers participated in this study. The tools used were the parenting efficacy scale along with which the demographic details were also collected. This study concluded with a finding that the door for exciting future research on understanding the evolution of motherhood during the internet era will allow mothers to become more equipped to deal with the challenges in parenting.

Botha, Helminen, Kaunonen, Lubbe and Joronen (2020) did research on Mother's parenting self- efficacy, satisfaction and perceptions of their infants during the first days postpartum. This study had two aims. The foremost aim was to describe mothers' self-efficacy, satisfaction and perceptions when parenting their infants during the first days postpartum. Another aim was to explore the distinct sociodemographic as well as mother and infant related factors that are associated with the above parenting aspects. The study involved 250 mothers with healthy singleton infants who were willing to participate in this research. The tools used were the parental self- efficacy scale (PSE), the evaluation subscale of what being the parent of a new baby is like revised (WBPL-R) and the perception of infant scale. Mother's parenting self- efficacy. The study led to the findings that discussing prior mothering experiences, work life before maternity leave, breastfeeding initiation experiences and perception of infants with the mothers after childbirth, will lead to better PSE and PS during the postpartum period.

Sugiana, Sasmiati and Yulistia (2020) aimed to study the relationship between parenting self- efficacy and parenting stress on parents to support early children playing at home. The samples of this study were 235 parents having young children in Bandar Lampung City. The tools used were 5 likert scale questionnaires and 42 statement parenting self-efficacy scale. The results showed that there was a significant negative relationship between parenting self- efficacy and parenting stress on parents in accompanying early childhood playing at home.

Tazouti and Jarlegan (2019) has done a study on the mediating effects of parental self-efficacy and parental involvement on the link between family socioeconomic status and children's academic achievement. The study aimed to examine the hypothesis that parental self-efficacy and parental involvement in children's education mediate the link between family socioeconomic status and children's academic achievement. This study examined 203 parents and their kids who are attending their elementary school. The results showed that the mediating effect of parental self-efficacy and parental involvement was very much influential on children's academic achievement.

A study was done on mother's education and girls' achievement in Kibera- the link with self- efficacy by Abuya and Mumah (2018) . This study aimed to test the mother-child education achievement hypothesis by considering girls' self-efficacy. The samples were 2119 adolescent girls between 11-14 years and their mothers. The study examined two core- dependent variables through which the girl's self- efficacy and wealth index was measured using 7 items and mixed item index. Later a lot more variables were added. The study gave a conclusion that interventions that increase girl's general self- efficacy and educational aspirations may result in improvements in academic and educational performance.

A study was done on parents of children with disabilities, which was a systematic review of parenting interventions and self-efficacy by Hohlfeld, Harty and Engel (2018) . The study aimed to assess the effectiveness of parenting interventions that increase the parental self-efficacy levels among parents of young children with neurodevelopmental disabilities. This study used 25 articles which met the criteria, from those articles, parenting self- efficacy scores were extracted and meta-analyses were performed. The study concluded with the finding that parent training programmes are effective in increasing parental self- efficacy in parents of disabilities.

Studies on Well-being

A study was done on the well-being of peer supporters in a pandemic, which was a mixed method study by Godfrey, Kozar, Morales and Scott (2022) . The aim of this study was to examine the well-being of peer supporters in a pandemic, which was a mixed method study. Overall, 375 peer supporters were involved in this study by responding to the Pro-Quality of Life questionnaire. The study concluded that it is necessary to maintain effective peer support programs during the ongoing pandemic, health care organizations must study and support the well-being of health care professionals and peer supporters.

A research was done on the mindfulness-based interventions for psychological well-being and quality of life in men with prostate cancer by Nnate, Anyachukwu, Igwe and Abaraogu (2021). They aimed to synthesize the literature on MBIs for psychological wellbeing and quality of life improvement in men with prostate cancer. The systematic review was conducted in order to synthesize the literature on Maslach Burnout Inventory for psychological well-being and quality of life improvement in men with prostate cancer. The conclusion of this study was that Maslach Burnout Inventory was potentially promising psychological outcome, quality of life and post traumatic growth symptoms improvement in men with prostate cancer.

Reddy, Revanth Karri, Jezreel, Afeen and Khairkar (2020) investigated a study on psychosocial impact of covid 19 lockdown on mental well-being among 11 states of India which was a Markov Modelling Approach. In this study 891 responded for the demographic and clinical profile data form, psychological and behavior changes. The study gave a clear-cut conclusion that the Markov modelling was an innovative way of sampling method which is used in a difficult to reach out population in a changing dynamics system.

Riaz (2020) aimed to study the effect of covid 19 pandemic on mental well-being of healthcare workers in territory care hospitals. 356 health care workers were used as samples. The information regarding the demographic data, insomnia, anxiety, depression and stress symptoms was obtained from the Psychological Symptoms questionnaires and this study concluded that mental well-being of health care workers was affected due to covid 19 pandemic.

Somar, Waltz and Van Brakel (2020) aimed to study the impact of leprosy on the mental well-being of leprosy affected persons and their family members. Around 65 leprosy and related people were included in this systematic review. This study has also led to multiple psychiatric modalities which included like depression, anxiety disorders and suicide (attempts). The study revealed that depressive disorders and anxiety disorders were found to be very common among persons who were affected by leprosy.

Nakanishi, Yamasaki, Nishida and Richards (2019) examined the association between midlife psychological well-being and cognitive function in later life in women. The study included 703 women from the British 1946 birth cohort in the Medical Research Council's National Survey of Health and Development. Psychological well-being at 52 years was assessed using the Ryff Scales of Psychological Well-being. Cognitive function at 69 years was measured using the Addenbrooke's Cognitive Examination - Third Edition. Results after controlling for cognitive ability at eight years, educational attainment by 26 years, occupational attainment and marital status by 53 years, depression, smoking, and physical exercise at 60–64 years, there was a significant association between greater personal growth and lower self-acceptance at 52 years and better cognition at 69 years. However, there was no association between cognition and the other four Ryff scales. The result was that most aspects of midlife psychological well-being, except for personal growth and self-acceptance, were not prospectively associated with cognition.

Hailegiorgis, Berheto, Sibamo, Asseffa, Tesfa, and Birhanu (2018) examined a comparative study on psychological well-being of children at public primary schools in Jimma town among an orphan and non-orphan. 370 randomly selected children aged between 10 to 18 were used in which two rosters were created and 185 were selected from roster. The Ryff Psychological Well-being Scale was used to measure psychological well-being. The study concluded that the psychological well-being of orphans was significantly lower than their non-orphaned peers.

Moral, Delgado, Carmona, Caballero, Guillán, González, Suárez-Almarza, Velasco-Ortega and Nieto Magro (2018) conducted a study on the impact of genitourinary syndrome of menopause on well-being, functioning, and quality of life in postmenopausal women from Spain. The aim of the study was to evaluate the impact of vaginal symptoms and GSM on the well-being, functioning, and QoL of postmenopausal women from Spain. This study involved 423 postmenopausal women participating in the GENISSE study (a multicenter, cross-sectional, descriptive, observational study) who presented at least 1 vaginal symptom. The samples were administered with the Day-to-day Impact of Vaginal Aging (DIVA) questionnaire. Analysis of total scores and sub-domains of the questionnaire were performed in women diagnosed with Genitourinary Syndrome of Menopause and those without the condition. The result was found that the scores on the DIVA questionnaire were significantly higher in women with a diagnosis of Genitourinary Syndrome of Menopause than in those without this condition. The study concluded that vaginal symptoms impact the well-being, functioning, and quality of life of postmenopausal women, especially sexual function, self-perception, and body image.

A study was done on maternal depression-a major risk factor for psychosocial well-being among preschoolers by Nadeem, Rafique and Chachar (2018). The study aimed to determine the

prevalence of behavioural problems among preschoolers and their association with maternal depression. In this study 1566 children were assessed using Strength and Difficulty questionnaire. At the same time, the mother inquired about their mental health. The conclusion was that maternal depression was found to be a significant risk factor for childhood psychosocial well-being and other behavioral problems.

Udhyakumar and Illango (2018) investigated psychological well-being among college students. The study aimed to assess the psychological wellbeing of the undergraduate students. This study was conducted with some undergraduate students at college in Thiruvarur district, Tamil Nadu. Number of samples was 100 and administered with the General Well-being Scale. Therefore, the study concluded that the general health scores significantly predicted the manifestation of anxiety, depression and self-control among the students.

A study was done on the effect of psychological well-being on employee job performance, which is a comparison between the employees of projectized and non-projectized organizations Alvi (2017). The study aimed to verify the effects of the level of psychological well being (mental health) and its relationship with the employee's job performance. This study evaluated the psychological well-being of 84 employees through self-assessment from 17 IT companies. The study concluded that the psychological well-being and employee job performance levels were the same for both projectized and non-projectized organizations.

A study was scrutinized on wellbeing using the scales of General Wellbeing by Longo, Coyne and Joseph (2017). The tool consists of 65-items, assessing fourteen different constructs. In total, 446 responses from U.S residents were collected from Amazon Mechanical Turk. Results supported a factor structure consistent with the long form, as well as good internal consistency.

The result showed that the 14-item scales of General Wellbeing offers a brief assessment of wellbeing based on a novel and comprehensive operational definition, and promises to be of practical use to researchers and clinicians. The scale was found to be a useful research tool that provides both a global measure of well-being as well as a collection of fourteen individual health-related scales.

METHOD

Chapter- 3

Method

Methodology is known as the systematic and hypothetical study of the methods applied in a specific field of study. It is composed of the hypothetical study of the body of approaches and certain values that are associated with a specific branch of data. It naturally includes impression such as theoretical episode of the existing study has transformed the following points

The procedure pertaining to the present study namely, the study on resilience and its effect on parental self-efficacy and well-being on ADHD parents was carried out involving the following steps:

- Objectives
- Hypotheses
- Area
- Sample
- Inclusion criteria
- Exclusion criteria
- Tools
- Procedure
- Analysis of data

Objectives

The study used a static group comparison research design to determine the regulatory focus on ADHD parents and the objectives are:

- To compare resilience and its effects on parental self-efficacy and well-being among ADHD child's parents.
- To assess the level of resilience in parents of children with ADHD.
- To identify the level of parental self-efficacy in parents of children with ADHD.
- To assess the level of well-being in parents of children with ADHD.
- To assess the gender difference between mother and father of children with ADHD.

Hypotheses

The hypotheses are stated as Alternative Hypotheses, so that they can be either accepted or rejected, based on the results.

- H1: There will be significant relationships in resilience, parental self-efficacy and well-being among parents of children with ADHD
- H2: There will be a significant relationship between Resilience and Parental self-efficacy among parents of children with ADHD
- H3: There will be a significant relationship between resilience and well-being among parents of children with ADHD
- H4: There will be a significant relationship between Parental self-efficacy and well-being among parents of children with ADHD
- H5: There will be a significant gender differences in resilience, parental self-efficacy and well-being among Mother and Father of ADHD children.

Area

- Parents of ADHD children who are willing to participate were approached.
- The population for the present research consisted of both Mother and Father of ADHD children,
- A sample of Mother and Father between the ages of 25 to 45 years were selected by purposive sampling method.

Sample

The sample for present study included Parents of ADHD children from Chennai and Coimbatore. A total of thirty-one participants (N= 30) 50% of Mothers(N=15) and 50% of Fathers (N=15) in the age range of 25 to 45 were selected by purposive sampling method.

Inclusion Criteria

- Parents with children who are diagnosed with ADHD
- Both mother and father are included in the study
- Participants who are interested and willing to cooperate to the study

Exclusion criteria

- Parents of children who are not clinically diagnosed with ADHD
- Developmental disability and other mental illness are excluded
- The participants who are unwilling to participate
- Parents with any psychological issues are excluded
- Parents above the age range of 45 are excluded.

Tools

Bharathiar University Resilience Scale (BURS)

This scale was constructed and standardized by Annalakshmi 2000 and is a self-reporting instrument, each item is scored on a 5-point Likert scale ranging from 1- not at all appropriate in describing you to 5- most appropriate in describing you. Higher total score indicates greater resilience. Cronbach's Alpha coefficient is 0.86. The scale has been reported to be valid as shown by its correlation with the Frigborgs resilience scale ($r=0.46$).

Parenting Sense of Competence (PSOC)

Gibaud-walston and Wandersman (1978) constructed and standardized the Parenting Sense of Competence scale. The PSOC subscale consists of 8 items utilizing a 6-point Likert scale ranging from strongly disagree to strongly agree. The items on the Efficacy subscale are scored in reverse so that higher scores indicate greater parental self- efficacy. The scoring ranges from 8 to 48 with higher scores representing stronger parental self- efficacy.

Well-Being Index (WHO-5)

The World Health Organization (1998) developed the five Well-being Index (WHO –5) consisting of five items. The responses on items were obtained on a 6-point rating scale. Cronbach's coefficient alpha is found to be 0.91, indicating high internal consistency. The validity of the WHO-5 has not been so far investigated in psychological settings.

Procedure

The research topic was well examined and the hypotheses and objectives were formulated. Parents of children with ADHD were contacted and sought consent for collecting data. The participants were chosen based on the purposive sampling method. They were interrogated about the research. Informed consent form, Socio-demographic status profile, were given to the participants and they were instructed to read each item very carefully and choose the options that suits them the best. Copies of the questionnaires were given to the participants' in-person and instructions were given for each individual. Bharathiar University Resilience Scale (BURS) Annalakskmi (2000), Who - Well Being Scale World Health Organization (1998), Parenting Sense of Competence Scale (Gibaud-Wallston & Wandersman, 1978) based on their requirements. They were informed that the data collected will be confidential. The scoring was done according to the scoring key and interpreted using the norms provided by the authors. The results were analyzed and the hypotheses were verified.

Analysis of data

The data was analyzed statistically using the SPSS (Statistical Package for the Social Sciences) software version 29.0.0.0. Pearson Correlation was used to find the relationship between resilience, parental self- efficacy and well-being among parents with ADHD children and Independent Sample T test was used to find gender difference on resilience, parental self- efficacy and well-being among parents with ADHD among mother and father with ADHD children.

Ethical Consideration

Accomplishment of any study depends upon cooperation and willingness of the subjects. If the subject is not willing or interested to make an active contribution in this study, they might end up providing messy responses or false responses which could mislead the overall finding of the study. In order to confirm the quality data and also for ethical purposes the following steps should be adopted.

- Objectives of the study should be informed to all the subjects.
- Permission from the participant should be taken.
- Confidentiality and anonymity of the participants will be assured and maintained.

Institutional Human Ethics Committee

As the study involves human subjects, all procedures described in the study were reviewed and approved by the Institutional Human Ethics Committee, Avinashilingam Institute for Home Science and Higher Education for Women, Coimbatore. The approval number for the research purpose is **AUW/IHEC/CP-22-23/XMT-11**.

RESULTS AND DISCUSSION

Chapter- 5

Results And Discussion

The results for the study titled “A study on Resilience and its effect on Parental self-efficacy and Well-being on parents with ADHD children” are given below. The sample consists of 30 parents of ADHD children aged between 25 to 45 years of age. The data was analyzed using SPSS software version 29.0.0.0

The distribution analysis was done for resilience, parental self- efficacy and well-being.

Table 1

Demographic Data

(N=30)		
<i>Demographic Data</i>	Number	Percentage* (%)
Mother	15	50
Father	15	50

* Percentage is rounded off

Table 1 shows the demographic data of responses of parents with ADHD children. In this study, out of 30 samples, there were 15 mothers of ADHD children who comprised 50% and the remaining 50% were 15 fathers of ADHD children.

Figure 1

Demographic Data

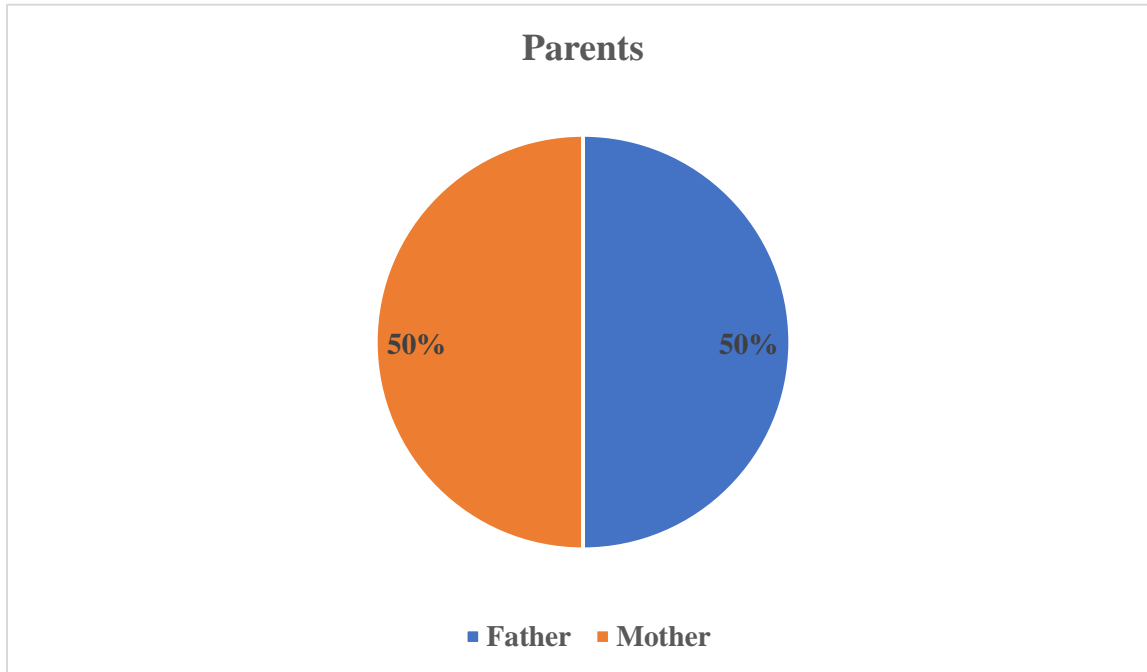


Table 2*Level of Resilience for Mother & Father*

(N = 30)

Resilience	Gender	Number	Percentage* (%)
Low	Mother	1	3
	Father	0	0
Moderate	Mother	13	45
	Father	15	49
High	Mother	1	3
	Father	0	0

* Percentages are rounded off

Table 2 shows the level of resilience in mother and father with ADHD. The table clearly shows that all the fathers 49% and 45% of the mothers possess moderate level of resilience. This finding shows that parents are more likely to be involved in fostering interactions between the child and themselves. Healthy relationships with fathers are considered important among individuals with ADHD, therefore they can further work on how to influence the development of their children with respect to their social cognition and the regulation of emotions, which facilitate

their interaction with peers. 3% of the mothers possess low level of resilience. This result shows that parenting a child with ADHD can cause severe stress in mothers than fathers and may result in psychological disorders. Resilience is one of the positive types of coping mechanisms that a mother can use to overcome any stressful situations especially prolonged stressful conditions, such as taking care of a child with ADHD syndrome. Therefore, Resilient solutions such as increasing the level of resistance to the problems of children with ADHD syndrome, having psychological diseases as well as increasing the level of positive emotions towards these children, understanding the positive way of interpreting children with hyperactivity can be applied in this regard. Only the remaining 3% of the mothers possess high level of resilience which shows that even though, it seems like indirectly affecting the power to be resilient, they also have the capacity to improve the ability to persevere in the face of disappointment. In a study done in 2016, Khademloo et al investigated the relationship between mental health and resilience in mothers of children with ADHD syndrome. In this study, 155 mothers of children with ADHD syndrome were chosen. Connor and Davidson's resiliency scale was used to examine the resilience levels. The results of Khademloo et al showed that the mean score of participants' resilience was 72.2 that represents moderate level of resilience in them while these results are similar to the results of the present study.

Figure 2

Level of Resilience for Mother & Father

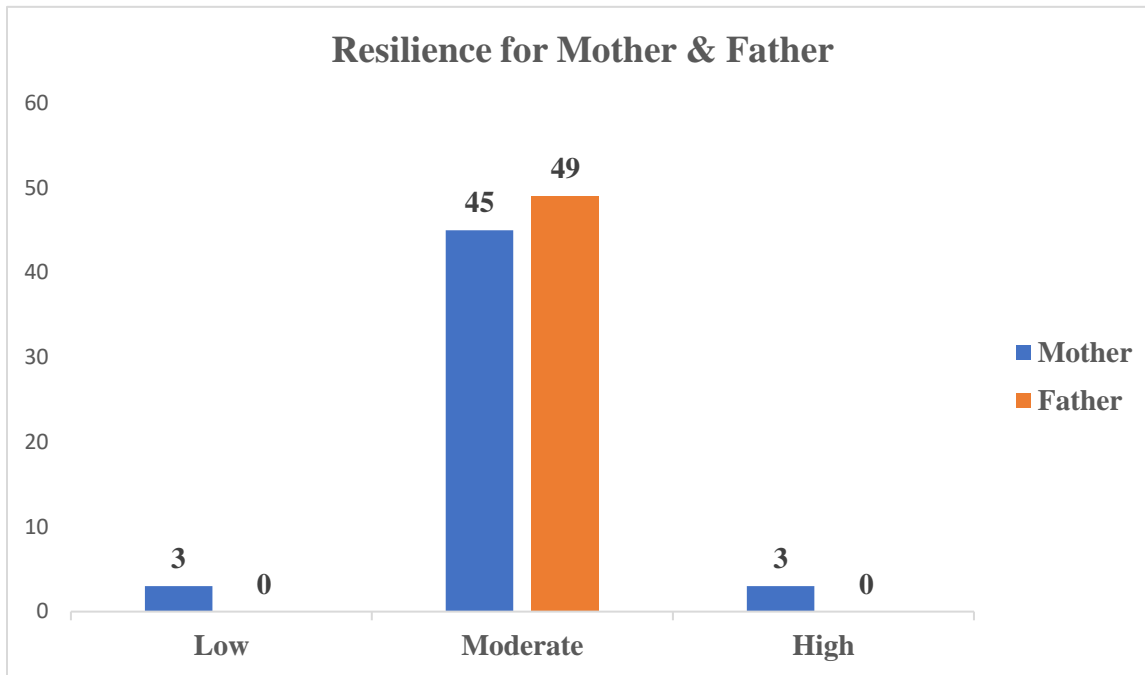


Table 3*Level of Well-Being for Mother & Father*

(N = 30)

Well-Being	Gender	Number	Percentage* (%)
Very Poor	Mother	0	0
	Father	0	0
Poor	Mother	5	16
	Father	3	10
Average	Mother	8	29
	Father	8	26
Good	Mother	1	3
	Father	4	13
Excellent	Mother	1	3
	Father	0	0

* Percentages are rounded off

Table 3 shows the level of well-being among mother and father of ADHD children. It clearly shows that 29% of the mothers and 26% of the fathers possess average level of well-being. This finding shows that they are on the verge of developing a good level of well-being in all aspects of both the child's and parent's environment. Better psychological well-being is also associated with fewer social problems. In order to improve it they could recall some of the positive life events because recalling happiest times in life can bring more positivity to mind. 16% of the mothers and 10% of the fathers possess poor level of well-being. This may be due to lack of self-acceptance of their child's or any disturbance in positive relations with their children and personal growth. This may also affect on how they are able to deal with change or uncertainty. Rising knowledge levels of symptom management and acquiring positive problem-solving abilities, can be a step towards enhancing the mental health of parents, and well-being of the family, and ultimately the populace. Altruism, a new economic harmony, which means paying attention to the present moment, identifying their child's strength would be some possible ways to enhance the level of well-being. 3% of the mothers and 13% of the fathers possess good level of well-being, which shows that they have a pretty good level of life satisfaction and an ability to manage stress. They always try to find the sense of meaning or purpose. Only the remaining 3% of the mothers possess excellent level of well-being. This result shows that they have a lot of acceptance of life situation. They are better able to relax, have improved self-esteem and possess more enthusiasm over life. It also shows that even though they have a minor impact on general wellbeing, they can help themselves become more resilient in the case of setbacks and other parenting aspects of an ADHD syndrome child. Peasgood et al (2021) studied the health and well-being burden for parents living with a child with ADHD in the United Kingdom. The results of the study were, there was a significant negative impacts of childhood ADHD on parents'/carers' hours and quality of sleep,

satisfaction with leisure time, and health-related quality of life. There was also a decrement in life satisfaction, mental well-being. As a conclusion the study quantifies the impact on the health and well-being of parents living with a child with ADHD.

Figure 3

Level of Well-Being for Mother & father

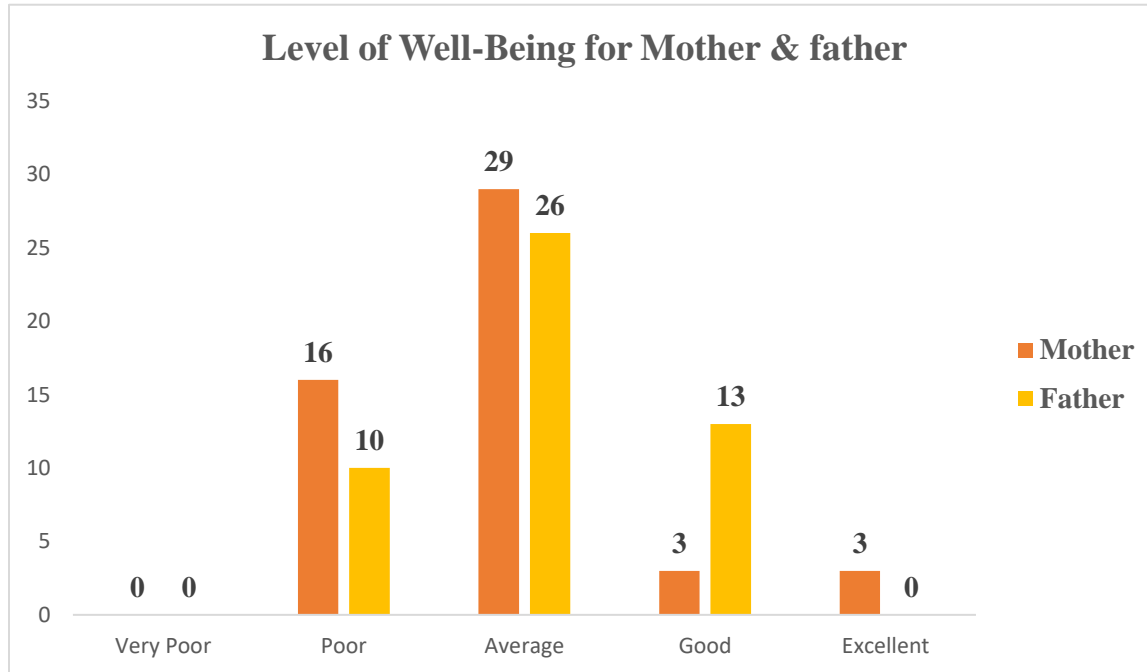


Table 4*Level of PARENTAL SELF-EFFICACY for Mother & Father*

(N = 30)

Resilience	Gender	Number	Percentage* (%)
Low	Mother	1	3
	Father	1	3
Average	Mother	5	17
	Father	10	32
High	Mother	9	32
	Father	4	13

* Percentages are rounded off

Table 4 shows the level of parental self-efficacy among mother and father of ADHD children. The table clearly shows that 32% of the fathers and 17% of the mothers possess average level of parental self- efficacy. This finding shows that they feel competent in their ability to parent, they are likely to use more effective parenting practices, which foster positive developmental outcomes. 32% of the mothers and 13% of the fathers possess high level of parental self-efficacy. This shows that high maternal self-efficacy may lead to increased sensitivity, warmth and responsiveness towards their child which in turn are protective factors against the

onset of child and adolescent problems. In a study done by Coleman and Karraker in 1998 it is concluded that High parental self-efficacy is linked to positive parenting strategies and behaviours. The remaining 3% of both mother and father possess low parental self-efficacy. This result shows that they may have higher dysfunctional parenting, including laxness and over-reactivity. Low self-efficacy can also have a direct impact on behaviour through inhibiting the acquisition of new skills and suppressing existing skills, which is particularly pertinent when considering how to optimize the acquisition and use of positive parenting skills. A study done by Coleman and Karraker (1998), stated that self-efficacy influences parenting behaviours via a dynamic interaction of affective, motivational, cognitive and behavioural pathways.

Figure 4

Level of PARENTAL SELF-EFFICACY for Mother & Father

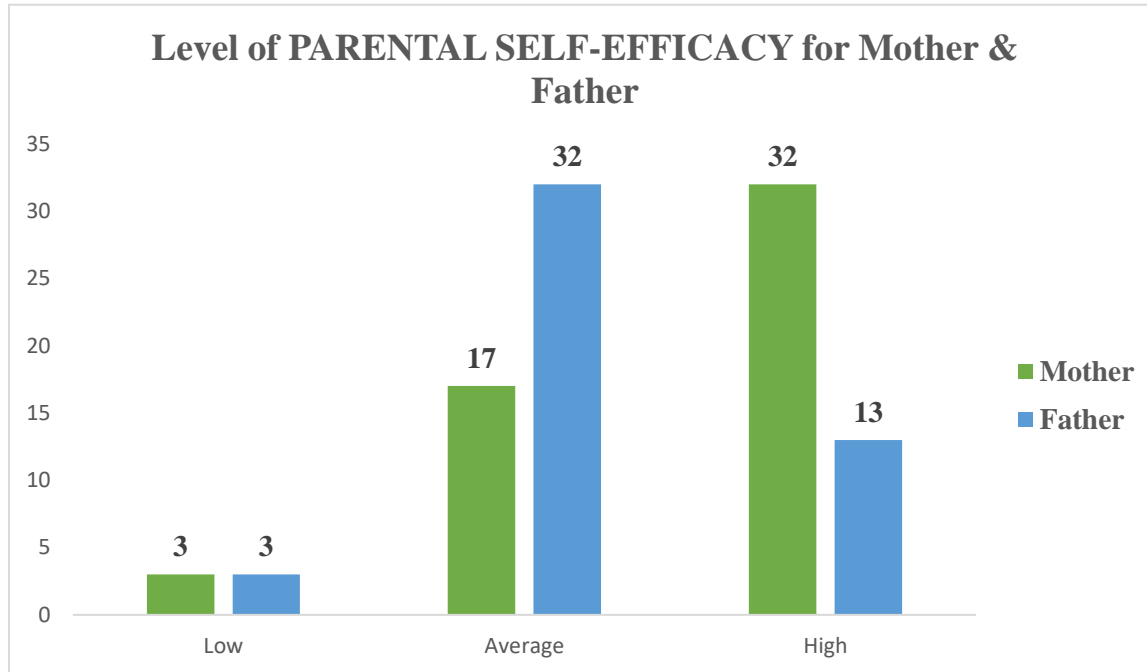


Table 5

Correlation between Resilience, Parental self-efficacy and well-being among parents with ADHD

Variables	N	Resilience	Well-being	Parental self- efficacy
Resilience	30	-	.098 ^{NS}	.539**
Well-being	30	.098 ^{NS}	-	.500**
Parental self-efficacy	30	.539**	.500**	-

** . Correlation is significant at the 0.01 level (2-tailed)

NS= Not Significant

Table 5 shows the correlation coefficients and the associated significance levels between three variables: resilience, well-being, and parental self-efficacy among mother and father with ADHD children. The sample size is N=31. That is, higher levels of resilience predicted higher levels of parental self-efficacy. The table shows that there is a significant positive correlation between resilience and parental self-efficacy ($r=0.539$, $p=0.002$), meaning that higher levels of resilience are associated with higher levels of parental self-efficacy, and vice-versa. But there is no significant correlation between resilience and well-being ($r=0.098$, $p=0.598$), as the correlation coefficient is relatively weak. This suggests that higher levels of resilience may be associated with higher levels of well-being, but the relationship is not very strong. The results shows that individuals who show higher levels of well-being show lower levels of optimism, as they are highly

oriented towards their life. Finally, there is a significant positive correlation between well-being and parental self-efficacy ($r=0.500$, $p=0.004$), indicating that higher levels of well-being are associated with higher levels of parental self-efficacy, and vice versa. It is important to note that correlation does not imply causation. These results indicate that there is a relationship between the variables, but it is not possible to determine from this analysis which variable is causing the other. Further research would be needed to establish causality. Similar finding has also been reported in a study titled *Mediating Role of Self-Efficacy in the Relationship Between Optimism, Psychological Well-Being, and Resilience Among Iranian Students* by Sabouripour, Roslan, Ghiami and Memon (2021). According to the results of correlation analysis, there were significant correlations between self-efficacy, psychological well-being, optimism and resilience. The study's findings gave a clear portrayal of the interrelationship between self-efficacy, various dimensions of psychological well-being, and resilience.

Hence the Hypothesis 1 stating, *“There will be a significant relationship between Resilience, Parental self-efficacy and well-being among parents of children with ADHD”* is **partially accepted**.

Table 6

Correlation between Resilience and Parental self-efficacy among parents of children with ADHD

Variables	N	Resilience	Parental self- efficacy
Resilience	30	-	.539**
Parental self-efficacy	30	.539**	-

** . Correlation is significant at the 0.01 level (2-tailed)

The table 6 presents the results of a correlation analysis between resilience and parental self-efficacy, based on a sample size of N=30. The correlation coefficient (r) between resilience and parental self-efficacy is 0.539, ($r=0.539$) indicating a moderate positive correlation between the two variables. This exposes the fact that resilience is directly proportional to parental self-efficacy. The p-value associated with this correlation coefficient is 0.002 ($p=0.002$), which is below the conventional threshold of 0.05, indicating that this correlation is statistically significant at the 0.01 level (2-tailed). It is important to note that correlation does not imply causation, and there may be other variables that influence both resilience and parental self-efficacy. Nonetheless, the correlation provides evidence for a relationship between these two constructs. Most parents of children with ADHD show average level of resilience which also resulted in their average sense of parental self-efficacy. A study was done on the relationship between Resilience and Self-

efficacy of parents of adolescents with thalassemia by Beygi, Ghabimi, Roodposhti, Yahyanezhad, Hosseini, Sheikhnejad and Pour (2022). Even though the study showed that the resilience and parental self-efficacy was at moderate level. The statistical result did not show any significant relationship between resilience and parental self-efficacy of parents. There are various different sorts of management plans that can assist individuals in raising their resilience and parental self-efficacy. Therefore, parents can work to comprehend the physical, mental, and psychological demands and develop their defenses and coping mechanisms in order to help parents of children with ADHD become more resilient and self-sufficient. Cognitive Behavioural Therapy can be helpful in recognizing the thought patterns that are guiding their low resilient feelings, behaviours and activities. Compassion-Focused Therapy can be highly helpful since it enables them to let go of the self-blame that is frequently associated with negative thoughts.

Hence the Hypothesis 2 stating, “*There will be a significant relationship between Resilience and Parental self-efficacy among parents of children with ADHD*” is **accepted**.

Table 7*Correlation between Resilience and well-being among parents of children with ADHD*

Variables	N	Resilience	Well- being
Resilience	30	-	.098 ^{NS}
Well-being	30	.098 ^{NS}	-

NS= Not Significant

Table 7 shows the correlation between resilience and well-being among parents of children with ADHD. Based on the correlation analysis presented, there is no significant correlation between Resilience and Well-being ($r = 0.098$, $p > 0.01$). The "NS" in the table indicates that the p-value for the correlation coefficient is not significant at the 0.01 level, meaning that we fail to reject the null hypothesis that there is no relationship between Resilience and Well-being in the population from which the sample was drawn. It is important to note that the sample size $N=31$ may not provide sufficient statistical power to detect small or moderate correlations. Additionally, other factors not measured in this study may have an impact on both resilience and well-being, and thus influence the observed correlation. Therefore, caution should be taken when interpreting these findings and further research with a larger sample size and more comprehensive measures may be necessary to better understand the relationship between resilience and well-being. Boyraz et al (2011) studied on Psychological Well-Being among fathers of Children with and without disabilities: The Role of Family Cohesion, Adaptability, and Paternal Self-Efficacy. In this study fathers of children with disabilities scored significantly higher on the self-acceptance dimension

of psychological well-being compared with fathers of children without disabilities. And the result gave a suggestion that paternal self-efficacy is an important variable that contributes to well-being of fathers. specific parent training programs can increase parental self-efficacy. Having a child with disability may require parents to develop additional coping resources to strengthen their belief in their ability to have positive influence in their child's life. Therefore, developing intervention programs that foster the parenting skills and broaden the coping repertoires of the parents of children with disabilities may have a positive impact on paternal self-efficacy of the fathers of children with disabilities.

Hence the Hypothesis 3 stating, "*There will be a significant relationship between resilience and well-being among parents of children with ADHD*" is **rejected**.

Table 8*Correlation between Parental self-efficacy and well-being among parents of children with ADHD*

Variables	N	Well-being	Parental self- efficacy
Well-being	30	-	.500**
Parental self-efficacy	30	.500**	-

** . Correlation is significant at the 0.01 level (2-tailed)

Table 8 shows the correlation between well-being and parental self-efficacy among parents with ADHD. Based on the correlation coefficients and their corresponding p-values, there seems to be a statistically significant positive relationship between well-being and parental self-efficacy. Specifically, the correlation coefficient between well-being and parental self-efficacy is 0.500, indicating a moderate positive association between the two variables. The p-value of 0.004 suggests that the probability of observing such a correlation by chance is less than 0.01, which is considered statistically significant. This exposes the fact that well-being is directly proportional to parental self-efficacy. It is important to note that correlation does not necessarily imply causation, and other variables may be influencing the relationship between well-being and parental self-efficacy. Additionally, the sample size (N=31) is relatively small, which may limit the generalizability of the findings. Most parents with ADHD children who possess high levels of well-being show high levels of parental self-efficacy. In a study conducted by Jordan and Graham

(2012) titled as Resilience and Well-Being Among Children of Migrant Parents in South-East Asia, results indicate that while children of migrant parents, especially migrant mothers, are less likely to be happy compared to children in non-migrant households, greater resilience in child well-being is associated to longer durations of maternal absence. They were also statistically significant, with children in migrant mother households less likely to report overall general happiness compared to those living in non- migrant households. Therefore, the parents with ADHD children can seek help from the healthcare professionals as they can incorporate evidence-based psychological interventions to enhance resilience to help these parents better navigate adversity, adapt to their children's situations and improve their psychological well-being.

Hence the Hypothesis 4 stating, “*There will be a significant relationship between Parental self-efficacy and well-being among parents of children with ADHD*” is **accepted**.

Table 9*Group Statistics based on gender*

	Gender	N	Mean	Std. Deviation	t	p
Resilience	Mother	15	92.24	17.65	.81	.93 ^{NS}
	Father	15	92.64	9.95		
Well-being	Mother	15	11.00	4.03	-.55	.13 ^{NS}
	Father	15	13.29	4.10		
Parental self-efficacy	Mother	15	33.53	9.36	-.50	.63 ^{NS}
	Father	15	34.93	5.81		

Table 9 shows the gender difference in resilience, parental self-efficacy and well-being among parents with ADHD children calculated by independent sample t-test. The mean scores of resilience among mother and father are 92.24 and 92.64. The mean scores of well-being among mother and father are 11.00 and 13.29. The mean scores of parental self-efficacy among mother and father are 33.53 and 34.93. The t-value for resilience is found to be $t = -0.81$. The t-value for well-being is found to be $t = -1.55$. The t-value for parental self-efficacy is found to be $t = -0.50$.

Though the statistical value indicates that there is no significant gender difference among all the variables, there are minimal differences. This may be because both mother and father could be exposed to similar type of problems in their parenting styles. Another factor could be parents with ADHD children may have built similar levels of resilience, but there are individual differences.

Hence, the Hypothesis 5 stating, *“There will be a significant gender difference in resilience, parental self-efficacy and well-being among parents with ADHD children”* is **rejected**.

SUMMARY AND CONCLUSIONS

Chapter - 5

Summary And Conclusions

The present study was conducted to assess the relationship between resilience, parental self-efficacy and well-being among parents of children with ADHD. Having a child with a disability becomes an adverse situation for parents because it involves many physical and psychological demands, sacrifices to meet their needs, or living with the insecurity of having an uncertain future. The behavioural characteristics of ADHD children has a great impact on the mental health of their parents. Resilience is found to be an important aspect in parents of children with neurodevelopmental disorders especially in ADHD, as it can minimize the maladaptation in the parents by cultivating personal strengths. Hence, in this study an attempt to examine the development of resilience of parents of children with ADHD, and to find out its influence on self-efficacy and well-being. The study was initiated with the following objectives;

- To compare resilience and its effects on parental self-efficacy and well-being among ADHD child's parents.
- To assess the level of resilience in parents of children with ADHD.
- To identify the level of parental self-efficacy in parents of children with ADHD.
- To assess the level of well-being in parents of children with ADHD.
- To find the gender difference between mother and father of children with ADHD.

The study included a total sample of 30 parents (15 mothers and 15 fathers) of ADHD children. The age range of the parents is between 25-45 years. They were included irrespective of the gender of the parents. Both the mother and father were included according to the inclusion

criteria. The samples were the mother and father of the children who were already clinically diagnosed with Attention Deficit/Hyperactivity Disorder. Purposive sampling method was used in selecting the sample according to the inclusion and exclusion criteria.

Tools used in the study were:

- Informed consent
- Socio demographic data sheet
- Bharathiar University Resilience Scale (BURS) Annalakskmi (2000)
- Who - Well Being Scale World Health Organization (1998)
- Parenting Sense of Competence Scale (PSOC) (Gibaud-Wallston & Wandersman, 1978)

The hypothesis formulated for the research were;

1. There is a significant relationship in resilience, parental self-efficacy and well-being among parents of children with ADHD.
2. There is a significant relationship between Resilience and Parental self-efficacy among parents of children with ADHD
3. There is no significant relationship between resilience and well-being among parents of children with ADHD
4. There is a significant relationship between Parental self-efficacy and well-being among parents of children with ADHD
5. There are no significant gender differences in resilience, parental self-efficacy and well-being among Mother and Father of ADHD children.

The scoring was done according to the scoring key and interpreted using the norms provided by the authors. The results were analyzed using the SPSS software version 29.0.0.0. Pearson Correlation and Independent Sample T test were used to verify the hypothesis. The findings are as follows,

- There is a significant relationship between resilience and parental self-efficacy, parental self-efficacy and well-being among parents of children with ADHD. Hence the formulated hypothesis 1 has been partially accepted.
- There is a significant relationship between resilience and parental self-efficacy among parents of children with ADHD. Hence the formulated hypothesis 2 has been accepted.
- There is no significant relationship between resilience and well-being among parents of children with ADHD. Hence the formulated hypothesis 3 has been rejected.
- There is a significant relationship between parental self-efficacy and well-being among parents of children with ADHD. Hence the formulated hypothesis 4 has been accepted.
- There is no significant gender difference in resilience, parental self-efficacy and well-being among parents of children with ADHD. Hence the formulated hypothesis 5 has been rejected.

Conclusion

Parents with ADHD children face unique challenges in their day-to-day life. Specifically, they experience both physical and psychological problems in order to cope with the disorder. Hence most of these parents have resilience, parental self-efficacy and well-being oriented towards their future life. The present study has pointed out that there is a significant relationship between resilience, parental self-efficacy and well-being among

parents of children with ADHD. The parents of children with ADHD need psychological interventions to enhance their levels of resilience and parental self-efficacy and their well-being.

Limitations of the Study

- The research is conducted from only one Multiple Disability Institution and few special schools at Coimbatore and Chennai
- The sample size of the study was small
- The sample included both mother and father (age 25-45 years) of children with ADHD
- The study samples with comorbid condition were not included

Suggestions for the Further Research

- The study can include addition variables like parental sense of competence, emotional maturity, life satisfaction, quality of life.
- The research can be expanded to diversified and cross-cultural samples
- Further research can be carried out on a larger sample size
- More in depth analysis can be carried out on resilience, parental self-efficacy and well-being of different age groups
- Intervention studies can be done

Implications

The present study suggests that parents of children with ADHD were having average resilience leading to average parental self-efficacy and well-being. Hence the early support and

psychological interventions are needed for parents of children with ADHD. In order to withhold resilience, parents of children with ADHD can learn management techniques and coping skills to withstand the stress and anxiety they face in their nature of parenting. The study also suggests that parents of children with ADHD are having average parental self-efficacy. The up-shot acquired through this study is to provide appropriate intervention programs that foster the parenting skills and broaden the coping repertoires of the parents of children with disabilities may have a positive impact on paternal self-efficacy of the parents of children with disabilities especially ADHD. Targeting on developing their well-being can be helpful in achieving knowledge levels and acquiring positive problem-solving abilities, which can be a step towards enhancing the mental health of parents, and well-being of the family. As research has shown that psychological problems persist in parents of children with ADHD, understanding their issues in their early stages of life has important implications for intervention and long-term outcomes.

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APPENDICES

Appendices

Annexure- 1

Student Consent Form

I (Nivethithaa. P) am pursuing my Master's degree in Clinical Psychology and I would like to have your participation in this academic research. I assure confidentiality with the details provided by you and it will be used only for the academic purpose. Thank you for the same.

Study Procedure

You will be given three tests in form type along with socio demographic profile. You need to respond to all items in the tests. There is no risk in undertaking the study. There will be no direct benefits to you for your participation in this study. Your response to the question will be anonymous and kept confidential. Your participation in this study is voluntary. It is up to decide to whether or not to take part in this study. If you decide to take part in this study, you will be asked to sign this form. You are free to withdraw at any time and without giving a reason. There is no cost to you for your participation in this study.

Consent

“By signing this consent form, I confirm that I have and understood the information and have the opportunity to ask questions. I understand that my participation is voluntary and I am free to withdraw at any time, without giving a reason and without cost. I voluntarily agree to take part in this study.”

Name of the participant:

Place:

Signature:

Date:

Annexure- 2

Socio Demographic Data Sheet

Name :
Age :
Gender :
Relation To The Child : Mother/Father
Socio-Economic Status :
Education :
Occupation :
Area : Rural/ Semi Urban/ Urban

I assure that the data collected will be used only for the study and will not be used for any other purposes and confidentiality will be maintained throughout and even after the study.

Annexure- 3

Avinashilingam Institute For Home Science

And Higher Education For Women

Coimbatore – 641043, India

Confidentiality Statement

I **Nivethithaa. P**, pursuing my **II M.Sc. Clinical Psychology** from the Department of Psychology in Avinashilingam Institute for Home science and Higher Education for Women, Coimbatore-43, is assigned to do a thesis as a part of the curriculum to complete my course. In this connection, I am going to collect the information from working women (25-50 years), as my topic is “**A Study on Resilience and its Effect on Parental Self-efficacy and Well-being of Parents with ADHD children**”. I assure that the data collected will be used only for the study and will not be used for any other purposes and confidentiality will be maintained throughout and even after the study.

Place:

Date:

Signature of the Researcher

Annexure- 4

Bharathiar University Resilience Scale (BURS)

Annalaksami (2000)

Kindly go through each one of the statements given in the questionnaire carefully. Judge whether the statement concerned is true in your case or not. Mark your judgment with regard to each of the statement in the questionnaire using the following code

Tick 1 if the statement is not at all appropriate in describing you

Tick 2 if the statement is marginally appropriate in describing you

Tick 3 if the statement is moderately appropriate in describing you

Tick 4 if the statement is appropriate to a large extent in describing you

Tick 5 if the statement is most appropriate in describing you

Answer as quickly as possible. DO NOT OMIT ANY STATEMENT.

S. No	Statement	Not at all appropriate	Marginally appropriate	Moderately appropriate	Appropriate to large extent	Most appropriate
1	I can remain balanced in my emotion irrespective of whether I succeed or fail in my efforts.	1	2	3	4	5
2	I can easily revise my plans without accepting defeat when I get stuck up.	1	2	3	4	5
3	I usually get back to my cheerful self pretty soon no matter what failures occur in my life.	1	2	3	4	5
4	When the situation is very demanding I can pull up myself and handle all of it efficiently.	1	2	3	4	5

5	I do not waste my time on lamenting over the past however bad it might have been.	1	2	3	4	5
6	During times of trouble, I sink with feeling helpless.	1	2	3	4	5
7	I easily breakdown at the crisis and it takes longer time for me recover myself.	1	2	3	4	5
8	People say that I have a strong heart which can withstand any disappointment	1	2	3	4	5

9	I can recover from bad mood quickly and easily after facing any sad event.	1	2	3	4	5
10	I suffocate a lot when facing problems.	1	2	3	4	5
11	When in trouble I get impatient and am impulsive.	1	2	3	4	5
12	Challenges are not problems but opportunities for rising to the occasion.	1	2	3	4	5
13	My efficiency significantly drops down at difficult times.	1	2	3	4	5
14	When I fight, I fight only to have the gusto feelings it gives me, no matter whether I am going to win or lose.	1	2	3	4	5
15	When I am in a difficult situation, I can usually find my out of it.	1	2	3	4	5
16	I don't venture on any project where I had failed earlier.	1	2	3	4	5
17	I cannot recover from frustration for long time.	1	2	3	4	5
18	Life will be barren if there were no problems at all.	1	2	3	4	5

19	I stay cool even when things don't go the way I expect.	1	2	3	4	5
20	I can handle any critical situation with confidence since I have successfully done so earlier.	1	2	3	4	5
21	Nothing can stop me from proceeding on any task once I begin my work.	1	2	3	4	5
22	Even a severe setback can only make me to bend down but never to break down.	1	2	3	4	5
23	If I am defeated in anything the first thing that comes to my mind is how to bounce out of it.	1	2	3	4	5
24	I usually get so confused about which way to move when I face problems.	1	2	3	4	5
25	Problems do not ditch me out of my sources but enrich me with finding new resources.	1	2	3	4	5
26	Whether the disappointment is small or big I feel miserable about it.	1	2	3	4	5
27	The greater the problem I confront, the greater will be my efforts to solve them.	1	2	3	4	5
28	I feel so weak to begin any venture as I have experienced a large number of frustrations in life.	1	2	3	4	5
29	Past failures can not deter me from taking up any project I want to take.	1	2	3	4	5
30	Failures and frustrations can never deter me from my efforts for long.	1	2	3	4	5

Annexure- 5

Who - Well Being Scale World Health Organization (1998)

Please indicate for each of the five statements which is closest to how you have been feeling over the last two weeks.

S. No.	Over the last two weeks	All of the time (5)	Most of the time (4)	More than half of the time (3)	Less than half of the time (2)	Some of the time (1)	At no time (0)
1.	I have felt cheerful in good spirits						
2.	I have felt calm and relaxed						
3.	I have felt active and vigorous.						
4.	I woke up feeling fresh and rested.						
5.	My daily life has been filled with things that interest me.						

Annexure- 6

**Parenting Sense of Competence Scale
(Gibaud-Wallston & Wandersman, 1978)**

Please rate the extent to which you agree or disagree with each of the following statements

Factor	Item	Strongly disagree 1	Somewhat disagree 2	disagree 3	Agree 4	Somewhat agree 5	Strongly agree 6
SATISFACTION	2. Even though being a parent could be rewarding, I am frustrated now while my child is at his/her present age.						
	3. I go to bed the same way I wake up in the morning, feeling I have not accomplished a whole lot.						
	4. I do not know why it is, but sometimes when I'm supposed to be in control, I feel more like the one being manipulated.						
	5. My mother/father was better prepared to be a good mother/father than I am.						

	8. A difficult problem in being a parent is not knowing whether you're doing a good job or a bad one.						
	9. Sometimes I feel like I'm not getting anything done.						
	12. My talents and interests are in other areas, not in being a parent.						
	14. If being a mother/father of a child were only more interesting, I would be motivated to do a better job as a parent.						
	16. Being a parent makes me tense and anxious.						
EFFICACY	1. The problems of taking care of a child are easy to solve once you know how your actions affect your child, an understanding I have acquired.						
	6. I would make a fine model for a new						

	mother/father to follow in order to learn what she/he would need to know in order to be a good parent.						
	7. Being a parent is manageable, and any problems are easily solved.						
	10. I meet my own personal expectations for expertise in caring for my child						
	11. If anyone can find the answer to what is troubling my child, I am the one.						
	13. Considering how long I've been a mother/father, I feel thoroughly familiar with this role.						
	15. I honestly believe I have all the skills necessary to be a good mother/father to my child.						
	17. Being a good mother/father is a reward in itself.						

	12. My talents and interests are in other areas, not in being a parent.						
	14. If being a mother/father of a child were only more interesting, I would be motivated to do a better job as a parent.						

INSTITUTIONAL HUMAN ETHICS COMMITTEE



Avinashilingam

Institute for Home Science and Higher Education for Women
(Deemed to be university under Category 'A' by MHRD, Estd. u/s 3
of UGC Act 1956) Re-accredited with 'A⁺⁺' Grade by NAAC.
Recognised by UGC Under Section 12 B
Coimbatore- 641043, Tamil Nadu, India

06.01.2023

Chairman

Dr. Sudha Ramalingam
Director – Research and Innovation
Professor- Community Medicine,
PSG Institute of Medical Sciences
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Ms. D. Kavitha
Dr. A R Sudamani Ramasamy
Dr. G. Victoria Naomi
Dr. Judith Justin
Dr. Anitha Subash
Dr. K. Sampath Rani

To
Ms. Nivethithaa, P.
Department of Clinical Psychology
Avinashilingam Institute for Home Science and
Higher Education for Women
Coimbatore- 641043

Dear Nivethithaa,

Ref: Your proposal No. IHEC/22-23/CP-11 entitled "A Study in Resilience and its Effect on Parental Self-Efficacy and Well-being of Parents with ADHD Children" submitted for approval of IHEC on 19.11.2022.

The Institutional Human Ethics Committee of our University hereby grants approval to your research proposal No. IHEC/22-23/CP-11 entitled "A Study in Resilience and its Effect on Parental Self-Efficacy and Well-being of Parents with ADHD Children" submitted by you. The Approval number for the same is AUW/IHEC/CP-22-23/XMT-11.

We wish you all the best in your research endeavours.

Regards


Dr. A Thirumani Devi
Member Secretary

