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The Perceptions of Single Parents Raising a Child Diagnosed With Attention Deficit Hyperactivity Disorder With Behavioral and Emotional Concerns

Peterann Marie Blackstock
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Walden University

College of Psychology and Community Services

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Peterann M. Blackstock

has been found to be complete and satisfactory in all respects,

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the review committee have been made.

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2024

Abstract

The Perceptions of Single Parents Raising a Child Diagnosed With Attention Deficit
Hyperactivity Disorder With Behavioral and Emotional Concerns

by

Peterann M. Blackstock

MS, Walden University, 2018

MHA, Walden University, 2016

BS, York College, 2006

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Abstract

The perceptions of single parents raising a child diagnosed with attention deficit hyperactivity disorder (ADHD) with behavioral and emotional concerns are vital in managing their children's ADHD. While there has been research on parents with ADHD, there has been very little research on single parents' perceptions of a child diagnosed with ADHD. The purpose of this qualitative research was to examine the perceptions of single parents raising a child diagnosed with ADHD and the psychological effect that the diagnosis has on the parents. The phenomenological approach was used as the conceptual framework. The research question explored the perception of single parents raising a child with ADHD with behavioral and emotional concerns. Twelve participants were recruited for an interview via Zoom. Familiarization was the crucial step in Creswell and Guetterman's thematic analysis. Six themes emerged from the data analysis process: (a) sought help; (b) stress, exhaustion, and feelings of frustration; (c) parental self-efficacy; (d) the parental role; (e) success/unsuccessful seeking treatment; and (f) lack of support system. Further research is recommended on the perceptions of single parents raising a child diagnosed with ADHD with behavioral and emotional concerns. Practical implications include bringing awareness to families, clinicians, and other parents raising a child diagnosed with ADHD with behavioral and emotional concerns. The positive social change implications of this study include understanding the child's diagnosis to cope with the requisite parenting demands. There is a need to support single parents raising a child with ADHD with behavioral and emotional concerns.

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Dedication

Mama, while you had physically left me before my journey started, your presence has never left my side. When I feel like giving up, I can hear you reminding me of the importance of finishing and improving the world. I love and miss you.

The journey would not have been possible without the help of my children, Devante and Jaden. I know it was uncomfortable dealing with my absence for weeks. Thank you both for understanding my frustrations and staying out of my way to focus on my writing. Thank you to all my family members who kept encouraging me throughout this process. I love you all for the support and encouragement.

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Chapter 1: Introduction to the Study

Attention deficit hyperactivity disorder (ADHD) is a common neurodevelopmental disorder often diagnosed during childhood and may continue through adulthood (Hulsbosch et al., 2021). According to Danielson et al. (2018), ADHD originates from a neurophysiology base. Breaux and Harvey (2019) found that neurological dysfunction has contributing factors such as inattention and hyperactivity-impulsivity. ADHD often overlaps with externalizing disorders, such as oppositional defiant disorder (ODD) and conduct disorder (CD), and continues into adulthood, which can lead to impairment both academically and in social functioning (Danielson et al., 2018).

In Chapter 1, there is an exploration of the perceptions of single parents raising a child diagnosed with ADHD with behavioral and emotional concerns. The introduction, background, problem statement, purpose of the study, research questions, theoretical framework, and nature of the study are discussed. Chapter 1 also includes definitions, assumptions and limitations, scope and delimitations, and the significance of the research.

Background

The specific topic studied was the perception of single parents raising a child diagnosed with ADHD with emotional and behavioral concerns. Factors such as the parent-child relationship and the parent stress level are affected by the symptoms of children with ADHD (Leitch et al., 2019). The diagnosis of ADHD deepens difficulties in peer functioning, academic progress, and inappropriate behaviors; it also heightens

families' difficulties (Galloway et al., 2019; Leitch et al., 2019). This qualitative study was designed to comprehend the lived experiences of single parents raising a child with ADHD with behavioral and emotional problems.

To understand the perceptions of single parents raising a child with ADHD with behavioral and emotional concerns, it is helpful to have background knowledge of the symptoms exhibited by children diagnosed with ADHD. Approximately 5% of children are diagnosed with ADHD (Danielson, 2018), a disorder categorized as a persistent pattern of inattention and or hyperactivity-impulsivity that interferes with one's functioning or development (American Psychiatric Association [APA], 2022). Danielson et al. (2018) found that neurological dysfunction contributes to inattention and hyperactivity-impulsivity. ADHD is a multifactorial disorder caused by multiple factors, including psychosocial, genetic, and environmental factors, and ADHD affects children's psychological and physical health (Harb, 2020). A child with ADHD is more likely to struggle with relationships with peers, siblings, and parents (Breux & Harvey, 2019).

This qualitative study was designed to understand the perceptions of single parents raising a child diagnosed with ADHD and to help fathom and identify factors contributing to its effect on the parent-child relationship, especially regarding parental stress, parenting, and the emotional aspects of being a single parent with a child with ADHD. This study was also designed to educate and has the potential to help with effective intervention to assist single parents and families with a child diagnosed with ADHD.

Two-parent homes have long endured the challenges of having a child diagnosed with ADHD with little or no support (Ogg et al., 2022; Thomas et al., 2018). However, little research has focused on single parents raising a child with ADHD and the psychological challenges the diagnosis has for single parents. This study added information on the perceptions of single parents raising a child diagnosed with ADHD. The findings could lead to positive social change in the community and globally by increasing understanding of single parents' perceptions of raising a child with ADHD and providing more effective ways to assist and support parents in having a better rapport and providing long-term outcomes.

The child diagnosed with ADHD is most often described as being aggressive, having poor behavioral skills, experiencing difficulties with delayed gratification, and having learning difficulties (Van Goozen et al., 2022). Any child with specific learning and behavioral problems is more likely to be diagnosed with ADHD (Thomas et al., 2018; Van Goozen et al., 2022). ADHD experienced in childhood can negatively impact the family system. Also, parents with a child diagnosed with ADHD usually experience much more parental stress and psychological problems than parents of children without ADHD (Perez et al., 2018). Family support to parents with a child with ADHD may have a more positive outcome and assist with parenting than a single parent with a child with ADHD who does not get family support (Pelham et al., 2022; Perez et al., 2018).

Children with ADHD are a heterogeneous group and may have ODD, anxiety, mood disorder, and CD (Groenman et al., 2022). Based on the different types of ADHD,

the criteria are met by inattention, hyperactivity-impulsivity, or both. For example, the child may exhibit inattention symptoms, including making mistakes or being incapable of providing attention to detail when given a task. The child may also have difficulties sustaining attention, may not listen when spoken to directly, and may fail to follow through on tasks and instructions assigned to complete. Simultaneously, hyperactivity symptoms involve fidgeting with or tapping hands or feet, talking excessively, leaving the seat when remaining seated is expected, and experiencing a feeling of restlessness (Thomas et al., 2018).

When a parent discovers that their child has ADHD, it can be a complicated and painful process. Parents facing the challenges of having a child with ADHD may blame themselves for their child's disability. Parents may feel that they are at fault or may believe that if they had been stricter with the child, the child would not have ADHD (Danielson et al., 2018). Single parents may face even more challenges in dealing with a child with ADHD because they must play both parents' roles (Sellers et al., 2019). Ringer et al. (2020) discussed the importance of single parents identifying the child's patterns and creating a family problem to assist the child. Galloway et al. (2019) explained that several meta-analyses associated with parenting stress, psychological issues, and ADHD confirm that single parents with a child with ADHD experience more stress and psychological problems than a two-parent household with a child with ADHD. Research has indicated that a child with ADHD may be burdensome to a single parent because of

the challenging behavior that the child exhibits (Galloway et al., 2019; Sellers et al., 2019).

Additionally, a child diagnosed with ADHD may exhibit conflicts with their peers and have difficulty making friends with other children who do not have ADHD (Storebø et al., 2019). Many researchers have focused on children with ADHD with both parents present in the home; however, researchers have not explicitly focused on the perceptions of single parents with a child diagnosed with ADHD with emotional and behavioral concerns (Storebo et al., 2019). The gap in the literature is that the perceptions of single parents of a child diagnosed with ADHD are unexplored (Mohamed et al., 2021; Van Goozen et al., 2022). Although considerable research on parents with children with ADHD is emerging, research has been limited in the scope of the perceptions of single parents of a child diagnosed with ADHD (Mohamed et al., 2021; Si et al., 2020).

Further, although there has been much research on parents' perspectives on having a child with ADHD with emotional and behavioral concerns, research on single parents' views continues to lag (Mofokeng & van der Wath, 2017). The study was needed because it is highly important to assist single parents and parents who have a child diagnosed with ADHD and face psychological challenges.

Problem Statement

Usually, the communication between a parent and child increases the levels of the child's behavior while decreasing the parent's ability to manage their child's behavior (Barker et al., 2018). Therefore, a parent plays an essential role in managing the

behaviors and activities of a child diagnosed with ADHD. Parents with children diagnosed with ADHD experience heightened stress, anxiety, and conflict, which can cause the parent–child relationship to be affected and, ultimately, worsen the child's symptoms (Baker et al., 2018; Uddin et al., 2020). Also, children diagnosed with ADHD have a more antagonistic relationship with their parents due to behavioral and emotional concerns. Learning about the perceptions of single parents of children diagnosed with ADHD is essential. Understanding these single parents' perceptions will provide more effective ways to assist and support these single parents, children, and families toward a better relationship and outcome (Broadhurst, 2018; Uddin et al., 2020).

There is a gap in the literature on the daily challenges that single parents face, including their relationship with their children and the stress of having sole responsibility for a child diagnosed with ADHD (Si et al., 2020). However, little research has been done on single parents and the psychological effect of a child with ADHD, which is why there was a need to study further the perceptions of a single parent with a child with ADHD and how it affects these single parents psychologically (Sedgwick et al., 2019; Si et al., 2020).

Purpose of the Study

The purpose of this qualitative research was to examine the perception of single parents raising a child diagnosed with ADHD and the psychological effect that the diagnosis has on the parents. The parents described their strategies for coping with the burden of stress without a family support system.

Research Question

RQ1: What are the lived experiences of single parents of a child reported with ADHD?

Conceptual Framework

The conceptual framework of the study was the phenomenological approach, primarily developed by Husserl (1859), which is a qualitative methodology to comprehend human experiences and explore phenomena and how people perceive their experiences (Creswell & Poth, 2018). Using the phenomenological approach, I explored the participants' lived experiences and described the participants' common themes in detail (Creswell & Poth, 2018). In this case, a single parent with a child with ADHD has emotional and behavioral concerns, and they affect the parent psychologically. The phenomenological approach was used to discover the ultimate foundation of single parents' beliefs by understanding their consciousness framework. The approach's main concept was to obtain a clear and undistorted description of how things appear by understanding the perception of single parents with a child with ADHD. Using the transcendental phenomenological approach allowed me to understand better the participant's lived experiences. The transcendental phenomenological approach helped identify the common themes of a single parent's lived experiences raising a child with ADHD. The conceptual framework addressed the issues of not knowing the parents' challenges with a child with ADHD with concurrent emotional and behavioral problems (Creswell & Poth, 2018). The transcendental phenomenology approach provides a

structure of consciousness of someone's lived experiences (Creswell & Poth, 2018). The approach is discussed further in Chapter 2.

Nature of Study

In this study, I used a phenomenological approach to explore the lived experiences of single parents' perceptions of a child with ADHD. The qualitative methodology was used to explore further and understand the perceptions of single parents with a child with ADHD. This dissertation's primary focus was understanding better the single parents' coping strategies to assist them with their everyday stressors as the children's only support system. The research question and hypothesis addressed the single parents' perceptions and gave a better understanding of their lived experiences. Through the research question above, there was a better understanding of the single parents' coping ability with their children with ADHD.

The study was qualitative because there was insufficient qualitative research specifically geared toward single parents who are the only support system for their children. The research addressed the coping strategies used to assist single parents in dealing with their children's diagnosis of ADHD.

Participants were interviewed based on their lived experiences, providing a view of the phenomenon through their lens (Creswell & Guetterman, 2019) as single parents with a child diagnosed with ADHD. The participants provided information via a semistructured interview to support my ability to guide the interview process. This helped

in obtaining detailed and honest responses relevant to the phenomenon study and specific research questions (Creswell & Guetterman, 2019).

I adopted a phenomenological approach to interpret the perceptions of single parents with a child diagnosed with ADHD through textual descriptions offered by the participants during the interview. The qualitative analysis of data followed the modified Van Kaam approach (Moustakas, 1994). This was based on the identification and interpretation of patterns and themes in the textual data, which determined how the patterns and themes answered the research questions, incorporating key aspects of the phenomenology and limiting researcher bias for the study (Creswell & Poth, 2018).

Definitions

Attention deficit hyperactivity disorder (ADHD): ADHD is a brain disorder marked by an ongoing pattern of inattention and hyperactivity-impulsivity that interferes with functioning or development (APA, 2022).

Behavioral concerns: Behavioral concerns are symptomatic expressions of emotional or interpersonal maladjustment that occur primarily in children (APA, 2022).

Comorbidity: Comorbidity is the simultaneous presence of two chronic diseases or conditions in a patient (APA, 2022).

Emotion: An emotion is a complex feeling resulting in physical and psychological changes that influence thought and behavior (APA, 2022).

Single parent: A person who has a dependent child or dependent children and who is widowed, divorced, or unmarried (Mohammed et al., 2021).

Assumptions and Limitations

Assumptions

This phenomenological qualitative study addressed the psychological effect of a child's diagnosis on a single parent. The assumption was that the participants would provide honest and transparent answers to the interview questions and not give misleading answers.

Another assumption of this qualitative study was that a phenomenological approach would be the most appropriate for collecting rich, in-depth information and exploring the perceptions of single parents raising a child diagnosed with ADHD with behavioral and emotional concerns.

Limitations

My unique position with data collection posed a limitation on the study. There could have been bias during the research that could have affected the outcome. However, it is the responsibility of researchers to focus on transparency and accuracy. Any deviation from the research's truth, whether unintentional or intentional, would have affected the transparency of the study. Bias in a study can cause false conclusions and is potentially misleading. Before conducting the study, I addressed bias by ensuring transparency by being aware of all potential sources of biases and undertaking all possible actions to minimize the truth's deviation.

As the researcher, I was responsible for ensuring that the data, analysis, and report were accurately captured from the participants because bias could have influenced my

findings. Therefore, my biases were addressed by utilizing reflexive journaling. I ensured that my biases were addressed through reflexive journaling before the data collection and analysis process. The member-checking process was also used within the study. The participants' confirmation of the research's accuracy ensured the data's trustworthiness.

Additionally, the study emphasized research methodologies that utilized a single parent willing to participate, and I found ways to recognize and understand that the information would remain confidential and that the research was educational. The studies were geared towards a single parent raising a child with ADHD with emotional and behavioral concerns.

Scope and Delimitations

The study explored how single parents with a child with ADHD handle the experiences and the parent-child relationship (Danielson et al., 2018). I collected data by interviewing single parents with a child with ADHD to help raise awareness among other single parents, mental health workers, and educators, such as counselors, to develop treatment plans and other interventions. The study focused on single parents who self-reported their child's diagnosis of ADHD; no other population was studied. The research involved an in-depth exploration of single parents' perceptions. Qualitative phenomenological research is designed to explore an individual's perspectives and experiences in depth. Utilizing this research approach did not affect statistical transferability to any other population.

The specific delimitation was the population inclusion criteria for the research. Individuals from a household in which two parents were involved with a child with ADHD were not part of the study. Regarding boundaries, the study's limitations required single parents with a child attending elementary school with an ADHD diagnosis. Single parents with a child with ADHD who received assistance from other family members did not meet the inclusion criteria. The study focused mainly on single parents who did not get help from family members.

There could be potential transferability; however, my primary goal was to provide the participants with evidence of the findings. It is important to note that a researcher's findings cannot prove a study's applicability. Instead, a researcher's job is to provide evidence that could be useful.

Significance

The study was important and will contribute to the knowledge base utilized to inform the development of interventions for parents struggling with their child's negative behaviors associated with ADHD diagnosis. Specifically, single parents who have a child diagnosed with ADHD may lack the support they need to cope with their diagnosis. The research may be significant to mental health professionals, social workers, and educational professionals, such as counselors, who may develop treatment plans, interventions, and services to support parents who have a child with ADHD (Craig et al., 2020). The reduction of parental stress and the necessary increase in positive parent-child interaction can provide needed parental support and affection to the child. This may assist

in alleviating social concerns such as drug use, alcoholism, anxiety, or depression among single parents coping with a child with ADHD with emotional and behavioral concerns.

Additionally, single parents have the most frequent interaction with children with ADHD. Gathering single parents' lived experiences can provide more accurate and applicable information to help develop behavioral interventions to manage the emotional and behavioral concerns of a child diagnosed with ADHD. The study could provide positive social change for other single parents with a child with ADHD. These single parents may be too afraid or ashamed to speak openly about their child's diagnosis and seek help for the child before the problem worsens due to how society views an ADHD diagnosis.

The information collected from the research could lead to data that support better comprehension of how ADHD is perceived amongst single parents with a child diagnosed with ADHD. This study was justified because of the nature of the perceptions of single parents having a child with ADHD. Due to insufficient family support, single parents are exposed to behavioral and emotional concerns and challenging family dynamics. They may also experience adverse effects related to treatments for the child diagnosed with ADHD, like those described in Leitch et al. (2019). Exposure to a high-stress level can lead to anxiety, depression, and a lack of motivation to assist the child with ADHD, breaking down the parent-child relationship.

Summary

The purpose of this qualitative research was to understand the lived experience of single parents who have a child who has been diagnosed with ADHD and presents with emotional and behavioral concerns. Understanding the psychological effects of a single parent's lived experiences with a child diagnosed with ADHD was evident in the literature outlined in Chapter 1. The chapter described the process of exploring the perception of single parents with a child diagnosed with ADHD. This chapter introduced the challenges that single parents experience with their children identified as having ADHD. I presented definitions of terms, assumptions, limitations of the study, and research questions, as well as the significance of researching the practice and the lived experiences of single parents with a child with ADHD. Finally, the chapter highlighted the relevance of using this qualitative research's phenomenological approach.

Chapter 2 presents a review of the literature, highlighting the study's orientation, the research literature on the research designs, data collection, a synthesis of the current literature, and a discussion on the current gaps in the literature on ADHD.

Chapter 2: Literature Review

Introduction

The purpose of the phenomenological study was to explore the perception of single parents raising a child diagnosed with ADHD with behavioral and emotional concerns. The literature reflected the lack of study on single parents raising a child with ADHD and the need to study the single parent's perception of a child diagnosed with ADHD with behavioral and emotional concerns.

Chapter 2 addresses literature search strategies and the study's theoretical foundation, followed by a literature review related to key variables, a summary, and a conclusion. The summary includes significant themes and a transition to Chapter 3.

Literature Search Strategy

A comprehensive search was conducted utilizing Walden databases and other online resources to gather literature on parents with a child diagnosed with ADHD. Journal articles in the Walden University Library were used from different databases such as PsycINFO, PsycARTICLES, and PsycEXTRA. Additionally, scholarly books and relevant research studies were found utilizing the internet, EBSCOhost, ProQuest, and Eric databases. Literature on parental coping mechanisms and children with ADHD was found through the above databases for the literature review. Additionally, literature from Google Scholar was used to collect information on parents with a child with ADHD using the transcendental phenomenology approach to provide lived experiences. Literature dated from 1965 to 2022 was used to provide information for the research on ADHD.

Google Scholar was used to locate relevant literature using the search terms *attention deficit hyperactivity disorder, ADHD, parents' perceptions of diagnosis, and parents' perception of treatments*. Terminology including *ADHD, bipolar disorder, parent–child relationship, ADHD and depression, stress, and parental stress with a child diagnosed with ADHD* was utilized to locate literature addressing the research problems through journal articles using Sage and Proquest.

Conceptual Framework

The study's conceptual framework was the phenomenological approach primarily developed by Husserl (1859). It is a qualitative methodology to comprehend human experiences and explore phenomena and how people perceive their experiences (Creswell & Poth, 2018). The phenomenological approach focuses on individual experiences. However, phenomenology involves seeking to find the essence of incidents by viewing experiences through a person's phenomena (Kohler et al., 2022). Furthermore, the phenomenological approach indicates that consciousness has some structures to gain direct knowledge through an individual's reflection (Kohler et al., 2022). Therefore, the description of one's personal experiences is a method of knowing in phenomenology, and it is vital because it is a matter of describing, not explaining, and analyzing.

Using the phenomenological approach gave a more transparent method. The data collection and analysis took place together to illuminate specific experiences and identify the phenomena perceived by the person or persons who experienced the situation.

Utilizing the transcendental phenomenological approach helps to broaden minds and

improve how people view things to see a phenomenon. This method also makes it possible to see ahead and define researchers' posture through intentional study of lived experiences. However, the primary focus of phenomenological studies is subjectivity and personal knowledge in perception. The rationale for the theory choice was that the theoretical perspective advocates the study of direct experiences taken at face value and sees behavior as determined by experienced phenomena. The transcendental phenomenology approach provided a general agreement on the viewpoints and beliefs that individual consciousness is pivotal and comprehending the subjective consciousness is vital (Jordan et al., 2022). Therefore, researchers use the phenomenological approach to understand phenomena related to an individual's lived experiences.

Support for the Phenomenological Approach

Ching'oma et al. (2022) used a phenomenological approach to examine parents' lived experiences and coping mechanisms with a child diagnosed with ADHD. The study design used a qualitative descriptive method with a phenomenological approach. The study aimed to explore parents' experiences of children with ADHD at Muhimbili National Hospital. Most participants were females, and the findings revealed that the parents experienced difficulties dealing with their child's abnormal behavior and emotional and physical exhaustion (Ching'oma et al., 2022). The participants recruited for the study were parents with a child diagnosed with ADHD, and the purposive sampling technique was used to select the participants. A total of 25 participants agreed

to participate in the study; however, eight did not show up, and two could not be reached for the interview by mobile until after the data collection.

An in-depth interview was used as the data collection method. A semistructured interview guide was used to collect information from the participants. The interview guide was based on a recent literature review and the clinical experience caring for children with ADHD. The interviews took place at a child and adolescent psychiatric clinic in a room designated for the interview, providing privacy and good lighting for the proper observation of nonverbal cues. The participants were briefed about the study and their rights to participate, which included their right to quit. The interviews were recorded using a digital recorder and continued until saturation was attained at 16. The interview lasted for 45 minutes. The phenomenological approach was suitable to gather information from single parents with a child diagnosed with ADHD on the lived experiences of parents whose child has been diagnosed with ADHD.

Zhao et al. (2019) concluded that parenting is demanding, intricate, intense, and rewarding to self and parenthood. Parents must show an inner strength to manage parental issues. The present study's findings emphasize the importance of including mothers and fathers to provide an equal understanding of the child. There is a need for family perspectives to assist children and parents in making their lives less unpredictable. Also, family-centered help is essential. Using the phenomenology approach, the researcher in the present study collected data that helped in understanding the lived experiences of parents who have a child who has ADHD. Ultimately, this theory utilized

in the study helped to address the lived experiences of parents who have a child with ADHD.

Research has shown that children diagnosed with ADHD have a more adverse rapport with their parents than those without ADHD and struggle with relationships with their peers and siblings at a larger scale than those without ADHD (Leitch et al., 2019). ADHD children show a rise in difficulties in school, in peer functioning, and within the parent–child relationship, intensifying problems in the family experiences (Baker et al., 2018). These parents' lived experiences cause tremendous stress, a sense of distress, and exhaustion (Leitch et al., 2019). Also, a study has shown some positive aspects of children diagnosed with ADHD who have germinated into successful adults (Sedgwick et al., 2019). Hence, researching single parents' perception of a child diagnosed with ADHD may give these parents knowledge that can educate them on taking care of their child diagnosed with ADHD.

Sedgwick et al. (2019) conducted a study that addressed the positive aspects of ADHD. A qualitative investigation of successful adults showed that children with ADHD can become successful in their adult years. The behavioral aspects of ADHD do not exist in binary form, meaning that there is no normal versus abnormal. They exist on a spectrum or continuum, indicating that some aspects can be adaptive rather than impairing (Beaton et al., 2022). The study by Sedgwick et al. (2019) aimed to explore and describe the positive aspects of ADHD from the perspective of successful adults with ADHD. A phenomenological approach with open-ended questions was used to collect the

lived experiences of successful adults with ADHD. The study included six high-function adults ages 30 to 65; to help with the study, the participants were diagnosed with ADHD and prescribed medications to help with their diagnosis (Lu et al., 2022). Studying the phenomena, such as the positive aspects of ADHD, requires building rapport and having empathy with these adults to collect their experiences and perceptions of their diagnosis. However, the parents shared their phenomena through their lens as spontaneous and nonsequential thought processes, flashes of images, and episodes of intense mental focus (Sedgwick et al., 2022; Zhao et al., 2019). Therefore, children with ADHD can become successful adults based on the help they get early to deal with their diagnosis.

The six core themes help validate the participants' perceptions of the study. The core themes are cognitive dynamism, courage, energy, humanity, resilience, and transcendence (Ching'oma et al., 2022). Cognitive dynamism was the first core theme describing the participants' ceaseless mentality. Courage was another theme that the participants externalized based on their diagnosis and living with ADHD. The participants also dealt with an unsurmountable amount of uncertainty and were seen as individuals with ADHD (Ching'oma et al., 2022; DuPaul et al., 2020). The participants also used energy to overcome their fears of being diagnosed with ADHD, which assisted them in increasing their capacity to take action to find the positives in their diagnosis as an adult (McKeague et al., 2019). Humanity was the fourth core theme that showed the determination of these successful adults diagnosed as children with ADHD. They accomplished the best outcomes in their daily lives through creative intellect comprising

social awareness, attitude, an ability to initiate and manage relationships, and intricate social change (Beaton et al., 2022; Ching'oma et al., 2022). The fifth core theme was resilience, allowing successful adults to use coping strategies to help them with their ADHD diagnosis (Ogg et al., 2022). Sedgwick et al. (2019) stated that people who cope well with stress are resilient because they possess protective strength that makes them progress regardless of adverse situations. Lastly, transcendence is based on their musical experience, which describes noticing talent or the beauty in the environment. It is correlated with openness to one's experiences, absorption, and positive effects (Hulsbosch et al., 2021; Sedgwick et al., 2019). This showed the positive outcomes of treatments for children diagnosed with ADHD and the positive aspects of adulthood. However, this also confirmed the limited literature on single parents of a child diagnosed with ADHD with behavioral and emotional concerns.

Lu et al. (2022) explored parents' daily experiences with stimulant medications to treat their children's ADHD. This phenomenological study elicited experiences through semistructured interviews with 23 parents with children with ADHD (Lu et al., 2022). The parents shared experiences and identified similar barriers to the impact of stimulants on their daily lives; one imperative element that is mainly ignored in public and professional debate is the families that live with a child with ADHD (Lu et al., 2022). The parents are the gatekeepers in making decisions for their child's behavioral issues, but very little is known about these parents' experiences of having a child diagnosed with ADHD (Ringer et al., 2020). In addition, parents have expressed their hesitation and

uncertainty with the initial decision regarding treatments for their child with ADHD (Hart et al., 2018). Another qualitative study on hyperactive children in London revealed that receiving the diagnosis had been a positive experience for most parents. Irrespective of the favored treatment, parents viewed their child's medical issues rather than psychological ones (Hart et al., 2018; Lu et al., 2022). In addition, parents had experienced a period of guilt and concern that general practitioners blamed them for their children's issues (Wolraich et al. 2019). Based on parents' uncertainty about their child's issues, parents tend not to seek help much sooner for their child's diagnosis.

Lu et al. (2022) conducted semistructured interviews with a qualitative approach, exploring parents' experiences with a child with ADHD. The parents experienced inadequacies, shame, and guilt. However, following their child's diagnosis, mothers adopted a medical explanation for their child's diagnosis and were very receptive and optimistic about the medication. The fathers were more unwilling to accept the child's diagnosis and medication and were reluctant based on their attitudes toward ADHD and the treatment (Barkley et al., 2020; Hart et al., 2018). Furthermore, the study showed the diagnosis's effect on the parents and their families because of being unwilling to accept the child's diagnosis. Therefore, educating parents much sooner will help both children and their families, who will better cope with the child's diagnosis. Also, single parents do not have a support system, which makes the child's diagnosis of ADHD more challenging to handle.

Understanding parents' stressors with a child diagnosed with ADHD is vital to assisting the parent who has a child diagnosed with ADHD. The literature review provided an overview of ADHD, the issues that parents face with a child diagnosed with ADHD, and the decisions they must make to assist their children with treatments. These included depression, diagnosis and treatment, and controversies associated with diagnosis and treatment. Therefore, transcendental phenomenology was a suitable foundation to explore the perception of single parents with a child diagnosed with ADHD. In addition, transcendental phenomenology allowed comprehension of the life experiences of single parents with a child with ADHD and how the diagnosis can affect the parent–child relationship, particular interactions, and the effects of education and support programs.

Children Diagnosed With ADHD

ADHD places children at risk for delinquent behaviors, which makes these children identified as maladjusted. Therefore, these children may receive an adverse reaction from others (Barkley, 2020). As specified by the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5-TR), ADHD is a persistent pattern of inattention or hyperactivity-impulsivity that is more frequently displayed and more severe than observed in individuals at a similar level of development (American Psychiatric Association, 2022). ADHD symptoms may include severe difficulties maintaining attention, as well as impulsivity and hyperactivity (APA, 2022). Other secondary ADHD symptoms include social, emotional, and learning impairment (APA, 2022). Barkley (2020) stated that to diagnose ADHD symptoms, the symptoms should be identifiable at

home and school. Also, the symptoms hinder individuals from completing tasks and responsibilities (Barkley, 2020).

Clinicians initially deemed ADHD an illness often present in childhood and sometimes into adolescence; however, evidence suggests that ADHD also occurs in adulthood and before children begin school (Faraone et al., 2019). The symptoms of ADHD can continue into more advanced ages, and as many as 40% of cases exhibit the symptoms as adults (Christiansen et al., 2019; Faraone et al., 2019). Adult and childhood disorders share similar neuropathologies (Christiansen et al., 2019). Notably, children with ADHD have impaired interpersonal resources, cognitive functioning, and occupational skills (Christiansen et al., 2019).

A child diagnosed with ADHD will likely have relationship problems with peers, parents, and siblings (APA, 2022) and academically exhibit poor performance with lower grades and lower cognitive skills (Storebø et al., 2019). As noted in the DSM, children with ADHD experience peer rejection, neglect, and teasing (APA, 2013). In addition, children diagnosed with ADHD have difficulty meeting friends and maintaining friendships due to their level of functioning, both emotional and behavioral (Danielson et al., 2018). Children diagnosed with ADHD have difficulties staying focused, sitting quietly, following directions, staying on task, and following their parent's directions (Danielson et al., 2018; Storebø et al., 2019). Also, it is difficult for a child who has been diagnosed with ADHD to know when it is their turn to speak, as the child will continue speaking out of context (Leitch et al., 2019).

Moreover, children with ADHD struggle with attentional and cognitive functions such as problem-solving, planning, orienting, response inhibition, sustained attention, and working memory (Leitch et al., 2019). Also, other difficulties involve the affective component, such as motivation delay and mood regulation. Furthermore, these latter delays are closely related to ADHD and are the fundamental basis for these children's issues with social skills (Storebo et al., 2019).

Additionally, it is difficult for children diagnosed with ADHD to know when it is appropriate to speak as they continuously express themselves out of terms compared to children who are not diagnosed with ADHD, who comprehend right from wrong and appropriate from inappropriate (Smith et al., 2019). Ultimately, Children diagnosed with ADHD have difficulties controlling their behaviors and understanding social cues, which interfere with their daily activities and relationships with their peers, siblings, and between parent and child (Smith et al., 2019). However, with that in cognizance, approximately 25 percent of children with ADHD experience heightened worry and depression (Danielson et al., 2018).

Storebo et al. (2019) study found that 3.6 percent of boys aged 5- 15 had ADHD in the UK and 0.9 percent for girls. Another study at Columbia reported a higher prevalence of 19.9 percent for boys and 12.2 percent for girls (DuPaul et al., 2020). A systemic review of the prevalence of ADHD reported a mean proportion of 5.3 percent of children and adolescents, concluding that much of the variation derived from differences in methods used to diagnose the condition (Dupaul et al., 2020). Therefore, the etiology

of ADHD includes genetic, environmental, and social factors that are not understood (Dupaul et al., 2020).

Approximately 11% of children are diagnosed with ADHD (CDC, 2020), with boys showing more signs of comorbid behavioral problems and emotional concerns than girls diagnosed with ADHD (CDC, 2020). ADHD is considered a behavioral disorder that can be problematic to conclude a diagnosis. Many symptoms exhibited at an early age can be misinterpreted as regular childhood activity (Sedgwick et al., 2019). To diagnose a child with ADHD, children must show behaviors that surpass typical activity of what other children their age should be doing and cannot be present in one setting, such as a classroom or playground (Sedgwick et al., 2019). They must be present in settings that have spanned over six months or more to determine the diagnosis (Sedgwick et al., 2019). However, the validity of diagnosing ADHD and the utility of such a disorder has been supported by research for decades (Sedgwick et al., 2019).

Additionally, general practitioners and pediatricians usually diagnose a child with ADHD based on the child's behaviors, including restlessness, energy, shortened attention span, inattention, and impulsivity (Storebø et al., 2019). However, data analysis has supported the validity of ADHD, while an exhaustive amount of research has exhibited the benefits of various ADHD treatments (Danielson, 2018).

Parenting a Child With Attention Deficit Hyperactivity Disorder

Algorta et al. (2018), Fernández-Alcántara et al. (2017), and Leitch et al. (2019) asserted that parenting a child with ADHD can be challenging due to ADHD symptoms

linked with dysfunctional behaviors causing parental stress. Stress is an external overload or demand on a biological, social, and psychological system (Leitch et al., 2019). People use coping mechanisms to assist in changing the stressor or to interpret the situation to achieve homeostasis. While stress can cause different problems in the parents' everyday lives, it can be a beneficial resource to support parenting. Ultimately, without the proper coping resources, raising a child with ADHD can cause strain on the parent's mental health (Fernandez et al., 2017; Leitch et al., 2019;). Also, identifying candidate-moderators that diminish parental stress and tension to improve psychoeducational and other treatment interventions to help with family well-being and reduce stress is potentially beneficial to the parents and the children (Danielson et al., 2018).

Algorta et al. (2018) conducted a literature review and focused on the impact that parenting stress is higher in parents raising a child with ADHD than in parents who do not have a child with ADHD. Compared with normative data, parents with children with ADHD showed a high level of parenting stress (Algorta et al., 2018; Leitch et al., 2019). Also, the study showed that people with low-income and ethnically diverse parents raising a child with ADHD also have more significant overall stress than parents raising a child with HIV or asthma (Algorta et al., 2018; Fernández-Alcántara et al., 2017). Furthermore, middle-class mothers raising a child with ADHD reported significantly greater stress related to the child's characteristics than mothers raising a child with a learning disability or without any handicapping situation (Algorta et al., 2018; Galloway et al., 2019). Single parents play a vital role in their child's behavior, which can affect the

parenting style. Therefore, single parents determine their self-efficacy based on their parenting. If the children struggle with adverse behaviors and poor academics, the single parents will continue to have negative self-efficacy (Galloway et al., 2019). Single parents who observe positive parental modeling will be more likely to develop positive self-efficacy and continue positive parenting, which can lessen the negativity children with ADHD encounter, observe, and model (Breux & Harvey, 2019).

Algorta et al. (2018) asserted that a parent with a child with a learning disability such as ADHD delineated the emergence of emotions and influenced their perceptions as parents. Most parents reported that parenting a child with a learning disability like ADHD differs from parenting a child without ADHD (Algorta et al., 2018; Breux & Harvey, 2019), specifically in the appearance of ambiguous feelings and adverse emotions consist of mainly sadness and frustration (Si et al., 2020). Some parents have perceived themselves as bad parents based on the child's diagnosis because their children face obstacles (Si et al., 2020). One of the obstacles the children face in doing homework and the parents cannot assist is a sense of guilt and helplessness and a feeling of impotence and frustration (Danielson et al., 2018; Si et al., 2020). Parents with a child diagnosed with ADHD reported a feeling of impotence and guilt, and some tried to control their child's behavior using specific techniques (Fernández-Alcántara et al., 2017; Leitch et al., 2019). However, the children's behavior does not seem to be regulated easily (Breux & Harvey, 2019; Si et al., 2020). This caused parents to blame themselves for not knowing how to help their children with the diagnosis and feeling that if they were good parents,

they would help their children with their behavioral issues (Algorta et al., 2018). In addition, parents fear seeking help for their child diagnosed with ADHD because of their judgment about having a child diagnosed with ADHD.

Parents' Stress and Quality of Life for Children With Attention Deficit Hyperactivity Disorder

It is understood that parents will experience some stress in their everyday routine; however, the stress level endured when parenting a child with ADHD and behavioral issues is much more significant (Algorta et al., 2018; Leitch et al., 2019). As a result, the parent-child relationship is affected at a much higher level. There are many indicators that parental psychological factors may impact how the parents evaluate their child's quality of life when the child has a health condition (Galloway et al., 2019; Leitch et al., 2019). Also, indicators have factors other than the complexity of the child's impairment, influencing how the parents rate the child's quality of life (Leitch et al., 2019). Parents with a higher stress level tend to place their children as having poor quality of life (Algorta et al. 2018; Fernández-Alcántara et al. 2017; Leitch et al. 2019). However, the study showed that parents with depressive symptoms were likely to underestimate their child's quality of life, irrespective of the child's condition, whether they were depressed or not depressed (Galloway et al., 2019; Leitch et al., 2019).

Galloway et al. (2019) asserted that there is a possibility to infer that parents whose children have a poorer quality of life are more impaired. Consequently, their parents face a more significant burden of care and experience more distress (Fernández-

Alcántara et al., 2017; Leitch et al., 2019). There might be a possibility that parents who are already emotionally burdened tend to experience more distress (Leitch et al., 2019). This is based on their children's health conditions; therefore, they perceive their child's health condition as more severe than parents with low-stress levels. Furthermore, parental perspectives may be biased based on negative thinking, contributing to highly prevalent psychological problems (Algorta et al., 2018; Uddin et al., 2020). According to Galloway et al. (2019), the studies conducted may be challenging to draw any directional or causal conclusions about such associations without considering contextual variables such as severity and the complexity of the child's diagnosis. However, critical information about how the parents assess their child's quality of life and the psychological factors they might have on their child's quality of life was evident (Galloway et al., 2019; Leitch et al., 2019).

In addition, many established associations exist between child ADHD symptomatology and indicators of increased parental stress (Galloway et al., 2019; Leitch et al., 2019). Galloway et al. (2019) found that parents with children diagnosed with ADHD have a higher likelihood of experiencing more stress, marital problems, negative parenting practices, and mental issues. Research has shown a higher presence of psychopathology in parents of children with ADHD (Craig et al., 2020; Sellers et al., 2020). Research showed that approximately two-thirds of parents who have a child diagnosed with ADHD have a parent diagnosed with ADHD, and parental ADHD is an indicator of parental distress (Galloway., 2019). Parents of children with ADHD

experience more stress than parents of health controls, like parents of other clinically referred children. Furthermore, the child's behavior due to ADHD is more likely to exacerbate the parent's problems (Galloway et al., 2019; Zhao et al., 2019).

Family Functioning and Attention Deficit Hyperactivity Disorder Symptoms

The literature review examined the bidirectional relationship between family function and ADHD (Breux & Harvey, 2019). The study included 197 3-year-old children, of which 110 were boys with and without behavioral problems, and their parents were also included in the longitudinal study over three years. Parenting, parent psychopathology, life stress, and the children's symptoms were assessed annually (Breux & Harvey, 2019; Leitch et al., 2019; Sellers et al., 2020). The study utilized the crossed-lagged panel to provide evidence for both parent and child effects for mothers (Breux & Harvey, 2019). Specifically, greater maternal overreactive parenting and life stress predicted a child's ADHD symptoms (Algorta et al., 2018; Fernández-Alcántara et al., 2017). However, greater child ADHD symptoms significantly predicted more significant maternal life stress and depressive symptoms and lower warmth-controlling children with ADHD symptoms (Galloway et al., 2019; Leitch et al., 2019). Evidence showed that the fathers were depressed and had life stresses based on the effect the child with ADHD had on the fathers (Breux & Harvey, 2019). Thus, findings suggested that targeting a child's ADHD symptoms, maternal overreactive parenting, and maternal stress each hold promise for the effect the adverse mutual influence of a child's ADHD symptoms has on the family function over a period (Garcia et al., 2019).

Si et al. (2020) conducted a study of Chinese families of children with ADHD and families with typically developing (TD) children in mainland China. Approximately 314 families with children with ADHD and 308 families with children with TD aimed to examine the effects of the parenting role, work-family conflict, and the child's ADHD symptoms (Breux & Harvey, 2019; Si et al., 2020). However, a parent with a child diagnosed with ADHD also faces depression, anxiety, somatization, parenting alliance, and social support on parenting stress (Fernández-Alcántara et al., 2017; Galloway et al., 2019; Leitch et al., 2019).

The study showed that parents with children with ADHD experienced significantly higher stress levels than parents with TD children (Algorta et al., 2018; Leitch et al., 2019; Si et al., 2020). The study also indicates that Chinese mothers experienced more stress than their fathers did, and mothers with children with ADHD had more work and family conflict than mothers of TD children (Fernández-Alcántara et al., 2017; Si et al., 2020). In addition, non-working parents had a higher stress level than employed parents because they can have a place to assist them with the daily issues they face at home, having a child with ADHD with little or no help from their family (Algorta et al., 2018; Fernández-Alcántara et al., 2017; Leitch et al., 2019). Ultimately, work and family conflict, depression, anxiety and somatization, child ADHD symptoms, parenting role, and social support accounted for 40.9% of the variance of parenting stress (Si et al., 2020).

Parents' Perspectives on Attention Deficit Hyperactivity Disorder

Diagnosis and Treatments

When a child is diagnosed with ADHD, the parents usually have grave concerns about the proper treatment for their child (CDC, 2020). Parents' decisions and perspectives regarding their child's diagnosis play a vital role in their choices to get treatment. Research indicates that mothers and fathers have different views on ADHD treatments (Danielson et al., 2018). Parents' opinions on the treatment for a child's diagnosis can influence whether the child receives treatment (Danielson et al., 2018; Sedgwick et al., 2019). However, the parents play a vital role in assisting their child with ADHD to get treatment and educating themselves about the available treatments.

Danielson et al. (2018) study observed the parent's perspectives on treating and diagnosing a child diagnosed with ADHD to understand the diagnosis and the dynamics of the parents managing their child with ADHD. For example, the study by Barkley (2020) and Caye et al.; 2019 explored the prevalence of parent-reported ADHD diagnosis and associated treatment among U.S. children and adolescents. The study estimated the national prevalence of parent-reported ADHD diagnosis amongst U.S. children ages 2-17 using the 2016 National Survey of Children's Health (Barkley, 2020). Although children with ADHD have a high diagnosis rate, there is a disconnect between the providers and parents in treating the children (Caye et al., 2019). However, diagnosis and treatment for ADHD have become a significant concern to parents. This relates to overdiagnosis and overmedicating (Danielson et al., 2018; Sedgwick et al., 2019).

Parents do not always follow the medication regimen for the child diagnosed with ADHD. However, according to Danielson et al. (2018), when some parents were asked if they kept up with their child's medication, the parents said they did. However, further investigation discovered that they did not comply with the practitioner's medical treatment (Barkley, 2020; Sedgwick et al., 2019). Some examples are that the parents were not administering the medication and inadvertently missed dosages. For example, the parents felt it was the weekend, the child was not attending school, and the medication was unnecessary. Danielson et al. (2018) discussed that parents would follow the doctor's regimen when treatment started but deviate in the latter part of treatment due to forgetting or irregular schedules on the weekends. Additionally, parents' attitudes towards the medication can be a barrier to pursuing the medication treatment based on the perception of the treatment's side effects and reducing their appetite.

Sedgwick et al. (2019) found that the parents were very optimistic about the practitioners when making shared decisions about their child's diagnosis and treatment. However, parents fear the stigma on their children because of their diagnosis, which aligns with previous research (Sedgwick et al., 2019; Wolraich et al., 2019). Furthermore, the study by Barkley (2020) was imperative for exploring parents' perspectives on treating and medicating a child diagnosed with ADHD; however, the research did not examine the differences in views of single parents and both parents, reinforcing the need for the study. Additionally, the research did not focus on single parents concerning treatments.

Researchers have noted disparities in utilizing services for ADHD, which have implications for diagnosis and treatment decisions for parents (Wolraich et al., 2019). The lack of participation in mental health care was due to parents not being educated or knowledgeable about ADHD treatments and interventions, including Ritalin (Dahl et al., 2020). French et al. (2020) suggested educational intervention for parents, healthcare professionals, and teachers concerning the public's misinformation and misconception about ADHD diagnosis and treatment. The educational Intervention aims to provide knowledge to change the attitude towards ADHD diagnosis to combat these children and parents being affected psychologically. In addition, the diagnosis and treatment can cause parents enormous stress in medicating their child (Wolraich et al., 2019).

French et al. (2020) conducted a study that shed light on the misconception of ADHD and the implications and misinformation for diagnosis and treatment decisions for children diagnosed with ADHD. Future research can build upon this study by researching ways to provide the correct information about ADHD to children, parents, healthcare professionals, teachers, and pediatricians. Barkley's (2020) and French et al. (2020) studies have also focused on parents' attitudes toward their children getting treatment for ADHD in conjunction with a wide range of stakeholders. These stakeholders included children, healthcare professionals, teachers, and parents. Dahl et al., 2019, Danielson et al. (2018), French et al. (2020), and Sedgwick et al. (2019) are studies on the Awareness of ADHD in primary care and the stakeholder perspectives on diagnosing and treatment. In the French et al. (2020) study, 20 participants were interviewed,

representing the views of 20 participants. One of the participants explored issues related to the diagnosis as a parent and an adult patient, as her son's diagnosis triggered her referral and diagnosis. The participants were selected from four groups: general practitioners, secondary care professionals specializing in ADHD diagnosis, adults with ADHD, and parents of children with ADHD. Additionally, these groups were mainly chosen to give a representative sample of stakeholders directly involved with the ADHD diagnosis, incorporating patients' and professionals' perspectives.

Examining the different perspectives of many stakeholders is essential as ADHD is a common disorder known to be very contentious in diagnosis and treatment (Barkley, (2020); Danielson et al., (2018); Sedgwick et al., 2019). This will allow accurate information and clear misconceptions about the disorder and treatment. The diagnosis may have adverse implications for the parents, teachers, and healthcare providers in achieving the shared goals of assisting the children with their diagnosis (Barkley, 2020); Dahl et al., 2019). Parents with a child diagnosed with ADHD report being stigmatized based on misconceptions about the diagnosis (French et al., 2020). In addition, Barkley (2020), Danielson et al. (2018), French et al., 2020 and Sedgwick et al. (2019) concluded that parents and healthcare providers share different perspectives on the decision-making about ADHD diagnosis and treatment with a child who has been diagnosed with ADHD. Therefore, the stakeholders should support working together and sharing information to assist a child with treatment after being diagnosed with ADHD. However, Barkley (2020), Danielson et al. (2018), French et al. (2020), and Sedgwick et al. (2019) did not

explore single parents, consistent with the parent's perspective of a child diagnosed with ADHD and treatments.

The decisions for treating a child with ADHD are often very challenging and complicated for parents (Kappi & Martel, 2021; Wolraich et al., 2019). A literature review was conducted to comprehend the challenges of assessing the issues associated with parents' decisions regarding treating a child with ADHD (Kappi & Martel, 2021). Kappi and Martel (2021) analyzed 21 assessed studies; 17 were quantitative, one was qualitative, and three were mixed. The central construct was parental perspectives seeking treatment for their child's ADHD diagnosis. Danielson et al. (2018) and Sedgwick et al. (2019) discussed the characteristics influencing individual behavior, such as knowledge, attitudes, gender, ethnicity, age, and stigma, to conduct the study. Therefore, the first steps are assessment and treatment, parental concerns and perceptions about their child's behavior, and the need to seek mental healthcare. Parental mental health-seeking behaviors might be one of the problems that lead to the underdiagnosis and undertreatment of ADHD in childhood (Kappi & Martel, 2021; Mazaheri, 2021). Therefore, this means that parents may experience barriers that may delay them from seeking treatments for their children.

The Surgeon General Conferences on children's mental health report some challenges or barriers parents face when seeking mental health for their children with ADHD (Kappi & Martel, 2021). Some challenges include the stigma of mental health problems, lack of parental knowledge of evidence-based treatments, and cultural

differences (Barkley, 2020; Danielson et al., 2018; Kappi & Martel, 2021; Sedgwick et al., 2019; Wolraich et al., 2019)—furthermore, socioeconomic disadvantages, such as marital status and the available resources. Also, parental psychopathology is a factor that affects parents seeking assistance to help their children with ADHD (Sellers et al., 2020). Furthermore, parents with a lack of clear and concise understanding of ADHD and the significance of the diagnosis influence help-seeking behaviors, impacting the diagnosis and treatments of ADHD among children (Sedgwick et al., 2019; Wolraich et al., 2019)

From their review and analysis of the literature, Caye et al., 2019 also discovered themes related to parents' perspectives of their child's diagnosis and treatments for ADHD. For example, parental perspectives on the interpersonal level stated that informal and formal social networks and social support systems influence individual behaviors—family, friends, schools, religious networks, or healthcare providers. In addition, Barkley (2020), Mazaheri et al. 2021 and Wolraich et al. (2019) stated that patients place their trust and confidence in the relationship shared with their healthcare provider when seeking services regarding their child. Ultimately, parents are unaware that their child faces the problem until they start attending school (Danielson et al., 2018)

These findings aligned with Wolraich et al. (2019), who found that parents with a child diagnosed with ADHD have difficulties making decisions for their child's treatment. The lack of participation in their child's diagnosis was based on the parents being uneducated and knowledgeable about ADHD treatments and interventions (Wolraich et al., 2019). Furthermore, living with a child with ADHD involves changing

their entire lifestyle based on chaos, disruptions, and a stressful lifestyle. Ultimately, parents might face significant challenges in getting their children ready for school and completing their homework (Leitch et al., 2019).

According to Barkley (2020), Danielson et al. (2018), Kappi & Martel (2021), Sedgwick et al. (2019), Wolraich et al. (2019), the consequence of this complex disorder negatively affected different aspects of the individual and affect members of the family and society. Children with ADHD have at least one comorbid psychiatric disorder, such as a Learning Disorder, Anxiety Disorder, Behavior Disorder, ODD, and Depression (Atherton et al., 2020; Sedgwick et al., 2019; Wolraich et al., 2019). As a result, ADHD is considered a highly complex disorder with various impairments in main life activities, specifically in educational functioning, family, and peers (Atherton et al., 2020; Kappi & Martel, 2021). Moreover, the disorder can increase the risks of health-related impairments such as accidental and self-inflicted injuries.

Although pharmacotherapy is the frontline of ADHD symptoms, psychosocial interventions are crucial in managing ADHD functional impairment (Barkley, 2020; Sedgwick et al., 2019; Wolraich et al., 2019). Therefore, the American Academy of Pediatrics recommended medication and behavioral treatments to manage ADHD properly (Barkley, 2020; Danielson et al., 2018). Various interventions are designed to assist the parents in addressing the behavioral aspects of a child with ADHD (Dahl et al., 2020; Mazaheri, 2021). Parent training and school-based interventions are well-established behavioral treatments for children with ADHD (Kappi & Martel, 2021;

Mazaheri, 2021). However, getting the parents' cooperation is necessary to succeed in the interventions (Barkley, 2020; Danielson et al., 2018; Sedgwick et al., 2019; Wolraich et al., 2019)

Due to the consequences of the children's symptoms and executive functioning deficits or self-regulation, children with ADHD pose significant problems for their families and managing children with ADHD (Mazaheri, 2021). Hence, it is vital to have the parents participate in treatments to help their child become functional (Mazaheri, 2021; Sedgwick et al., 2019). Parents deal with numerous challenges when managing children's ADHD symptoms and associated impairments, resulting in high levels of parenting stress compared to the general population (Barkley, 2020; Wolraich et al., 2019). Parents with a high level of parenting stress among children with ADHD adversely affect the quality of parent-child relationships (Barkley, 2020; Mazaheri, 2021; Sedgwick et al., 2019; Wolraich et al., 2019). Additionally, the parents cannot engage in behaviors that help address their child's psychopathology.

Barkley (2020), Danielson et al. (2018), Kappi & Martel (2021), Sedgwick et al. (2019) articles, like others such as Leitch et al. (2019) and Wolraich et al. (2019), show parents' perspectives on the treatment and diagnosis of their child with ADHD are imperative and can influence the treatment decisions. However, as in other studies, single parents were not examined. Barkley (2020), Danielson et al. (2018), Kappi & Martel (2021), Sedgwick et al. (2019), Wolraich et al. (2019) recommendations that future research should measure the severity of ADHD, the level of impairment, and the child's

age concerning the differential threshold for perceiving behavior as a disorder. Further educational intervention would assist parents in recognizing ADHD, the treatment, and how the parents can seek help from a healthcare provider that would increase the availability of services to children (Caye et al., 2020; Kollins et al., 2021). Therefore, if parents seek mental healthcare for their child, it will help prevent future psychopathology and associated problems and assist the parents in coping with the child's diagnosis.

Overall, looking at the literature on parenting children with ADHD, it was found that parents experience a high-stress level based on their child's diagnosis of ADHD with behavioral and emotional concerns (Algorta et al., 2018; Breaux & Harvey, 2019; Fernández-Alcántara et al., 2017; Galloway., 2019; Leitch et al., 2019; Si et al., 2020). The parents may not like the treatments because of the concerns they have about the effect they will have on their children. Moreover, the parents are also psychologically impacted, creating a significantly higher stress level (Algorta et al., 2018; Breaux & Harvey, 2019). The overarching issue is for parents to be educated and know how to assist their children with their diagnosis without dealing with the burden of stress when they do not have a support system that can help them (Fernández-Alcántara et al., 2017; Galloway., 2019; Si et al., 2020). However, having two parents in the home helps alleviate the burden of stress and provides support for both parents, while single parents must face the issues on their own, which brings higher stress levels into play (Mohamed et al., 2021). Lastly, there are significant stressors and emotions involved with single

parents who must deal with their children's diagnosis of ADHD with their emotional and behavioral concerns (Mohamed et al., 2021).

Single Parents and Attention Deficit Hyperactivity Disorder Treatments

Parenting a child with ADHD, specifically a single parent, can affect a person psychologically based on the child's negative behaviors. The adverse behaviors exhibited affect the parent-child relationship, parenting style, and parent stress level (Danielson et al., 2018; Faraone & Larssone, 2019; Leitch et al., 2019; Smith et al., 2019). Single parents faced significantly higher stress levels as they faced their child's issues alone.

Literature on single parents and ADHD treatments was limited; however, most of the studies focused on parents raising a child with ADHD and treatments, not specifically on single parents and ADHD treatments (Mohamed, 2021). Some studies on parents raising a child with ADHD but did not have literature on single parents include Ringer et al. (2020). Managing children with challenging behaviors. Parents' meaning-making processes in relation to their children's ADHD diagnosis, Uddin et al., (2020). Parenting stress and family resilience affect the association of adverse childhood experiences with children's mental health and attention deficit/hyperactivity disorder (Kappi & Martel, 2021). Parental barriers in seeking mental health services for attention deficit hyperactivity disorder in children.

Mahomed et al. (2021) showed the need for more research on single parents as the study revealed shortcomings in the theoretical framework utilized to guide the study, specifically in non-traditional parenting structure. Mohamed et al. (2021) conducted a

study that focused on 10 female participants comprised of white, Indian, and Colored descent with a mean age of 35.6. The participants were single parents living in South Africa with a child formally diagnosed with ADHD. Qualitative data was collected using semi-structured interviews and subsequently thematically analyzed (Mohamed et al., 2021). Additionally, the study found that single parents of children with ADHD perceived their parenting styles as unique from the traditional methods (Mohamed et al., 2021). In addition, research has shown that parents influence what their children observe; the warmer a parent is, the less likely a child with ADHD will exhibit negative behaviors (Mohamed et al., 2021).

Parenting a child with ADHD has always been complex, influenced by guilt, blame, and stigmatization (Kappi & Martel, 2021). Kappi and Martel (2021) found that parents struggled with deciding to medicate their children, although it was evident that medication would assist with the child's functioning. Kappi and Martel (2021) also found that parents' perspectives on treatments for their child with ADHD influenced the parents' decisions to give their child treatment for the ADHD disorder. However, the parents feared the medication's effect on their children because healthcare providers could be judgmental of their children and parenting methods (Kappi & Martel, 2021).

Ultimately, parents found it challenging to get a referral to diagnose their child (French et al., 2020). French et al. (2020) asserted that the General Practitioners (GP) are the gatekeepers who provide a diagnosis for the child and usually refer the parents to the Pediatric or Child and Adolescent Mental Health Services to gain an assessment for

treatment. Limited recognition by GPs of ADHD is a key barrier in assessing diagnosis and treatment, with GPs reporting low confidence levels in recognizing and managing ADHD (French et al., 2020). French et al. (2020) focused on the barriers related to the GPs' understanding and recognition of the lack of education of the parents of children with ADHD and a lack of resources based on finances and time. The issues present challenges for the GPs recognizing ADHD and consequently may impact their willingness and ability to refer a child for an assessment and diagnosis. French et al. (2020) focused on the misconceptions about treatments for ADHD that can influence the parents' decisions to seek help for their child with ADHD. However, the study did not focus on single parents' perspectives on treating a child with ADHD. Additionally, it is imperative to understand the single parent's perspectives on the impact of being a single parent with a child diagnosed with ADHD with emotional and behavioral concerns.

Ringer et al. (2020) study showed that children with ADHD symptoms can cause stress in any family, but having a family with two parents creates an additional layer of support missing in a single-parent home. Unfortunately, sometimes, single parents can begin to feel isolated and alone, which raises parenting issues. As a result, single parents may feel emotionally and psychologically drained (Mohamed et al., 2021). Ringer et al. (2020) stated that substantial research has focused on parents of children with ADHD, specifically on the experience of parenting stress. Parenting stress is a distinctive type of psychological stress that arises when a parent's perception of parenting demands is much higher than the resources for dealing with a child diagnosed with ADHD (Ringer et al.,

2020). Finally, Uddin et al. (2020) found that a child's diagnosis with ADHD causes single parental strains and the implications it causes them psychologically to deal with their child's diagnosis with ADHD.

The connection was based on parents' retrospective reports of involvement and ADHD symptoms. Ogg et al. (2020) conducted a study using daily reports that explore the pathways between a child's ADHD symptoms and home-based parental involvement beliefs and behavior. The data was collected daily from 26 parents over 2 weeks for 315 time points. The survey asks parents to report their child's ADHD symptoms, parental self-efficacy, parental time/energy, and home-based involvement quality (Ogg et al., 2020). The results show that parental self-efficacy mediated the association between children's inattentive symptoms and parental home-based involvement quality (Ogg et al., 2020). According to Ogg et al. (2020) study, the children's hyperactivity and impulsive symptoms moderated the association between parental time and parental home-based involvement quality. The results exhibited the importance of parental self-efficacy in explaining how children's inattention is associated with parental quality and home-based involvement (Ogg et al., 2020). Furthermore, the association between parental time, energy, and home-based involvement quality was lower when parents perceived their child to have higher ADHD symptoms.

Although there was very little research on single parents with a child diagnosed with ADHD, research on parents' perception of a child diagnosed with ADHD has emerged, and more research is needed. There is a need for more research on children with

ADHD in the single-parent population because of the psychological stress that single parents face. Additionally, there was a clear gap in the study about the coping strategies used in a single-parent household with a child diagnosed with ADHD and extending the knowledge in the discipline on the perception of single parents with a child diagnosed with ADHD.

Summary

Single parents face the challenges of their children being diagnosed with ADHD and are solely responsible for deciding to seek treatments. Single parents face their children's social, academic, and behavioral difficulties. Still, it impacts the parent-child relationships, peers, and other relationships the child encounters (Ringer et al., 2020).

Although research on single parents of children diagnosed with ADHD is emerging, it is clear more research is needed. However, more research is required on single parents' perception of raising a child diagnosed with ADHD (Mohamed et al., 2021). The study helped to fill the literature gap by extending the discipline's knowledge on the perception of single parents raising a child diagnosed with ADHD—utilizing the qualitative phenomenological framework through semi-structured interviews. In the following chapter, I outlined the research methodology to explore the perception of single parents raising a child diagnosed with ADHD. Chapter 3 contains the following sections: research design and rationale, a discussion of my role as the researcher, and a description of the methodology. Discussion of the methodology includes the participation selection, instrumentation, procedures for recruitment, participation, data collection, and the data

analysis plan. Issues of trustworthiness were also discussed in Chapter 3, including issues of credibility, dependability, conformability, and ethical procedures.

Chapter 3: Research Method

Introduction

Chapter 3 addresses the methodology that guided the study and the chosen research design. In this chapter, I present the research question, data collection methods, purpose of the study, assumptions for qualitative design, target population and participant selection, procedures, instruments, ethical considerations, analysis procedure utilized to drive the research, and expected findings concerning a single parent's perceptions of a child with ADHD.

Research Design and Rationale

This qualitative phenomenological study used a transcendental phenomenological design, which was the best fit because it focused on the natural setting's phenomena inductively (Creswell, 2018). The qualitative design was selected because the research goal was to gain insights into real-life experiences that involved feelings that might be too intangible to measure (Creswell, 2018). This study identified the common themes among single parents with a child diagnosed with ADHD. In phenomenological research, the researcher looks at the participants' lived experiences (in this study, the perceptions of single parents raising a child diagnosed with ADHD) and describes common themes (Creswell & Poth, 2018).

This study's design provided narratives from single parents who had a child with ADHD. Through collected stories and shared insights about the perceptions of single parents with ADHD, a better understanding of the lived experiences of single parents

with ADHD was established. The transcendental phenomenological approach facilitated exploring the single parents' lived experiences of having a child diagnosed with ADHD to understand better the phenomena (Creswell & Guetterman, 2019). The transcendental phenomenological research design's exploratory nature was the best fit for the research questions and for discovering more about the concerns about the perceptions of single parents raising a child with ADHD.

I engaged with the participants by employing in-depth interviews to get insights into the perceptions of single parents raising a child diagnosed with ADHD. Because my goal was to understand the perceptions of a single parent raising a child diagnosed with ADHD, the phenomenological approach was the best fit for the research as it explored the experiences of the perceptions of single parents with a child diagnosed with ADHD.

Role of the Researcher

For this study, I was the sole interviewer for the participants who sought to make sense of the information collected and tell the participants' stories as they experienced the phenomenon of parenting a child with ADHD by being true to their meaning and describing their experiences as accurately as possible. My preunderstanding of the studied topic benefited the study and informed my knowledge. I did not have any experience working with single parents with children with ADHD; however, understanding the topic was essential to understanding and proceeding with the research.

I did not have personal or professional relationships with any participants for this study; this eliminated any trepidations concerning dual or multiple relationships aligned

with the APA (2022) ethics codes for research. I had no record in the research environment that interfered with the study. The study had no incentives; this study was only for educational purposes.

With the study design, prolonged interactions with the participants were expected. I ensured that I put to the periphery any conclusions that I might have had and listened clearly without being judgmental of the single parents' accounts of the phenomenon of the experience of parenting a child with ADHD.

Methodology

Participant Selection Logic

This study's targeted population consisted of single parents with a child diagnosed with ADHD. The criteria were being a single parent aged 18 or older. Participants were not excluded based on their employment status or career. There was a maximum of 12 participants. The sample size of 12 was chosen due to the expected availability of participants who fit the study's criteria, the ability to recruit the appropriate volunteers to participate in the study, and the ability to achieve data saturation. Oversaturation refers to the phenomenon that occurs when the data sets are too large and emergent patterns are discovered. Still, no new patterns were discovered after collecting a particular amount of data. There was no saturation regarding the sample size once an occurrence emerged during data collection (Kohler et al., 2022). Qualitative studies require smaller sample sizes (Jordan, 2022; Kohler et al., 2022). The recommendations for qualitative sample

size vary from approximately five to 25 participants with shared experiences to establish commonality among the research participants.

Instrumentation

The questionnaire was the data collection instrument. In addition, the instrument was used to conduct the interviews with the participants. The interview entailed at least 10 questions to gain insights into single parents' perceptions of a child diagnosed with ADHD with behavioral and emotional concerns. The questions were constructed to address the lived experiences of single parents who had a child diagnosed with ADHD. The interview questions are listed in Appendix A,

The questions were about single parents' perspectives related to their lived experiences. Their child diagnosed with ADHD served as the key interview questions, with clarification questions based on the initial interview questions. I recorded the interviews with all the participants. The interviews were no longer than 1 hour for each participant. The method allowed for data collection and review of data collection. Recording the interviews enabled me to review previously collected data and repeat and interpret collected data from the audio recorder. Walden University's approval number for this study is 03-15-23-0547169.

Procedures for Recruitment, Participation, and Data Collection

The 12 participants were recruited utilizing bulletin boards in public places, social media, and the Walden University pool. The flyers were placed in public areas such as bulletin boards, the Walden participant pool, and social media. The face-to-face

interviews were held via Zoom call in a room that provided privacy for the participants. A different population may have impacted the study due to not being present in a face-to-face interview, which would not have captured the proper observation of nonverbal cues. This platform required collecting data via Zoom calls because some of these participants may have been in another state and unable to do a face-to-face interview. However, getting the participants for a second or follow-up interview might have been difficult, depending on availability. The flyer stated that I was a student at Walden University researching my dissertation and would like volunteers to conduct the interviews via Zoom calls in the privacy of their homes when it was convenient for them. I explained that I was a doctoral candidate looking for single parents with a child diagnosed with ADHD. Once authorized, flyers were posted on social media for volunteers, on bulletin boards in public places, and on the Walden Participant Pool (Appendix B). Participants were screened to ensure that they met the inclusion criteria based on being a single parent with a child diagnosed with ADHD (Appendix C). This was done through emails. The participants who met the inclusion criteria were invited via email and thanked for participating (Appendix D). The participants who did not meet the inclusion criteria were given an explanation as to why they were excluded from the research study because the requirements were not met (Appendix E). The participants were emailed an informed consent form to allow the interview. Also, an email was sent to the participants who did not meet the criteria, thanking them for their interest and the reason for their exclusion.

The interviews were scheduled when the time and place were suitable for the participants by emailing the participants to confirm the time and place.

The data collection was conducted in one meeting for each participant. The participants were given a pseudonym known only to me, and the study was not revealed to any third parties. The participants were informed that the interviews would be confidential and only be used for research purposes. The interview process began once the consent forms were completed and signed. The interview lasted approximately 1 hour and took place via Zoom call. The interview was recorded utilizing an audio recorder to capture the interview with the participant's consent. Upon conclusion of the study, there was a debriefing process, informing the participants about the study's intentions. During the debriefing, there were no revelations of deception in the study. The participants were given my phone number or email to contact me with questions.

Data Analysis Plan

Before analyzing the participants' data, I reviewed the interviews to become familiar with the information. Next, I reviewed the content to ensure a basic comprehension of the information collected. Then, Zoom helped transcribe the data collected during analysis and assisted with qualitative data analysis. After Zoom transcribed the data, I used the IPA method to identify the recorded data themes. Smith et al. (2022) outlined IPA to investigate an individual experience with in-depth research compared to other content analysis types. The analysis steps included the following: multiple reading and taking notes, transforming notes into emergent themes, seeking

relationships and cluttering themes, and repeating and noting. Following these steps allowed me to capture any missed data while analyzing the data collected.

Issues of Trustworthiness

Trustworthiness denotes qualitative research qualities that show the research's validity and reliability. Trustworthiness issues included evaluation criteria outlined by Creswell (2018). The criteria include credibility, transferability, dependability, and confirmability. The following steps were utilized to confirm the research study's trustworthiness. First, trustworthiness was vetted using the four methods below.

Credibility

Credibility refers to when a participant can report and recognize their lived experiences as accurate and truthful. The research study's common goal was to ensure that the participants could confirm their lived experiences as the truth (Creswell, 2018). For this research study, I utilized prolonged engagement, persistent observation, peer debriefing, and member checking to collect enough data to record the participants' lived experiences and gain a rapport to allow them to be honest about their experiences.

Prolonged Engagement

Prolonged engagement means spending enough time with the participants to collect enough data from their lived experiences of the phenomenon. The purpose of selecting this technique was to reduce bias within the data collection process and reduce the researcher's reactivity that does not belong to the studied populations (Creswell,

2018). Thus, the research technique's primary purpose was to reduce bias during the interview process.

Member Checking

Member checking, also known as participant or respondent validation, is a technique utilized in exploring the credibility of the outcome. Using the member-checking technique helped me follow up with the participants to ensure that the interpretation and transcription represented the data collected about the participants' lived experiences as single parents with a child diagnosed with ADHD. The data were returned to the participants to validate their lived experiences (Creswell & Poth, 2018).

Transferability

Transferability provides evidence to readers with the findings of the result that can apply to other contexts, situations, or times (Creswell & Guetterman, 2019). Utilizing a thick description for the research enhanced the participants' details during the research study to improve transferability. Creswell and Poth (2018) described thick description as a way by which the researcher will be able to collect information about the participant's lived experiences during the interview process.

Dependability

Dependability in research serves as a counterpart to reliability, which ensures stability in the research study. This refers to how dependable the data collection was and the research study's data collection process. The research process commenced with the research designs to present the results, which helped me to develop continuity and

consistency during the inquiry process (Creswell, 2018). An audit was performed before starting the study to ensure that dependability was maintained throughout the study.

Confirmability

Confirmability ensures that the data collection process, results, and interpretation are accurate (Creswell & Poth, 2018). An audit before the study held me accountable for the study's research to present its outcome.

Ethical Procedures

The ethical issues were addressed using special procedures to keep the participants' information confidential. The Institutional Review Board (IRB) protected the participants during the research process. The participants were provided with my contact information should any concerns or questions arise before the research study's interview process. The participants signed an informed consent before participating in the study.

The participants were screened for the inclusion criteria during the recruitment process. The participants' identity and confidentiality were protected by utilizing pseudonyms. Pseudonyms were used in all reports to protect the participants' identity. Information deemed sensitive was addressed during the interview process by allowing the participants time to gather their thoughts and allow them time to discontinue the interview if they were uncomfortable with the questions.

The data were stored on my personal computer, locked with a password that did not give anyone access to the file. The hard copies will be held in a cabinet with a key to

ensure that the file remains confidential and accessible to me and the dissertation committee. The data will be kept for 5 years following the research study's conclusion. At the end of the 5 years, all the information stored on the computer will be deleted, and the hard copies shredded. Incentives will not be initiated to ensure that all participants answer the questions authentically (Creswell, 2018).

Summary

Chapter 3 reviewed the study's research design and the interview protocols regarding the perception of single parents with a child diagnosed with ADHD with behavioral and emotional concerns. This chapter also included the importance of utilizing the phenomenological research design. I explained the documentation required to recruit a potential candidate for the study and the informed consent form. Interview questions were developed for the interviews, and follow-up questions were developed based on the participants' responses. In the semistructured interviews, I aimed to explore the parents' lived experiences with a child diagnosed with ADHD. Ultimately, the design that was used aligned with the study's purpose. Based on the design, it is improbable that there were any significant ethical issues. The study had exploratory intentions and did not require any interventions as there was no vulnerable population utilized in the study. Overall, the study explored the perception of single parents raising a child diagnosed with ADHD with behavioral and emotional concerns. Chapter 4 contains a description of data collection and analysis.

Chapter 4: Results

Introduction

The purpose of this qualitative phenomenological study was to explore the perception of single parents raising a child diagnosed with ADHD with behavioral and emotional concerns. Findings from this study may lead to a better understanding of single parents' perceptions of raising a child diagnosed with ADHD with behavioral and emotional concerns, thus potentially leading to enhanced interventions for single parents raising a child diagnosed with ADHD.

RQ1: What are the lived experiences of single parents of a child reported with ADHD?

Chapter 4 highlights the research study's settings, participant demographics, data collection, data analysis, evidence of trustworthiness, and results, concluding with a summary.

Settings

Participant interviews were conducted via Zoom in the privacy of my home in my office. The setting allowed me to talk without interruptions and audio record the Zoom interviews. The participants' locations were unknown to me. The participants selected locations with minimal distractions.

Demographics

Twelve participants were recruited for this study using bulletin boards in public places, social media, and the Walden University research pool. The potential participants

contacted me by telephone and email. They were screened to ensure that they met the inclusion criteria. The inclusion criteria for the participants were that they must be ages 18 or older, must be a single parent with a child diagnosed with ADHD, and must reside with the child. Table 1 outlines the demographics of the participants in the study.

Table 1

Participant Demographics

Participant #	Gender	Age
Participant 1	Female	40
Participant 2	Female	35
Participant 3	Female	38
Participant 4	Female	34
Participant 5	Female	35
Participant 6	Female	32
Participant 7	Female	40
Participant 8	Female	37
Participant 9	Female	35
Participant 10	Female	39
Participant 11	Female	40
Participant 12	Female	30

Data Collection

Twelve participants participated in an in-depth interview for the research study. I interviewed 12 participants from April 30, 2023, to May 9, 2023. The interviews were conducted via Zoom, ranging from 15 to approximately 20 minutes.

Each participant was screened, and the informed consent form was emailed to those who met the inclusion criteria, who then consented to the interview. The participants sent me their availability to do the interview. Once I received their availability, a Zoom link was sent to the participants for the day and time of their availability for the interview. On the day of the interview, I logged on to Zoom, clicked on the invite, and waited for the participant to join. After each participant joined, I introduced myself and asked if they had any questions before the interview began. After the participants answered the questions, I followed up with a summary of what was discussed to ensure accuracy.

Data Analysis

Because I utilized Zoom for the interviews, it transcribed them, which needed a minor modification because some of the words were not captured accurately in the transcript. I listened to the audio and then fixed the transcript with the correct information. Familiarization is crucial in Creswell and Guetterman's (2019) thematic analysis. This was the step that I took by reading the transcripts and listening to the audio. Listening to the audio helped me identify the themes and subthemes from the data.

After listening to the audio and identifying the themes and subthemes, the next step was coding the data utilizing thematic analysis. The relevant responses were collected into thematic categories, with the tables proving the frequency mentioned by participants. To have a complete and detailed understanding of the themes presented in the interview that was conducted, verbatim textual examples were included from the data collection. These common experiences and perceptions reflect the essence of being a single parent raising a child with ADHD with behavioral and emotional concerns.

Table 2

Themes and Subthemes

Theme	Subtheme
Sought help	Sought help from professionals
Stress, exhaustion, and feelings of frustration	Family and society about the child's behavior
Parental self-efficacy	Confidence Disappointment Sense of failure and success
Parental role	Supporting the child
Success/unsuccessful seeking treatment	Finding good treatment centers
Lack of support system	Family unable to offer support

After creating the themes, I began the next step, thematic analysis, by verifying and reviewing the themes against the data collected. I read and reread the interview transcripts to ensure that the themes captured the data accurately and did not exclude anything significant from the interviews. I integrated the discrepancies among the participants within the themes to clarify aspects of the interviews that were not common across the participants but were vital to the participants' individual experiences with the phenomenon.

I evaluated the associations among each cluster to create a proper name for each theme. The associations assisted me with the definitions for each theme. Lastly, the final step of thematic analysis created the results report.

Six themes emerged from the data collection analysis process: (a) sought help; (b) stress, exhaustion, and feelings of frustration; (c) parental self-efficacy; (d) the parental role; (e) success/unsuccessful seeking treatment; and (f) lack of support system. Each theme supported the research question.

As aforementioned, there were discrepancies in the participants' experiences with the lived experience of the perceptions of single parents raising a child with ADHD with behavioral and emotional concerns. Although there were overpowering similarities among the participants, each had a unique journey with their child's diagnosis and treatment.

Evidence of Trustworthiness

Credibility

Credibility refers to when a participant can report and recognize their lived experiences as accurate and truthful (Creswell, 2018). The research study's common goal was to ensure that the participants could confirm their lived experiences as the truth (Creswell, 2018). For this research study, I utilized prolonged engagement, persistent observation, peer debriefing, and member checking to collect enough data to record the participants' lived experiences and gain a rapport to allow them to be honest about their experiences. For the research study, I utilized prolonged engagement by spending enough time with the participants to ensure that the information was accurately captured. Also, member checking was used to make sure the participants confirmed that the information was accurately summarized when going over the 10 questions that were answered.

Transferability

Transferability provides evidence to readers that the findings can apply to other contexts, situations, or times (Creswell & Guetterman, 2019). Utilizing a thick description for the research enhanced the participants' details during the research study to improve transferability. Creswell and Poth (2018) described thick description as a way by which the researcher will be able to collect information about the participant's lived experiences during the interview process. As readers absorb the findings, it may assist them in reviewing the findings and identifying their own lived experiences.

Dependability

Dependability in the research served as a counterpart to reliability, which ensures stability in a research study. This refers to how dependable the data collection and the research study's data collection process are. The research process commenced with the research designs to present the results, which helped me to develop continuity and consistency during the inquiry process (Creswell, 2018). To ensure that dependability was maintainable throughout the study's entirety, I performed an audit before starting the study. I maintained fidelity to the study's protocol, which was the data collection process. This will ensure that future researchers can replicate this study. Member checking increased dependability by ensuring the reporting conclusion aligned with the participants' insights.

Confirmability

Confirmability ensures that the data collection process, results, and interpretation are accurate (Creswell & Poth, 2018). An audit before a study will hold the researcher accountable for the study's research to present its outcome. For this, I ensured that the participants matched the criteria before beginning the research study by sending each participant the screening criteria; once each participant verified that they did meet the criteria, informed consent was sent for each participant to consent to the study. Once the participant consented to do the interview, a date and time were set to conduct the interview. A Zoom link was sent for the participants to join the interview. Once each participant joined the interview, Zoom began to record the interview. Upon the

conclusion of the interview, Zoom generated a transcript and the recorded interview. I reviewed the recorded interview to ensure that the information was captured accurately before proceeding to interpret the collected data to finalize the results and ensure accuracy.

Results

To achieve the purpose of the research study, I interviewed 12 single parents raising a child with ADHD with behavioral and emotional concerns. The transcendental phenomenological approach identified common themes from the in-depth interviews for the study. The thematic category revealed six themes from the data collection analysis process: (a) sought help; (b) stress, exhaustion, and feelings of frustration; (c) parental self-efficacy; (d) the parental role; (e) success/unsuccessful seeking treatment; and (f) lack of support system.

Most themes had a subtheme that expounded on the content within the theme. As aforementioned in Table 2, each theme was connected to the research and interview questions.

Sought Help

The 12 participants said they sought help employing research online, seeking help from family and friends, and doctors and therapists. The most challenging behavior that the participants encountered from their children was being rude. It caused them to seek help utilizing the online platform to understand more about their child's behavior.

Participants discussed reaching out to doctors and therapists to provide the necessary

resources and to get their children the help needed regarding their children's behavior with ADHD. Participant 1 described her child as regular and thought her behavior would have improved with time. Participant 1 said,

“The challenges were in terms of display. If you don't know that the child has the condition, you could think they are rude and have seen it from someone else, or maybe they are not or see it on the TV.”

Participant 1 further discussed the most challenging behavior. Participant 1 stated, “I found that the most challenging behavior was managing the child's emotions and seeking information by utilizing therapy to assist me further in dealing with my child's diagnosis.”

Participant 2 shared that “the experience when seeking help for the child's behavior was complex because of not knowing who would help since some people will remain judgmental about my child's behavior. I also utilized help by looking up information online to view other parents' perspectives on dealing with a child with ADHD.”

Participant 3 shared that “seeking help was very difficult.” Participant 3 recalled, “It was difficult for me to get help based on being stigmatized and my biases. “There was an emotional breakdown as well as suicidal thoughts.” She stated, "I had to do a lot of praying because I was unhappy with the first treatment center where they went to seek help for the child.” She also shared, “The treatment was horrible, so I disagreed with the treatment at the center.” Participant 3 also explained,

“I must be my daughter's best advocate, not allowing a school counselor, teacher, or principal to advocate for my child. For a long time, I was hiring a therapist. I'm not racist, but I think I am biased. The therapist I saw wasn't helping my daughter. I was involved with drugs 20 years ago. I've been cleaned coming up on 9 years and recovery. And due to my behavior, she was removed. So, when we reunited, I would put her in therapy, and it was always this White therapist they would validate. But, like, oh, yeah, your mom abandons you. Did you know it's just the past? So, I have a new therapist now. She's with a Hispanic therapist, and I see the difference.”

Participant 3 also explained, “I had difficulty getting resources to help my child with ADHD.”

Participant 4 discussed “the challenges in managing my emotions, being available for my child, and not having someone to depend on to help with the child. This wasn't easy when you did not have a support system.” Participant 4 stated, “Seeking help was my focus to assist my child with the diagnosis.”

Participant 5 said,

“With the child's behavior, there was not a lot of support from family and friends; however, seeking help was very difficult for me because I feared that I would be stigmatized, judged, and not have much information about it. I also researched online to help me better understand the diagnosis.”

Participant 5 stated, “At first, there was that period of denial. Then I must come out of it and find a support system to help me with the diagnosis and to seek assistance for my child.”

Participant 6 discussed “Having a child that behaves differently from the other children but did not recognize the problem until others started seeing an issue. I felt frustrated that I could not see the child's problem.” Participant 6 also stated, “Seeking help was difficult and costly. My lack of understanding of the child’s diagnosis made it more difficult. Also, getting more information about the diagnosis helped me to make better judgments.” Participant 6 felt,

“My perception of my child's condition changed when I learned about it. I realized I could have a child with a condition I didn’t know. I found it challenging to go through the process of seeking medical help and explaining it to my family. I isolated myself from family members and felt they didn't understand me and were not there to assist me.”

Participant 6 also stated, “It was complex getting treatment because of the lack of resources; it was not cost-effective, and the lack of understanding of the condition.”

Participant 7 discussed “the challenges as a single parent after learning about the child’s diagnosis.” She stated, “It was challenging even though they had help in her community. I also sought help using online resources that taught me more about my child’s diagnosis and learned from other parents dealing with the same issues.”

Participant 8 discussed, “Dealing with emotions and complaints from different parties, including teachers, neighbors, and friends, were challenging.” Participant 8 said, “I sought help from professionals and the online platform to help me with the challenges I faced with my child’s behavior.”

Participant 9 discussed her experiences as a parent of a child with ADHD. The participant said, “My perceptions of my child's behavior changed after learning about the diagnosis through seeking help from professionals and online.” Participant 9 stated, “I was more informed and understood why my child behaved differently. I had to start understanding good behavior to get help.” Participant 9 reported, “Finding help was not difficult for me as the resources were available when I sought help and learned about my child’s diagnosis.”

Participant 10 discussed the difficulties of seeking help for her child’s diagnosis. She explained,

“It was challenging and tough seeking help, but some people supported me and wanted to see my child progress. These are good people I interact with, such as my family and friends. I also utilized professionals and the internet to guide me with my child’s diagnosis.”

Participant 10 discussed, “Seeking help for my child was challenging in accepting the child's diagnosis.”

Participant 11 stated that after the child's diagnosis, "I became curious and started researching online and other resources to seek help for treatment." The participant stated, "I had good access to the medical personnel helping me with my child."

Participant 12 discussed, "Upon learning about my child's diagnosis, I became worried and anxious but had to seek help for my child. At some point, it was difficult because the child had typhoid fever, so it was difficult to get a diagnosis." Participant 12 reported, "I eventually got help after the typhoid fever was resolved, and the doctors concentrated on the diagnosis."

Some participants had trouble finding help. However, Participant 4 reported little difficulties due to having a good facility for treating the disorder in the area that includes great professionals and using the online platform to educate herself more about ADHD and other parents that faced the same issues. However, Participants 3 and 6 found it difficult to find resources to help their children due to their biases, their lack of understanding of the diagnosis, or the fact that it was not cost-effective, which delayed the treatment process for their children to improve the diagnosis.

In summary, all participants realized an issue with their children and sought help to assist the children with ADHD by utilizing professionals or online resources. A critical aspect of parenting a child with ADHD is getting the help needed to assist the child diagnosed with ADHD. Most participants discussed their difficulties in seeking help and getting the help they needed for their children. Some participants hesitated to seek help

because they thought they would be judged based on their child's behavior. However, after seeking help, they were able to help their children with the diagnosis.

Stress, Exhaustion, and Feelings of Frustration

Several participants reported frustration through various emotions displayed regarding their child's diagnosis of ADHD. Participants also emphasized that having no support system places stress on their lives. Participant 2 said, "As a single mom with a child with ADHD, asking the other parent for assistance was very challenging and, at times, difficult. Not having help puts significant mental and emotional stress on you, which can be exhausting." Participant 2 explained,

"The most challenging is not understanding what the child wants when her emotions are out of control. As a parent, I am unaware of why my child behaves that way. This caused me to feel frustrated, not at my child but because I did not understand the diagnosis."

Participant 3 discussed seeking help was very stressful and exhausting. Participant 3 explained, "My child had a depressive episode and contemplated suicide." She explained, "It was very stressful, and people told my child I had abandoned her. I felt that society was very judgmental of me as a parent, which put a lot of stress on me, which was exhausting." Participant 3 also discussed the frustration she experienced with her child with ADHD. Participant 3 explained, "There was frustration, like if we were in a room with other kids trying to watch a movie, and they were talking, she gets really irritated. So, it made me realize something was happening with her."

Participant 4 discussed the frustrations and challenges she felt trying to manage her emotions. Participant 4 explained, “The challenges I experienced in managing my emotions and that of my child was always being available, especially if she doesn't have another person to depend on, are very frustrating.”

Participant 5 also voiced her frustrations. She explained, “Not having a support system to assist me with my child with ADHD and the burden of stress falling solely on me as the single parent. My perception changed after my child was diagnosed with ADHD.” Participant 5 explained,

Yes, I realized I had to work less. It was really challenging, especially since it was a new diagnosis, and I didn't have much information about it. It was challenging when you did not have much information about it. I was trying to make excuses, mainly because I was in that position. And it overexposed me to the public, trying to get information about the diagnosis. Also, balancing emotions for me, how to feel for others, and how they take it. This was difficult for me.

Participant 5 also elaborated on feeling judged and stigmatized based on my child's diagnosis of ADHD by my family and society, which put stress on her and exhausted her. Participant 5 explained, “Initially, I was very overwhelmed by the news. My family was the first to judge me based on my child's behavior, but not being educated on the issue can also be challenging.” Participant 5 explained, “The challenges caused me so much distress that affected me emotionally, knowing that even my family was being judgmental about my child's diagnosis.”

Participant 6 discussed her frustration while dealing with a child diagnosed with ADHD. Participant 6 explained,

The perception really changed me a lot in that I realized that anyone could have a child with a condition and not know until people start recognizing it without you being aware, which is frustrating and stressful. It was very challenging for me when I was trying to monitor my child while seeking help.

Participant 7 explained the difficulties of dealing with a child with ADHD without a partner's assistance. Participant 7 stated,

What I found stressful was caring for my child as a single mother when the relationship was broken. So, caring for my child without a partner was difficult. It was difficult when I had to tell the other kids what was happening because it turned out to be a breakdown and feelings of frustration when I was dealing with my child's ADHD alone.

Participant 8 discussed the frustrations of dealing with emotions and complaints from teachers and neighbors. Participant 8 explained, "The challenges were dealing with emotions and complaints from different parties, such as teachers, neighbors, and friends. The lack of financial, mental, and social support from the community and the people around me was very frustrating and stressful."

Participant 9 discussed controlling anger, resentment, or hate and being angry with the situation. Participant 9 explained,

I think it's trying to control the anger. Sometimes, I could mistake it for resentment or hate. And I am also trying to be able not to be angry with whatever is going on, even when it is frustrating at times.

In brief, having a child with ADHD can give one a feeling of frustration when dealing with the diagnosis as a single parent with little to no help. Participants 2 to 9 shared their feelings of frustration, stress, and exhaustion and how their child's behavior affected them psychologically. While participants 10 to 12 did not feel frustrated, their children's diagnosis played a vital role psychologically and the need to help improve their children's health. Participants also discussed the challenges they face from society and families having a child that is diagnosed with ADHD and getting the necessary help that was needed to improve their diagnosis. Therefore, seeking help for a child diagnosed with ADHD can be very demanding and can cause extreme stress, exhaustion, and frustration for single parents, especially when they do not have a support system.

Parental Self-Efficacy

The participants shared the different effects and emotions felt as a parent due to their child's diagnosis, highlighting subthemes of confidence and feelings of failure based on not being able to help their child—the participant's responses when asked how they would describe their relationship with their child with ADHD and what are their thoughts about the experience. The following examples demonstrate their confidence in knowing they are doing what is best for their children.

Participant 1 shared, “It's been tough. It's been a journey of learning. It's not been easy, but it's very manageable. It has helped me to grow.” Participant 1 stated, “Although the child’s diagnosis was difficult to get help with, it has let me germinate and understand the diagnosis, which helped me manage the child’s symptoms.” Participant 1 also shared, “I would take breaks and meditate. I also do fun things to help me cope with my child’s diagnosis so that I can cope with my child's diagnosis.”

Participant 2 explained,

I'm taking it for my child one day at a time. I appreciate every milestone she makes. Because even if it's tough, their progress is also significant to me. I appreciate the small progress. I think we have an excellent relationship, mainly with me being a good parent and getting advice on providing what is needed. It takes a lot, but it's something worthwhile at the end of the day. It's an experience like no other. It's a unique one. It's a learning journey for me. It's a journey with my child that is full of good things, and sometimes it will not be no; it's effortless.

Participant 3 discussed,

I try to sleep my 7 hours. I drink water, a lot of water. Try not to overthink. I try not to drink too much caffeine and pray. We have a good bond. We have an excellent bond. She is a great friend. She's trustworthy, very responsible, and loyal. She learns differently. She's an artist. I look up to her. That is different. I believe I must be my daughter's best advocate. Not allow a school counselor, a teacher, or a principal to dictate my child’s life.

Participant 4 stated,

Taking care of myself to care for my child by attaining a better position. Also, you don't worry about the children once you have a home. You are also in a good position, mentally. I will describe our relationship as good, characterized by spending time. I understand being patient and kind. I can understand them. I think she trusts me. She knows she can count on me. At times, I will be angry, but they also have a fun side. I think this experience is full of many things to learn along the way, many things to sacrifice for, and a lot of progress.

Participant 5 explained how she dealt with her emotions to help her child:

First, I had to learn about the condition and health care on managing my emotions as a parent from the support system or groups. It's a good kind of relationship we created with each other. We have a good bond. Initially, I was overwhelmed with the news. And then you had that period of denial. Then, you must come out of it and find a support system to help your child.

Participant 6 shared,

By taking care of myself in terms of my emotional health, like having someone to talk to like a counselor or family member, not only family member, but it must also be a trusted family member who is willing to be there when it gets complicated and feelings of giving up, and when it gets to that point when it is not manageable. It gets horrible sometimes, but we have a pretty good relationship. I am trying to be a good parent. I'm providing; I'm trying to raise my children

properly. I don't want any of them to feel neglected. I want them to know that I am available. I talked about it, too, when I reflected on it. I would say it's been something I have on my plate, and I'm still conquering it. Of course, every day, there is a difference. You will be happy for one moment. Another time, I feel frustrated and like it's not working. Another time, I felt like the kids were being difficult. But I must uplift myself, and taking breaks is okay. Also, take vacations with the kids or without the people who support you.

Participant 7 shared,

The parenting role of having a child with ADHD has given me a different perspective on how I view life. I'm doing a lot of meditation and appreciating myself for the small things in life. That is something that I don't often do. But now is when I'm starting to get it; it meant the most to me. It's really working on seeking more knowledge about the diagnosis. I have a good relationship with my child who has ADHD. Oh, I think it's the experience. It's like a God-given task. I may not have known why it is happening to me, but it is a learning process. I think it's something you learn a lot about. Whenever I have a support system for myself, it gets better.

Participant 8 shared,

Being around people with similar children has helped her. I have a fantastic relationship with my child who has ADHD. I think the experience has also been good when handled right for most of them; we've been able to make an impact.

I've gotten help when needed. I've always wanted to reach out to people with a similar diagnosis to learn how they cope, which can also educate me. I am also active on social media to see what people think because initially, I didn't think there was a lot of information about it.

Participant 9 explained,

I care for myself by being present-minded, aware of what is going on in my children's life, attending support groups, communicating with other parents, and attending support groups and interacting with other parents. I would describe our relationship as a mutual and friendly one. I think it's an individual experience for every parent. For some, it will be different from mine. It has been a kind of a journey for me and understanding and understanding.”

Participant 10 shared,

Being an intentional parent by taking time to care for these children always creates a good relationship with them. However, the one with ADHD, it's a close relationship. It's like you are imagining stuff. I believe that people who helped support me and helped me in my parental journey have enlightened me with knowledge and coping mechanisms to care for my child with ADHD.

Participant 11 explained,

Having a support system from friends and parents with children with the same condition and having a good relationship with my child has helped my coping

skills. The experience has been a kind of brave one. I've seen progress with my children and hope for the best.

Participant 12 discussed her parental role.

Our relationship seems to work, but it gets challenging at that time. It isn't easy at times, but the children love each other at the end of the day, which I get help from, which is impressive. The experience was a tough one, but it was manageable.

Parents with a child with ADHD have to have self-efficacy to help their children progress. At times, there will be confidence, disappointments, and feelings of failure, but it comes from the experience of being knowledgeable and understanding the diagnosis. Most participants believe that taking time for themselves has helped them cope better with their child's diagnosis. This led them to be better parents even though they may have faced difficulties in helping them gain confidence, and failing at times helped the participants get the outcome, which is being successful parents who have helped their children grow with ADHD.

The Parental Role

Participants' most common role was supporting their children with ADHD. Even though they did not have a support system for their children, they sought the necessary help to assist them, although it was difficult for some participants. Participant 1 shared,

I think it's trying to manage the child's emotions. Also, I sometimes get annoyed by how they act emotionally. I will also notice that children with ADHD have

problems with communication, like when they are in a group of other kids. They don't want to interact so much. I must be very patient first or even very patient with my child with ADHD. I must learn a lot regarding the condition. Why does the child behave this way? I must recognize that my child is unique. It is not like they are choosing to be rude or choosing to be rude. This is something beyond their control. They are not using it to get things in class. I must be a very patient parent. I must be patient with my child. So that she doesn't feel frustrated and think they cannot trust anyone because most people generally dismiss them.

Participant 2 discussed her parenting and how she handles her child's diagnosis; she explained,

Of course, it's the child you don't expect to interrupt as usual. They are different in expressing emotions and how they get out their views. I didn't get that. But after my child's diagnosis, I think it's something I learned to keep from happening. As a parent, you must understand that this child sometimes seeks attention or something. So, you all should be very observant. Also, knowing the environment they are in will make them uncomfortable. That's why they're disrupting you. This will help with the treatment process.

Participant 3 shared,

There's another underlying issue like Adhd is the diagnosis, right? But there's like the inside, the lack of confidence that comes with the diagnosis. Challenges.

Okay. She doesn't have disruptive behavior, but challenges come up with my

discipline, my parent's style, and discipline. I'm trying to avoid yelling and taking a cell phone away. Or if there's a meet-up time with her friends, saying, well, that's not going to happen; that's removing it off the table. You know, because I don't want to reward it. I don't want to reward that behavior.

Participant 4 shared,

“It's understanding what the child wants every time and attending to his needs. You, too, the parents. It's a little difficult to miss the signs. The challenges I experienced were managing my emotions and my kids and always being available. And especially if you don't have another person you depend on, it isn't easy. Also, I am trying to get the best treatment to help my child.”

Participant 5 explained,

I was trying to make excuses, mainly because I was in the position and not being exposed to the public, so I was trying to get information about the diagnosis without someone judging me. Also, balancing emotions for me, how to feel for others, and how they take it. This was difficult for me. I tried as much as possible to understand the whole thing. And the moment I started understanding the situation, things started working out for me and my child. Somehow, that is when I took an interest in understanding the diagnosis by saying; what are the terms? What are the solutions? How to get it? Not this one. Now I began feeling better and could start properly caring for my child.

Participant 6 shared,

Going to medical appointments, explaining to the family what's happening, and explaining to the other kids. And it does some emotional damage to me. So, you will not be okay, honestly. It is not easy to go through the diagnosis alone: It requires a lot of reassurance. Much medical help and finances are used at the end of it all. I try to understand. I'm more patient. I barely got out. I have not punished her. Try as much as possible to be understanding.

Participant 7 explained,

I think, at times, I would say my child is disciplined. I think you cannot, like, say, dictate to them what to do or what not to do. Especially those days when they are in hyper-mode, you can barely control it. You must go with the modes. You must also go down to their level so that they feel like they are not being sidelined or somehow treated differently.

Participant 8 admitted,

As a parent, sometimes you let things slide. You also stop making excuses and let people think about what they want, dealing with the emotions, dealing with more changes, and complaints from different parties, teachers, neighbors, and friends at times. I stop making excuses for this. I realized the excuses were getting to me on my end. So, I just let it slide. I do it. Just let people think what they want while seeking proper treatment for my child.

Participant 9 discussed anger in her parenting role.

Sometimes, you could mistake the child's behavior for resentment or hate. And I was also trying to be able not to be angry with the situation. I am more informed. I understood why she was behaving differently. And I think I had to start understanding good behavior to get the necessary help to suit her.

Participant 10 stated,

"I think it's managing your job, work, life, balance managing the child's behavior. I think tracking progress is the most crucial part of figuring out the child's behavior. It improved when I started seeking care and tracking the progress intentionally. Also, I began to appreciate the progress we were making in helping to improve the diagnosis.

Participant 11 discussed the challenges of parenting a child with ADHD.

Participant 11 stated,

Explaining the condition to my children and family members who don't know about it is challenging. I also struggle to be patient with my child's disruptive behavior. However, I support the treatment that she gets to help her improve her health.

Participant 12 discussed her experience as a parent of a child with ADHD.

Participant 12 discussed "The challenges of dealing with my child's disruptive behavior and seeking help immediately." Participant 12 also discussed "My baby; at that point, there was a time she got sick. Also, it was challenging to diagnose. Also, aside from that, it took a long time to know she had another condition: Typhoid fever. That was the most

challenging time.” Participant 12 explained, “It was very tough on me.” It's also a problem within you, like it's psychological for me. It's a process you're going through as a parent and your role in your child's life.”

In short, as single parents with a child with ADHD, the parents play a crucial role in supporting the children to get the help they need to provide what is best for them to improve their health. Being a single parent can be difficult for both the parents and children, but seeking the right help and resources can benefit the children and parents. The parenting role involves supporting the child and enforcing the goals to assist the children with ADHD diagnosis. All the participants were able to support their children upon understanding and becoming knowledgeable and enforcing a plan to help their children with the diagnosis.

Successful/Unsuccessful Treatment-Seeking

Seeking treatment for a child diagnosed with ADHD can be complex or successful. Although some participants reported having successful treatment, some reported that seeking treatment was unsuccessful initially when they learned about the diagnosis. However, despite difficulties seeking treatment, most participants eventually received successful treatment for their child, which helped improve the diagnosis.

Participant 1 explained,

Seeking treatment was not complex. It wasn't difficult, honestly, because the services are available. After all, the services are available only if you see some

symptoms. Also, you must see some symptoms of ADHD to get the service and treatment, but there was progress after receiving the treatment.

Participant 2 shared,

Seeking treatment was difficult because my child had not been diagnosed. I had delayed it for some time; somehow, I was in denial. Alright, I didn't know what exactly to like to do or who to go to or ask for help, whether it was a pediatrician or someone else, to seek helpful treatment. However, it was successful once I decided to get the help we needed.

Participant 3 discussed seeking treatment and the difficulties encountered before getting the proper guidance to help her child with the diagnosis. Participant 3 shared,

Seeking treatment was very hard. We live here in Chula Vista, San Diego County, California. In 2021 and January 2022, she had a horrible emotional breakdown where my daughter tried to commit suicide. I probably took her to four different hospitals. The police wouldn't help me, you know, the network. I went to the hospital there. Who didn't help me, and then I finally took her somewhere else. They finally said, Go to this hospital. The hospital they were not respectful. The treatment she received was horrible. I stayed with her. I didn't feel comfortable leaving. I disagreed with them giving her medication.

Participant 4 discussed that she did not encounter difficulties seeking treatment for her child with ADHD. She shared, "I wouldn't say it wasn't easy, but there are good

facilities where I moved. With one person who has a specialized section, it was not a problem. It was not difficult because the facility was outstanding.”

Participant 5 discussed the fear of being stigmatized about her child’s diagnosis when she tried to seek treatment. She shared, “I think it was difficult to seek treatment because of the fear of being stigmatized. I didn't know a lot of information about it. I eventually sought help, and treatment was successful.”

Participant 6 discussed her lack of understanding of the diagnosis that delayed the treatment process. She shared, “It wasn't easy because of the cost—the lack of understanding of the condition. So, understanding the condition was very important to seek treatment. I eventually sought treatment, which was very successful for my child.”

Participant 7 shared, “It wasn't difficult to seek treatment after learning about the diagnosis because treatment was available.”

Participant 8 shared,

I think I would say I had a sound support system regarding the information, the person I interacted with, and the people around me sometimes made it not difficult for me to seek treatment for my child. It was very successful upon seeking treatment for my child.

Participant 9 shared, “I didn’t find it challenging because what I needed was afforded to me. I could go to the facility as I wanted to see good people who helped me with treatment for my child.”

Participant 10 shared,

It wasn't easy in terms of what to do. So, acceptance was difficult. And another thing is wanting to have someone else give us a different opinion. You are in disbelief, but it wasn't effortless, and I eventually got the treatment.

Participant 11 shared, "The treatment was not complex, but I had good access to the medical personnel involved. So, the treatment was a success."

Participant 12 shared, "I encountered difficulties seeking treatment but eventually succeeded." She shared, "It was a little bit difficult, but eventually, I succeeded after accepting the diagnosis and wanting to do what was best for my child."

In summation, seeking help for a child diagnosed as a single parent with ADHD can be challenging because some parents are in denial. Still, after accepting the diagnosis, they got successful treatment to help improve their children's behavior. However, all the participants had successful treatment for their children except Participant 3, who felt the system did not provide suitable treatment for her child, so she declined the medication.

Lack of Support System

An essential aspect of parenting a child with ADHD is having a support system you can depend on. The participants below described the support and lack of support that they have received.

Participant 1 shared,

I think some people will not take it lightly on you. You are trying to tell them that my child has this condition requiring help and being treated. My other kids don't seem to have that issue. So, they kind of make me feel alienated because they do

not support me, and I don't want to look for support from them, which can be demanding. So, finding a supportive network for myself and my child during challenging times would be best.

Participant 2 shared,

As a single mom without asking for help, I think it is very challenging. When the child grows up a little bit, you also don't know how to explain to them why other kids have both parents that support them, and you do not have a family support system.

Participant 4 shared, "I didn't have a lot of support after the diagnosis because it was pretty much, I tell you, I got a new job. So, I moved from where my family resided."

Participant 5 shared,

I think that not having a support system are the ones who doubt the family more, and they don't help. I have to learn how not to get easily agitated. We have to understand the issues we are facing and try to figure them out on our own without the help of family because they do not understand the severity of the issues. Okay, eventually, I must learn to assist my child. So, the family eventually learned to help him somehow.

Participant 6 shared,

I think I have a limit. I chose to be eliminated from others because they didn't understand me. I eliminated myself from the family members who were close to

me because I thought I could deal with it alone or I was a bother with them because they were not supportive.

Participant 7 shared, “Not having childcare was challenging; I was no longer in a relationship with my partner. So, I was looking for someone to assist with my child. The family was not supportive as they were not knowledgeable about the diagnosis.”

Participant 8 explained, “The support system is not getting financial or mental help from family. I'm also not getting social support from the community people around me.”

Participant 10 shared,

It's also my lost connection with my partner. And the loss of touch with some family members. Also, loss of touch with yourself because it's a recent new diagnosis. You're trying to understand it. Also, I'm trying to understand the diagnosis.

Participant 11 shared, “Getting help from friends and parents with children with the same condition has helped me to cope with the diagnosis since we both had children diagnosed with ADHD.”

Participant 12 shared. “I was able to cope with my child’s diagnosis by seeking help from friends, family, and a supportive counselor.”

Not having family support can significantly affect the child and mother because there is no one to help with the challenges of a single mother with a child diagnosed with ADHD. There was a lack of support from the family for most of the participants.

However, Participants 11 and 12 were able to have a support system to help with their children diagnosed with ADHD. Most participants showed that the lack of knowledge on their family's part and being judgmental hindered the family members from understanding the nature of the diagnosis and its effect on the children and their parents.

Summary

Chapter 4 highlighted the settings and the participants' demographics. I also outlined the data analysis and data collection process for the research study and the evidence of trustworthiness. This chapter also presents the findings of qualitative phenomenological data from 12 interviews with single parents raising a child with ADHD with behavioral and emotional concerns. The analysis presented several shared themes that supported the conclusion for analysis and provided a deeper comprehension of the lived experiences of single parents raising a child with ADHD with behavioral and emotional concerns. The themes generated from the analysis are (a) sought help, (b) stress, exhaustion, and feelings of frustration, (c) parental self-efficacy, (d) the parental role, (e) success/unsuccessful seeking treatment, and (f) Lack of support system,

Chapter 5 will discuss these findings in further detail. Chapter 5 will discuss these findings concerning the research questions to connect the findings to the existing literature and the conceptual framework underpinning this study. The limitations will outline the study and highlight the implications of the study's findings for practitioners. Finally, recommendations will be provided for future research before concluding the study.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this qualitative phenomenological study was to explore the perception of single parents raising a child diagnosed with ADHD with behavioral and emotional concerns. The literature reflects the lack of study on single parents with a child with ADHD and the need to study the single parent's perception of a child diagnosed with ADHD with behavioral and emotional concerns.

The findings showed that single parents of children diagnosed with ADHD experience heightened stress levels, which can affect the parent–child relationship and worsen the child's symptoms (Algorta et al., 2018; Leitch et al., 2019). Undeniably, children with ADHD have been shown to have more adverse relationships with their parents than children without ADHD (Danielson et al., 2018).

Findings also showed that these parents lack enough support to assist them with their children diagnosed with ADHD (Algorta et al., 2018; Fernández-Alcántara et al., 2017; Leitch et al., 2019). The experiences of stress, family dysfunction, and associated consequences may be more significant in single parents who lack financial, emotional, and physical support from a partner (Algorta et al., 2018; Leitch et al., 2019). Therefore, there is an urgency to learn more about single parents raising a child with ADHD with behavioral and emotional concerns. Exploring the lived experiences of single parents raising a child diagnosed with ADHD with behavioral and emotional concerns can detail

more ways to help these parents, children, and families build better relationships and results efficiently and effectively.

Six themes emerged from the data analysis and answered the overarching research question: What are the lived experiences of single parents of a child reported with ADHD?

Interpretation of the Findings

The first theme, sought help, related to participants who employed research online and sought help from family, friends, doctors, and therapists. The most challenging behavior that the participants encountered from their children was being rude. It caused them to seek help, utilizing the online platform to understand more about their child's behavior. The participants discussed reaching out to doctors and therapists to provide the necessary resources and to get their children the help needed regarding their children's behavior with ADHD. Therefore, the participants wanted to understand their children's ADHD with behavioral and emotional concerns.

A critical aspect of parenting a child with ADHD is getting the help needed to assist the child diagnosed with ADHD. Most participants discussed their difficulties in seeking help and getting the help they needed for their children. Some participants hesitated to seek help because they thought they would be judged based on their child's behavior. However, after seeking help, they were able to help their children with the diagnosis.

Findings from this study support the findings from other significant research. According to French et al. (2020), parents found that getting a referral to diagnose their children's challenges fell under the theme of seeking professional help. Many parents thought their children were rude, while some mothers thought their children needed help from a professional to assist them with their children's behavior. After the children's behavior did not improve, the participants sought help from family, friends, doctors, and therapists. Some family members were reluctant to help and thought the children were disruptive based on their parents' discipline techniques. Presumably, participants thought that the children's behavior was typical behavior due to being unfamiliar with the symptoms of ADHD.

French et al. (2020) asserted that general practitioners (GPs) are the gatekeepers who provide a diagnosis for the child and usually refer the parents to pediatric or child and adolescent mental health services to gain an assessment for treatment. Limited recognition by GPs of ADHD is a key barrier in assessing diagnosis and treatment, with GPs reporting low confidence levels in recognizing and managing ADHD (French et al., 2020). French et al. focused on the barriers related to GPs' understanding and recognition of the lack of education of parents of children with ADHD and a lack of resources based on finances and time. The issues present challenges for GPs in recognizing ADHD and consequently may impact their willingness and ability to refer a child for an assessment and diagnosis. French et al. focused on the misconceptions about treatments for ADHD that can influence the parents' decisions to seek help for their child with ADHD.

Some participants stated that they received the help. In contrast, others felt judged and stigmatized about their children's diagnosis, causing some to be reluctant to seek help, while others were successful in seeking help for their children with ADHD. Although some participants were hesitant, the diagnosis of ADHD eventually led them to seek the necessary help to assist their children with ADHD with behavioral and emotional concerns, which helped to improve their symptoms and their performance.

The second theme focused on stress, exhaustion, and feelings of frustration. The participants reported frustration through various emotions displayed regarding their child's diagnosis of ADHD. Participants also emphasized that having no support system stressed their lives, making them feel frustrated and exhausted. Having a child with ADHD can give one a feeling of frustration when dealing with the diagnosis as a single parent with little to no help. Participants 2 to 9 shared their feelings of frustration, stress, and exhaustion and how their child's behavior affected them psychologically. While Participants 10 to 12 did not feel frustrated, their children's diagnosis and the need to help improve their children's health played a vital role psychologically. Participants also discussed the challenges they faced from society and families in having a child who had been diagnosed with ADHD and getting the help that was needed to improve their diagnosis. Therefore, seeking help for a child diagnosed with ADHD can be very demanding and can cause extreme stress, exhaustion, and frustration for single parents, especially when they do not have a support system.

Findings from this study support the findings from other significant research. According to a study by Algorta et al. (2018), parents with a child with a learning disability such as ADHD delineated the emotions that influenced their perceptions as parents. Most parents reported that parenting a child with a learning disability such as ADHD differs from parenting a child without ADHD (Algorta et al., 2018; Breaux & Harvey, 2019), specifically in the appearance of ambiguous feelings and adverse emotions consisting mainly of sadness and frustration (Si et al., 2020). The findings of the present study support Si et al.'s (2020) findings in that the parents expressed their stress, exhaustion, and feelings of frustration about their child's diagnosis of ADHD.

Some parents perceived themselves as bad parents based on the child's diagnosis because their children faced obstacles (Si et al., 2020). Parents with a child diagnosed with ADHD reported a feeling of impotence and guilt, and some tried to control their child's behavior using specific techniques (Fernández-Alcántara et al., 2017; Leitch et al., 2019). However, the children's behavior was not regulated easily (Breaux & Harvey, 2019; Si et al., 2020). According to Algorta et al. (2018), parents blame themselves for not knowing how to help their children with the diagnosis and feel that if they were good parents, they would help their children with their behavioral issues. One mother expressed that not understanding the child's desire made it stressful, exhausting, and frustrating.

Once the participants became aware of the child's diagnosis, some were relieved; however, for parents, managing their emotions was challenging because of the

availability needed for the child to cope with the diagnosis, precisely when the child had only the mother to depend on, which was frustrating. Similar to the findings of Si et al. (2020) and Danielson et al. (2018), one of the obstacles the children faced was doing homework, and when the parents could not assist, they experienced a sense of guilt and helplessness and a feeling of impotence and frustration. All the parents expressed the stress, exhaustion, and feeling of frustration they experienced when they found out about the child's diagnosis and balanced the emotions that they encountered having a child with ADHD to help them.

One exciting theme finding was parental self-efficacy, which deals with parents' different emotions due to their child's diagnosis. Some parents demonstrated confidence and disappointment, while others felt a feeling of failure. Even though the single parents had many challenges and lived experiences of failure with their children diagnosed with ADHD with behavioral and emotional concerns, having high self-efficacy as a parent could mean that the diagnosis may be for some time, allowing the parents to develop a coping mechanism to deal with the stress of their child's diagnosis of ADHD with behavioral and emotional concerns.

Findings from this study support the findings from other significant research. According to Galloway et al. (2019), single parents play a vital role in their children's behavior, which can affect their parenting style. Galloway et al. (2019) reported that single parents determine their self-efficacy based on their parenting. If their children struggle with adverse behaviors and poor academics, single parents will continue to have

negative self-efficacy. The present study's findings support Breaux and Harvey (2019), where the participants expressed the different effects and emotions felt as a parent due to their child's diagnosis, highlighting subthemes of confidence and feelings of failure based on being unable to help their child. Breaux and Harvey reported that single parents who observe positive parental modeling will be more likely to develop positive self-efficacy and continue positive parenting, which can lessen the negativity children with ADHD encounter, observe, and model. Having high self-efficacy as parents led them to be better parents even though they may have faced difficulties in helping them gain confidence, and failing at times helped the participants get the desired outcome to become successful parents who had helped with the growth of their children with ADHD.

The parental role theme identified the most common role: supporting their children with ADHD. Even though the participants did not have a support system for their children, they sought the necessary help to assist them, although it was difficult for some participants. Acceptance of ADHD was essential for some participants to seek help for their children. As single parents with a child with ADHD, parents play a crucial role in supporting their children to get the help they need to provide what is best for them to improve their health. Single parenthood can be difficult for both the parent and the child, but seeking the right help and resources can benefit the children and parents. The parenting role involves supporting the child and enforcing the goals to assist the children with ADHD diagnosis. All the participants were able to support their children upon

understanding and becoming knowledgeable and enforcing a plan to help their children with the diagnosis.

Findings from this study support the findings from other significant research. Zhao et al. (2019) concluded that parenting is demanding, intricate, intense, and rewarding to self and parenthood. According to Zhao et al., parents must show an inner strength to manage parental issues. The present study's findings emphasize the importance of including mothers and fathers to provide an equal understanding of the child. There is a need for family perspectives to assist the children and parents in making their lives less unpredictable. Also, family-centered help is essential to assist single parents to be more effective parents dealing with a child with ADHD with behavioral and emotional concerns. All the participants were able to support their children upon understanding and becoming knowledgeable and enforcing a plan to help their children with the diagnosis.

Successful/unsuccessful treatment themes identified participants who reported that seeking treatment was complex or successful. Some participants reported that seeking treatment was unsuccessful initially; however, despite difficulties, most participants eventually received successful treatment for their child, which helped improve the diagnosis. For a single parent, seeking help for a child diagnosed with ADHD can be challenging because some parents are in denial. Still, after accepting the diagnosis, they got successful treatment to help improve their children's behavior. However, all the participants had successful treatment for their children except

Participant 3, who felt that the system did not provide suitable treatment for her child, so she declined the medication.

Findings from this study support the findings from other significant research. According to Kappi and Martel (2021) and Wolraich et al. (2019), the decisions for treating a child with ADHD are often very challenging and complicated for parents. A literature review was conducted to comprehend the challenges of assessing the issues associated with parents' decisions regarding treating a child with ADHD (Kappi & Martel, 2021). Kappi and Martel analyzed 21 assessed studies; 17 were quantitative, one was qualitative, and three were mixed. The central construct was parental perspectives on seeking treatment for a child's ADHD diagnosis. According to Danielson et al. (2018) and Sedgwick et al. (2019), the characteristics influencing individual behavior, such as knowledge, attitudes, gender, ethnicity, age, and stigma, were used in conducting the study. Therefore, the first steps are assessment and treatment, parental concerns and perceptions about their child's behavior, and the need to seek mental healthcare. Parental mental-health-seeking behaviors might be among the problems that lead to the underdiagnosis and undertreatment of ADHD in childhood (Kappi & Martel, 2021; Mazaheri, 2021). One parent in the study experienced a delay in getting the treatment due to feeling that people would be judgmental of her child. The present study supports Mazaheri's (2021) and Kappi and Martel's (2021) findings that parents may experience barriers that may delay them from seeking treatments for their children. Findings from the present study also support Algorta et al.'s (2018) findings of parents' fear of seeking

help for their child diagnosed with ADHD because of their judgment about having a child diagnosed with ADHD.

Additionally, according to Kappi and Martel (2021), parenting a child with ADHD has always been complex, influenced by guilt, blame, and stigmatization. Kappi and Martel found that parents struggled with deciding to medicate their children, although it was evident that medication would assist with the child's functioning. The findings support Kappi and Martel's claim that parents' perspectives on treatments for their child with ADHD influenced the parents' decisions to give their child treatment for the ADHD disorder. However, the parents feared the medication's effect on their children because healthcare providers could be judgmental of their children and parenting methods (Kappi & Martel, 2021). In the present study, some participants influenced whether or not the child should get treatment out of fear of being judged by society.

The final theme, lack of support system, identified participants who did not have family support, which can significantly affect the child and mother because there is no one to help with the challenges of a single mother with a child diagnosed with ADHD with behavioral and emotional concerns. Not having family support can significantly affect the child and mother because there is no one to help with the challenges of a single mother with a child diagnosed with ADHD. There was a lack of support from the family for most of the participants. However, Participants 11 and 12 were able to have a support system to help with their children diagnosed with ADHD. Most participants showed that the lack of knowledge on their family's part and being judgmental hindered the family

members from understanding the nature of the diagnosis and its effect on the children and their parents.

Findings from this study support the findings from other significant research. Ringer et al.'s (2020) study showed that children with ADHD symptoms can cause stress in any family, but having a family with two parents creates an additional layer of support missing in a single-parent home. Unfortunately, sometimes, single parents can begin to feel isolated and alone, which raises parenting issues. As a result, single parents may feel emotionally and psychologically drained (Mohamed et al., 2021). The findings of the present study supported Ringer et al. (2020), who found that parenting stress is a distinctive type of psychological stress that arises when a parent's perception of parenting demands is much higher than the resources for dealing with a child diagnosed with ADHD. Uddin et al. (2020) found that a child's diagnosis with ADHD causes single parental strains and the implications it causes them psychologically to deal with their child's diagnosis with ADHD. One participant expressed being alienated because of not having family support for her child, who had been diagnosed with ADHD. Thus, finding a supportive network during this challenging time would be best to help psychologically.

The single parents in this study defined success or failure by their ability to maintain their calmness and realize the strong impact of their emotional response on gaining the desired response, meaning that their experiences had allowed them coping strategies to deal with their child's diagnosis, leading to them having a higher self-efficacy as they learn to deal with the diagnosis. The result does not challenge the need

for additional support for single parents raising a child diagnosed with ADHD with behavioral and emotional concerns. Providing this to parents is critical, given the importance of education, research, information, and support services. In addition, adverse interactions with practitioners are based on inexperience and lack of knowledge, contributing to the parents' high-stress level in this study. This type of support is needed to provide the parents with success in assisting their children with ADHD.

Limitations of the Study

The research study sample consisted of only females. This was not intended; however, the recruitment process resulted in all-female samples. Therefore, the study findings are limited to a sample of female single parents raising a child who is diagnosed with ADHD with behavioral and emotional concerns. This is a significant limitation because having male participants would also give different perspectives about the male parenting style and reactions to the child's behavioral and emotional concerns.

In addition, all except three participants were in their thirties, which represented another study limitation. As aforementioned, the parent's experiences could have been affected by the experiences of failures and successes as a parent, and, thus, their self-efficacy. The participant's acceptance of the need to be experimental with the processes and their ability to be mindful of the situation and remain calm in dealing with their child's particular challenges may be more indicative of a more experienced parent.

There are several limitations in terms of the qualitative nature of the study. The study is not generalizable to a more significant population (Creswell, 2018). Thus, the

study applied to a particular population, which shed light on the issues of single parents raising a child diagnosed with ADHD with behavioral and emotional concerns. The study supports possible effective interventions and supportive resources. However, additional research is still needed to support single parents raising a child with ADHD with behavioral and emotional concerns.

Recommendations

Due to the participants being limited to only females, the recommendation is to investigate the perceptions of single parents utilizing male participants. Given the assumption that male parenting styles may differ from their female counterparts, analysis of differences in the experiences of male and female single parents may shed light on the difference of opinion that can be used to support these parents more efficaciously. Also, having a similar qualitative study would provide a different perspective from the male point of view. Additionally, conducting a quantitative study examining parent gender differences would assist in quantifying the differences between male and female responses to behavioral issues and emotional concerns.

Other recommendations for future research based on the limitation of this study would be to study younger single parents versus older single parents with a child diagnosed with ADHD with behavioral and emotional concerns. This will determine if age is a factor in parenting skills, whether it affects their ability to be calm during behavioral and emotional challenges, and their self-efficacy level. Finally, further research on support services and interventions for single parents with a child diagnosed with ADHD can benefit them so that they can be knowledgeable about the diagnosis

and have better services in helping their children improve their health. The research would be needed to help single parents understand their children's diagnosis and provide services when they lack the support system due to their children being diagnosed with ADHD with behavioral and emotional concerns. Also, this will help lessen their burden of stress and help single parents focus on helping their children with the diagnosis.

Implications

The findings from this study may have implications for research study and practice and bring about social change. The practical implication of this research may bring awareness to families, clinicians, and other parents raising a child diagnosed with ADHD with behavioral and emotional concerns and plan their interventions according to the nature of the issues at hand. In addition, the role of single parents raising a child with ADHD is mainly unknown and limited in the literature. The findings may add to the literature on single parents raising a child with ADHD. Finally, the positive social change implications include understanding the child's diagnosis in coping with the requisite parenting demand and the need to support single parents raising a child with ADHD with behavioral and emotional concerns.

The study used a phenomenological approach to exploring the lived experiences of single parents' perception of a child with ADHD. The qualitative methodology was to explore and understand the perceptions of single parents with a child with ADHD. Using the phenomenology approach, the researcher collected data that helped understand the lived experiences of the parents who have a child who has ADHD. Ultimately, this theory

utilized in the study addressed the lived experiences of single parents raising a child with ADHD with behavioral and emotional concerns.

The phenomenological approach was appropriate as it focuses on individual experiences. However, phenomenology seeks to find the essence of the incidents by viewing the experiences through the person's phenomena (Kohler et al., 2022). Furthermore, the phenomenological approach states that consciousness has some structures to gain direct knowledge through an individual's reflection (Kohler et al., 2022). Therefore, the description of one's personal experiences is a method of knowing in phenomenology, and it is vital because it is a matter of describing, not explaining, and analyzing. The phenomenological approach assists with understanding the perception of single parents raising a child diagnosed with ADHD with behavioral and emotional concerns. The study supported the phenomenological approach because it showed the level of successes and failures even though the parents were dealing with the stressor of their children being diagnosed with ADHD. The single parents also showed high self-efficacy, although they did not have a support system to help them with their children's diagnosis. In addition, a support system should be implemented to help parents navigate their children with ADHD with behavioral and emotional concerns. Especially single parents, by providing interventions that provide a support system and supporting strategies that will educate the parents and assist in remaining calm in dealing with their children's behavior. Lastly, health professionals should be aware of the stress that a

child's diagnosis can cause the parents and provide services to help deal with the diagnosis once the parents are informed of the child's diagnosis.

Conclusion

This qualitative, phenomenological research study was designed to explore and understand the lived experiences and perceptions of single parents raising a child with ADHD with behavioral and emotional concerns. The experiences of these single parents raising children with ADHD with behavioral and emotional concerns highlight specific challenges and stresses by these parents and contribute to an understanding of the intervention and coping mechanisms that can assist in the improvement of how parents respond to their children's behavioral issues as well as their emotional concerns with ADHD and improve the children's symptoms. The results of this study are important to the field since parents with a child diagnosed with ADHD are often faced with extreme stress and anxiety, which causes the parent-child relationship and the child's symptoms to be negatively affected while lacking access to adequate support and not being knowledgeable about the diagnosis (Galloway et al., 2019; Leitch et al., 2019).

To obtain the study's purpose, the researcher interviewed 12 participants who are single parents raising a child with ADHD with behavioral and emotional concerns. The common themes were identified using the transcendental phenomenological approach for the study. Data was collected using in-depth interviews, which shared the lived experiences of single parents raising a child with ADHD with behavioral and emotional concerns (Creswell & Guetterman, 2019). The data analysis revealed six themes: (a)

Sought help as a parent by employing research online and seeking help from family, friends, doctors, and therapists. (b) Stress, exhaustion, and feelings of frustration as a parent raising a child with ADHD with behavioral and emotional concerns. (c) Parental self-efficacy deals with parents' different emotions due to their child's diagnosis. (d) The parental role focused on supporting the child's diagnosis. (e) Successful/unsuccessful in seeking treatment provided the complexity and success when seeking treatment for a child diagnosed with ADHD. (i) Lack of support system of family support with their child diagnosed with ADHD.

The findings shed light on the importance of potential ways to assist parents by providing practical ways to support these parents and their families in building and having better relationship outcomes. The findings also highlighted the experiences of single parents raising a child with ADHD with behavioral and emotional concerns (Creswell & Poth, 2018). The themes with other prior research highlighted the need to support single parents raising a child with ADHD with behavioral and emotional concerns. This kind of support and resources will educate and give these parents a sense of self-efficacy to help their children during their difficulties and assist them towards a positive outcome with their behavior.

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Appendix A: Interview Questions

1. Did your perceptions change when you learned about your child's diagnosis?
2. Tell me about your perception of the child's behaviors that you found most challenging as a parent.
3. Please describe your perceptions of your child displaying these challenging behaviors.
4. How do you handle your child's disruptive behavior?
5. What social and family dysfunction do you experience after your child's diagnosis?
6. Can you explain the relationship between the child with ADHD and other children without ADHD in the family?
7. How are you taking care of yourself to help your child with ADHD?
8. How would you describe your relationship with your child?
9. What are your thoughts about this experience?
10. How difficult was it for you to seek treatment for your child?

Appendix B: Recruitment Flyer



Are you a single parent with a child that is diagnosed with ADHD?

Single parents aged 18 and older living with a child diagnosed with ADHD are being sought for a research study.

Participants who meet the criterion will be asked to participate in an interview.

Principal Investigator: Peterann Blackstock, Doctoral Student.

Appendix C: Screening for the Study

Dear Mr./Ms.,

The criterion for the study is as follows:

- The participants must be ages 18 and older.
- Must be a single parent with a child who is self-reported with ADHD.
- Must reside with the child.

Yours truly,

Peterann Blackstock

Student

Appendix D: Applicants Who Met the Criteria

Dear Mr./Ms.,

Thank you for being so willing to participate in the research study. Your participation will be appreciated as you have met the requirements for the study. We will email you to notify you when and where the study will be conducted.

Yours truly,

Peterann Blackstock

Student

Appendix E: Applicants Who Did Not Meet the Criteria

Dear Mr./Ms.,

Thank you for being so interested in being interviewed for the research study. However, you do not meet the requirements of being a single parent with a child diagnosed with ADHD; therefore, you have been excluded from the research study.

Yours truly,

Peterann Blackstock

Student