

# Psychological Morbidity, Parental Stress, Self - Efficacy, Family Pathology and Emotional Competence among Parents of Attention Deficit and Hyperactivity Children and Normal Children

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**Abstract:** *Parents are the valuable asset of the society as they are the back bone and the base for the personality development of a child. The well balanced development of the personality in the child mainly influenced from their parents. Psychological well - being plays a substantial role in the parenting process. The ADHD children are getting the treatment for their disorder. Meanwhile, the parents of the ADHD children are neglected in the treatment plan. Ignoring the psychological well - being of the parents of the ADHD children could become a major constraint to the parenting process as well as overall development of the society. The present study is undertaken to enquire the Psychological morbidity, Parental stress, Self - efficacy, Family pathology and Emotional competence among parents of Attention Deficit and Hyperactivity Disorder Children and Normal Children. Further, the study explores the effect of socio - demographic variables like parent's age, education, domicile, income of the family, family type, health issues of parents, gender of the child and severity of the ADHD on Psychological morbidity, Parental stress, Self - efficacy, Family pathology and Emotional competence among parents of Attention Deficit and Hyperactivity Disorder Children. The statistical t test, Pearson correlation method and Multiple Regression analysis were used for the data analysis and the study result found that the parents of ADHD children have high Psychological morbidity, high Parental stress, low Self - efficacy, high Family pathology and low Emotional competence compared to parents of normal children. The mothers of ADHD children have high Psychological morbidity, low Parental stress, low Self - efficacy, high Family pathology and low Emotional competence than the fathers of ADHD children. Further, it is also found that the socio - demographic variable such as parent's age, education, domicile, income of the family, family type, health issues of the parents, gender of the child and severity of the ADHD significantly predict the Psychological morbidity, Parental stress, Self - efficacy, Family pathology and Emotional competence among parents of ADHD children.*

**Keywords:** ADHD children, Psychological morbidity, Parental stress, Self - efficacy, Family pathology, Emotional competence

## 1. Introduction

Parenting is the process of bringing up children and giving them the security and care they need to grow into healthy adults. The phrases "parenting" and "parents" are typically used to refer the people who actively engage in child rearing. Parental influence on a child's growth is fundamental and the rigidity of a child's upbringing cannot be altered. Every day, parents make decisions and take actions with purpose to shape their children into adults with morals, respect and a sense of responsibility. Thus, a parent serves as a visionary for their children.

Parenting is like a walking on a razor's edge, if something is wrong in the parenting then either it harms a child or parents. Parenting normal children is so difficult and just think about how stressful is parenting of an ADHD child. Parenting an ADHD child is difficult for parents; it is a strong stressor for both mother and father. They face a lot of challenges while taking care of the ADHD children. They may acquire psychological and physical problems due to caring burden of ADHD children. Parents of ADHD children face numerous challenges in the process of

providing basic needs, maintaining wellbeing, safety and in making ADHD children as adults.

### Concept of ADHD

According to DSM V criteria "ADHD is a neurological disorder characterized by inattention, hyperactivity and impulsivity. "In children and adolescents, attention deficit hyperactivity disorder (ADHD) is a pervasive developmental disease that is more common. Although the symptoms of ADHD starts in childhood and the condition can persist into adolescence and adulthood. ADHD is not just a childhood issue. Although a child's hyperactivity usually decreases as they enter adolescence and issues with inattention, hyperactivity and poor impulse control frequently persist into adulthood. ADHD is a neuropsychiatric condition with early onset that affects children and is characterized by impulsivity, hyperactivity and inattention issues.

According to the World Health Organization (2020) 366.33 million children and adults worldwide are thought to be impacted with an estimated 139.84 million children and adolescents exhibiting symptoms. According to the figures from Union Health Ministry, India (2020) 11.32% of children in India have ADHD, which is higher than the

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global estimate. Children between the ages of 9 and 10 have the highest prevalence of ADHD. In India, there are over 6.1 million children who exhibit symptoms of ADHD. (MOHFW, New Delhi 2020).

### of the study

Parenthood is the happiest stage of life span, but it is really burden and inevitable to the parents if the child born with some psychological disorder. It creates tension to the family and causes lot of stress, depression, anxiety and psychological imbalances among the parents in particular. ADHD is one of the childhood neuropsychological disorders. Now a days in India, it is increasing with rapid pace, which is creating lot of psychological distress among parents while they are caring those children. As a Psychologist, working in District Hospital, Chikkamagaluru, Karnataka, India the researcher found that more cases with ADHD attend in the out - patient department to get treatment and therapy for the ADHD associated with behavioural disorder. During the interaction sessions with parents they used to express various problems like caring stress, personal distress, dull mood, suicidal ideation, financial problems, worries about the future of the child with ADHD and no institutions for ADHD children and so on. This has made the present researcher to study about problems of parents of ADHD children. This study is very useful to the mental health professionals in particular and society in general to understand the problems of parents of ADHD children and to design multidisciplinary treatment regime to treat the parents of ADHD children with the effective approach.

## 2. Review of Literature

Fortes et al. (2019) examined the increased prevalence rates of anxiety and depression in parents of children with attention - deficit and hyperactivity disorder and parents of normal children. The study result revealed that mothers of children with ADHD displayed greater level of depression and anxiety than the mothers of normal children. Researcher found that anxious and depressive symptoms are more common in mothers of ADHD children than the fathers of ADHD children.

Sophie et al. (2019) explored the Parental stress of the parents of children with ADHD. It is found that the stress level in parents increases when the ADHD severity is more in their children. The parental stress among parents of ADHD children worsens the quality of the parent - child relationship and psychological wellbeing. This study also explored that ADHD children are impacted by parenting stress in a number of ways including poor supervision of children's activities, greater use of physical punishment and controlling parenting techniques rather than supporting them.

Ben (2018) explored the connection between low Self - efficacy, Parental stress and Marital dysfunctions among parents of ADHD children and normal children. The study also found the negative relationship between the Parental stress and low Self - efficacy among parents of ADHD children.

Jose (2019) explored the Family pathology, parental ties and interactions among parents of ADHD children. The study found that more rigidity and low emotional connectedness more among parents of ADHD children than parents of normal children. Further, it is also found that ADHD parents exhibit dysfunctional family functioning, a strict, segregated typology of parenting, emotional distress, low bonding and poor socialization than the parents of normal children.

Kelsey (2021) studied the parenting, maternal emotion regulation and Emotional competence among the parents of ADHD children and normal children. It is indicated that emotional deregulation and emotional incompetence more among parents of ADHD children than parents of normal children.

## 3. Method

### Preamble of the Study

Research methodology is the blueprint of a study that controls factors that would interfere with the research work. The methodology for the research includes the objectives, research questions, hypothesis, methods of research adopted, the description of sample, sampling technique, research tools used for the study, procedure of data collection, scoring and processing of data, pilot study and statistical techniques applied for the present research. It attempts to provide a systematic representation of the steps taken to conduct the research. This study is an attempt to enquire the Psychological morbidity, Parental stress, Self - efficacy, Family pathology and Emotional competence among parents of Attention Deficit and Hyperactivity Disorder Children and Normal Children and interpretation the relationship between the variables and few demographic factors.

### Objectives of the study

- 1) To compare the level of Psychological morbidity, Parental stress, Self efficacy, Family pathology and Emotional competence among parents of ADHD children and normal children.
- 2) To compare the level of Psychological morbidity, Parental stress, Self efficacy, Family pathology and Emotional competence among fathers and mothers of ADHD children.
- 3) To find out the relationship between psychological variables such as Psychological morbidity, Parental stress, Self efficacy, Family pathology and Emotional competence among parents of ADHD children.
- 4) To identify the demographical and personal factors that influence Psychological morbidity, Parental stress, Self efficacy, Family pathology and Emotional competence among parents of ADHD children.

### Research Questions

- 1) Do Psychological morbidity, Parental stress, Self - efficacy, Family pathology and Emotional competence differ significantly among parents of ADHD children and normal children?
- 2) Do Psychological morbidity, Parental stress, Self - efficacy, Family pathology and Emotional competence differ significantly among mothers and fathers of ADHD children?
- 3) Do Psychological morbidity, Parental stress, Self -

efficacy, Family pathology and Emotional competence correlated significantly among parents of ADHD children?

- 4) Do factors such as parent's age, education, domicile, income of the family, family type, health issues of parents, gender of the child and severity of the ADHD significantly contribute towards Psychological morbidity, Parental stress, Self - efficacy, Family pathology, and Emotional competence among parents of ADHD children?

### Hypothesis

**Ho.1** Psychological morbidity differs significantly among parents of ADHD children and normal children.

**Ho.2.** Parental stress differs significantly among parents of ADHD children and normal children.

**Ho.3.** Self - efficacy differs significantly among parents of ADHD children and normal children.

**Ho.4.** Family pathology differs significantly among parents of ADHD children and normal children.

**Ho.5.** Emotional competence differs significantly among parents of ADHD children and normal children.

**Ho.6** Psychological morbidity differs significantly among mothers and fathers of ADHD children.

**Ho.7** Parental stress differs significantly among mothers and fathers of ADHD children.

**Ho.8** Self - efficacy differs significantly among mothers and fathers of ADHD children.

**Ho.9** Family pathology differs significantly among mothers and fathers of ADHD children.

**Ho.10** Emotional competence differs significantly among fathers and mothers of ADHD children.

**Ho.11** Psychological morbidity, Parental stress, Self - efficacy, Family pathology and Emotional competence have no significant correlation among parents of ADHD children.

**Ho.12** The socio - demographic variables like parent's age, education, domicile, income of the family, family type, health issues of parents, gender of the child and severity of the ADHD do not significantly predict the Psychological morbidity among parents of ADHD children.

**Ho.13** The socio - demographic variables such as parent's age, education, domicile, income of the family, family type, health issues of parents, gender of the child and severity of the ADHD do not significantly predict the Parental stress among parents of ADHD children.

**Ho.14** The socio - demographic variable like parent's age, education, domicile, income of the family, family type, health issues of parents, gender of the child and severity of the ADHD do not significantly predict the Self - efficacy among parents of ADHD children.

**Ho.15** The socio - demographic variables such as parent's age, education, domicile, income of the family, family type, health issues of parents, gender of the child and severity of the ADHD do not significantly predict the Family pathology among parents of ADHD children.

**Ho.16** The socio - demographic variables like parent's age, education, domicile, income of the family, family type, health issues of parents, gender of the child and severity of the ADHD do not significantly predict the Emotional competence among parents of ADHD children.

### Operational definitions

- **Psychological morbidity:** Psychological morbidity the

term broadly used when a patient has more than one symptom of any psychological disorder such as anxiety co - morbid with suicidal ideation, somatic symptoms and depression. Psychological Morbidity is the state of escaping from the physical or psychological well - being, which results from disease, illness, injury or sickness especially where the affected individual is aware of his or her condition. Psychological morbidity includes depressive episodes, somatic symptoms, insomnia and anxiety impulses.

- **Parental Stress:** Parental Stress is a normal part of the parenting. It rises when parenting demands exceed the expected and actual resources available to the parents that permit them to succeed in the parental role.
- **Self - efficacy:** Self - efficacy is the belief in one's capacities to organize and execute the courses of action required to manage situations. In other words, Self - efficacy is a person's belief in his or her ability to succeed in a particular task.
- **Family pathology:** Family Pathology refers to the deviations including functional and dysfunctional, from socially accepted norms of behaviour between the family members resulting either in discordant relationship or harmonious and sublime living environment.
- **Emotional competence:** Emotional Competence is one's ability to express one's inner feelings. It implies an ease around others and determines one's ability to effectively and successfully lead the emotions. It is noted as the essential social skills to recognize, analyse, and respond constructively to emotions within the person and others.
- **Attention Deficit and Hyperactivity Disorder:** ADHD is a neuropsychological disorder of childhood characterized by inattention, hyperactivity and impulsivity.

### Sample

The Incidental as well as Purposive sampling method is used to select the sample for this study. All parents of ADHD children attending the out - patient department of District Hospital, Chikkamagluru, Hassan Institute of Medical Sciences, Hassan and Shivamogga Institute of Medical sciences, Shivamogga during 2018 to 2021 and the parents of normal children outside the clinical setting from all the three districts above mentioned were taken up for the study. The data was collected from 760 parents, out of these 160 parents data is rejected due to various reasons and finally 600 parents selected for the study. Among them 302 parents of ADHD children (151 fathers, 151 mothers) and 298 parents of normal children (149 fathers, 149 mothers) were selected for the study. Out of 302 ADHD parents 112 cases taken from Chikkamagaluru district, 100 cases from Hassan district and 90 cases from Shivamogga district of Karnataka, India. Remaining 298 parents of normal children are taken up from same three districts such as 138 cases from Chikkamagaluru district, 80 cases from Hassan district and 80 cases are from Shivamogga district of Karnataka, India.

### Variables

**Dependent variables:** Psychological morbidity, Parental stress, Self - efficacy, Family pathology, Emotional competence.

**Independent variables:** parents of ADHD children and parents of normal children and demographic variables; age of the parents, education, domicile, income, family type, health conditions, severity of the ADHD and gender of the children.

#### Research tools

Attention Deficit and Hyperactivity Disorder Evaluation Scale (Screening Scale for ADHD) developed by Bhargava R. (2017), General Health questionnaire 28 (GHQ28) developed by Goldberg & Hiller (1978), Parental stress scale developed by Berry J. and Jones W. (1995), Self - Efficacy Scale developed by Singh A. & Narain S. (2005), Family pathology scale developed by Vimala V. and Dogra A. (2001) and Emotional competence scale is developed by Bharadwaj R. and Sharma H. (1995) used to assess the psychological variables among parents of ADHD children and normal children.

#### Statistical analysis

Student's t test, Pearson's product moment correlation and Regression Analysis used in this research.

#### 4. Conclusions

- 1) Parents of ADHD children have high psychological morbidity, high Parental stress and high Family pathology, low Self - efficacy and low Emotional competence compared to the parents of normal children.
- 2) Mothers of ADHD children have higher psychological morbidity, low Parental stress, low Self - efficacy, high Family pathology and low Emotional competence compared to the fathers of ADHD children.
- 3) Psychological morbidity has a significant positive relationship with Parenting stress, Family pathology and has a significant negative relationship with Self - efficacy and Emotional competence among parents of ADHD children.
- 4) Parental stress has a significant positive relationship with Family pathology and has a significant negative relationship with Self - efficacy, Emotional competence among parents of ADHD children.
- 5) Self - efficacy has a significant negative relationship with Family pathology among parents of ADHD children.
- 6) Family pathology and Emotional competence has a significant negative relationship among parents of ADHD children.
- 7) Parents of ADHD children aged between 41 - 48 found to have more psychological morbidity compared to 25 - 32 and 33 - 40 years aged parents of ADHD children.
- 8) Parents of ADHD children who have low income found to have more psychological morbidity than the parents of middle and high income.
- 9) Parents of female ADHD child have more psychological morbidity than the parents of male ADHD child.
- 10) The under - graduated parents of ADHD children found to have less psychological morbidity than the parents having no formal education, primary and secondary education, PUC and post - graduation.
- 11) The parents of ADHD children living in the rural area found to have less psychological morbidity than the parents living in the urban area.
- 12) The parents of ADHD children living with joint family found to have less psychological morbidity than the parents living in the nuclear family.
- 13) Parents of ADHD children who have no health issues found to have less psychological morbidity than the parents having health issues like hypertension, diabetics and cardio vascular problems
- 14) The mild degree of the ADHD in the children reduces the psychological morbidity of their parents than the moderate and severe degree of the ADHD in the children.
- 15) Parents of ADHD children aged between 33 - 40 found to have less Parental stress compared to 25 - 32 and 41 - 48 years aged parents of ADHD children.
- 16) Parents of ADHD children who have middle income found to have less Parental stress than the parents of low and high income.
- 17) Parents of male ADHD child have more Parental stress than the parents of female ADHD child.
- 18) The post - graduated parents of ADHD children found to have less Parental stress than the parents having no formal education, primary and secondary education, PUC and under graduation.
- 19) The parents of ADHD children living in the rural area found to have less Parental Stress than the parents living in the urban area.
- 20) The parents of ADHD children living with nuclear family found to have more Parental stress than the parents living in the joint family.
- 21) Parents of ADHD children who have no health issues found to have less Parental stress than the parents having health issues like hypertension, diabetics and cardio vascular problems.
- 22) The moderate degree of the ADHD in the children causes high Parental stress in their parents than the mild and severe degree of the ADHD in the children.
- 23) Parents of ADHD children aged between 41 - 48 found to have more Self - efficacy compared to 25 - 32 and 33 - 40 years aged parents of ADHD children.
- 24) Parents of ADHD children who have high income found to have high Self - efficacy than the parents of low and middle income.
- 25) Parents of male ADHD child have more Self - efficacy than the parents of female ADHD child.
- 26) The parents of ADHD children who have no formal education found to have low Self - efficacy than the parents having primary and secondary education, PUC, under graduation and post - graduation.
- 27) The parents of ADHD children living in the rural area found to have low Self - efficacy than the parents living in the urban area.
- 28) The parents of ADHD children living with joint family found to have high Self - efficacy than the parents living in the nuclear family.
- 29) Parents of ADHD children who have no health issues found to have high Self - efficacy than the parents having health issues like hypertension, diabetics and cardio vascular problems.
- 30) The severe degree of the ADHD in the children reduces the Self - efficacy in their parents than the mild and moderate degree of the ADHD in the children.
- 31) Parents of ADHD children aged between 25 - 32 perceive more Family pathology compared to 33 - 40

and 40 - 48 years aged parents of ADHD children.

- 32) Parents of ADHD children who have high income perceive low Family pathology than the parents of low and middle income.
- 33) Parents of female ADHD child perceive more Family pathology than the parents of male ADHD child.
- 34) The parents of ADHD children who have post - graduation perceive high Family pathology than the parents having no formal education, primary and secondary education, PUC and under graduation.
- 35) The parents of ADHD children living in the urban area perceive low Family pathology than the parents living in the rural area.
- 36) The parents of ADHD children living with joint family perceive low Family pathology than the parents living in the nuclear family.
- 37) Parents of ADHD children who have health issues perceive high Family pathology than the parents having no health issues like hypertension, diabetics and cardio vascular problems.
- 38) The severe degree of the ADHD in the children increases the Family pathology in their parents than the mild and moderate degree of the ADHD in the children.
- 39) Parents of ADHD children aged between 25 - 32 found to have more Emotional competence compared to 33 - 40 and 41 - 48 years aged parents of ADHD children.
- 40) Parents of ADHD children who have high income found to have high Emotional competence than the parents of low and middle income.
- 41) Parents of male ADHD child have more Emotional competence than the parents of female ADHD child.
- 42) The parents of ADHD children who have post - graduation education found to have high Emotional competence than the parents having no formal education, primary and secondary education, PUC and under graduation.
- 43) The parents of ADHD children living in the urban area found to have high Emotional competence than the parents living in the rural area.
- 44) The parents of ADHD children living with nuclear family found to have high Emotional competence than the parents living in the joint family.
- 45) Parents of ADHD children who have no health issues found to have high Emotional competence than the parents having health issues like hypertension, diabetics and cardio vascular problems.
- 46) The moderate degree of the ADHD in the children reduces the Emotional competence in their parents than the mild and severe degree of the ADHD in the children.

#### Limitations of the Study

- The study sample was limited to the parents of ADHD children and normal children of Chikkamagaluru, Hassan and Shivamogga districts of Karnataka, India.
- The study sample was included the parents of 5 to 12 years old ADHD children and normal children only.
- The study includes only few psychological variables i. e., psychological morbidity, Parental stress, Self - efficacy, Family pathology and Emotional competence.

#### 5. Scope for Further Study

- The present study found that more Psychiatric morbidity among parents of ADHD children. Hence, an in - depth examination of the parents of ADHD children is essential. To achieve this the future research may be undertaken qualitative interview and case studies while collecting the data.
- In this study it is explored that high Parental stress, high Psychological morbidity and high Family pathology among parent of ADHD children. The parents of ADHD children required psychological and supportive interventions to overcome from their psychological illness. Hence, intervention based research may be undertaken in the future research.
- This study also found that parents of ADHD children having high Psychological morbidity, high Parental stress, high Family pathology, low Self - efficacy and low Emotional competence. So, the effect of Cognitive Behavioral Therapy in reducing psychosocial issues of the parents of ADHD children may be undertaken in the future research.
- The present study included only few psychological variables in relation to the parents of ADHD children. Parents of ADHD children may have some other psychosocial issues also. Hence, other psychosocial issues among parents of ADHD children may be included in the future research.

#### 6. Implications of the Study

- The study result highlights the need to implementation of proper screening for psychological issues among parents of the ADHD children.
- Addressing and resolving the parents' psychosocial issues when they reach the hospital to get the treatment for their ADHD children
- Implementation of the planned multidisciplinary treatment regime for the parents of ADHD children as the study result shown that high psychological morbidity among parents of ADHD children.
- The study revealed that Parental stress more among the parents of ADHD children. Hence, the Stress management techniques to be involved when treating the parents of ADHD children.
- Need to start well - structured special education institutions designed for ADHD children. This may reduce the Parental stress in their parents.
- Family pathology is more among parents of ADHD children. So, providing Family therapy to the parents of ADHD children and their families is very essential.
- Psycho education is needed as the parents of ADHD children have little knowledge about the ADHD.
- Self - efficacy is low among the parents of ADHD children. So, Self - efficacy enhancing programmes can be included in the treatment plan.
- Supportive Psychotherapy is needed as majority of the parents of ADHD children are Emotionally incompetent.
- The Rehabilitation and day care centers for ADHD children are very less at present. Providing at least one specialized Rehabilitation center in each district for ADHD children may reduce the parent's stress.

- Developing Skill and Coping strategies in the parents about handling ADHD children is needed.
- Early identification of the ADHD in the children may reduce the Psychological morbidity and Parental stress among their parents.

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