

The Effectiveness of Mindfulness Training for Children with ADHD and Mindful Parenting for their Parents

Saskia van der Oord · Susan M. Bögels ·
Dorrecke Peijnenburg

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Abstract This study evaluated the effectiveness of an 8-week mindfulness training for children aged 8–12 with ADHD and parallel mindful parenting training for their parents. Parents ($N = 22$) completed questionnaires on their child's ADHD and ODD symptoms, their own ADHD symptoms, parenting stress, parental overreactivity, permissiveness and mindful awareness before, immediately after the 8-week training and at 8-week follow-up. Teachers reported on ADHD and ODD behavior of the child. A within-group waitlist was used to control for the effects of time and repeated measurement. Training was delivered in group format. There were no significant changes between wait-list and pre-test, except on the increase of teacher-rated ODD behavior. There was a significant reduction of parent-rated ADHD behavior of themselves and their child from pre- to posttest and from pre- to follow-up test. Further, there was a significant increase of mindful awareness from pre- to posttest and a significant reduction of parental stress and overreactivity from pre- to follow-up test. Teacher-ratings showed non-significant effects. Our study shows preliminary evidence for the effectiveness of mindfulness for children with ADHD and their parents, as rated by parents. However, in the absence of substantial effects on teacher-ratings, we

cannot ascertain effects are due to specific treatment procedures.

Keywords Attention-deficit hyperactivity disorder · Mindfulness · Mindful parenting, child · Treatment

Introduction

Children with ADHD [Attention Deficit Hyperactivity Disorder] have problems maintaining attention over prolonged periods of time, have difficulty to hold goals and plans in mind and have difficulty inhibiting a pre-potent response (e.g. Barkley 1998). Consequently, their behavior is inattentive, impulsive and hyperactive. ADHD is highly heritable; therefore parents of children with ADHD may also display ADHD symptoms (e.g. Thapar et al. 2007).

To date, there are two evidence-based treatments for children with ADHD, medication (mostly stimulants) and behavioral treatments (Van der Oord et al. 2008). However, both have limitations. Medication works only short-term, children often show side effects, and treatment fidelity is often low (Schachter et al. 2001). The most used form of behavioral treatment is behavioral parent training. However, ADHD is highly heritable and a diagnosis of ADHD of parents is a predictor of non-response to this behavioral parent training (e.g. Sonuga-Barke et al. 2002; Van den Hoofdakker et al. 2010). Cognitive behavioral treatments for ADHD are focused on learning the child skills or coping methods to handle their ADHD or associated problems. These cognitive behavioral treatments do not meet criteria for empirical support; long term effects are limited and generalization of the learned skills to other settings than the therapy setting is often low (Chambles and Ollendick 2001; Pelham and Fabiano 2008). Therefore,

S. van der Oord (✉)
Clinical Psychology, University of Leuven, Tiensestraat 102,
3000 Leuven, Belgium
e-mail: saskia.vanderoord@psy.kuleuven.be

S. M. Bögels
Research Institute Child Development and Education,
University of Amsterdam, Amsterdam, The Netherlands

S. M. Bögels · D. Peijnenburg
UVA-Vrije, Amsterdam, Netherlands