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Perspective

Parenting principles to combat attention-deficit/hyperactivity disorder and form resilient young minds

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Key message

The prevalence of attention-deficit/hyperactivity disorder, conduct disorder, and other related behavioral problems is increasing among children, likely due to less interaction with their parents and the real world and more time spent on screens, on social media, and in the virtual world. This article highlights several simple, basic parenting principles to facilitate the growth of healthy, resilient minds and combat the symptoms of opposition, hyperactivity, and distractibility.

Today, parenthood focuses on children's emotional well-being and self-expression through gentle discipline. However, it can be argued that parents in the 21st century are approaching underdisciplining their children. In particular, smartphones and tablets have been largely integrated into parenting, and many families have made mistakes in allowing screens to completely take over parenting roles. Educational television shows, although able to teach numbers and vocabulary, have largely replaced the bonding and parent-child relationships involved in teaching moments. Moreover, the exposure to overstimulating media decreases a child's attention span and patience. Additionally, parental undermonitoring of media content leads to early exposure to verbal profanities and inappropriate behavior. Introducing social media at younger ages has led to lower self-esteem and a lack of independent thinking, as children are more likely to follow popular trends than to express their full creativity. Finally, less interaction with parents and more time on screens and in the virtual world are increasing behavioral issues in children, including attention-deficit/hyperactivity disorder (ADHD). However, building a firm foundation of parenting principles builds a child's resilience to external pressuring factors such as peers and social media. The key to combating oppositional and hyperactive behaviors is to strengthen a child's independence, self-esteem, and creativity. Parents and caregivers can raise a child with a healthy, resilient mind by implementing 5 principles, each of which involves an overarching theme. This study offers a perspective on parenting principles that can help combat ADHD symptoms in children.

Seven million US children aged 3–17 years have been diagnosed with ADHD; of them, nearly half also have behavioral or conduct problems, such as oppositional defiant disorder and conduct disorder.1) According to 2022 national Centers for Disease Control and Prevention (CDC) data, 15% of boys and 8% of girls have been diagnosed with ADHD, suggesting an apparent dominance in boys. In 2016–2022, the number of children diagnosed with ADHD surged by over 1 million.[1)]

In terms of ADHD prevalence by ethnicity, White and Black children have the same prevalence (12%), followed by American Indian/Alaskan native children (10%), native Hawaii-Pacific Islander children (6%), and Asian children (4%). Overall, non-Hispanic children are diagnosed with ADHD more often than Hispanic children (12% and 10%, respectively).[1)]

ADHD symptoms are categorized as mild, moderate, or severe. Six of every 10 children with ADHD have moderate or severe symptoms. ADHD symptom severity is correlated with other co-occurring behavioral problems, anxiety, depression, conduct disorder, and learning disorders. According to a national parent survey conducted in 2022, approximately 78% of children with ADHD had at least one co-occurring condition, 50% had behavioral and conduct problems, and 40% had anxiety.[1)] Diagnosis and treatment in the United States vary by state. The prevalence of ADHD is 6%–16% across states, while an estimated 58%–92% of affected children receive any form of treatment. Of them, 38%–81% receive medications and 39%–62% receive behavioral therapy.[1)]

Over the past decade, grade school teachers have anecdotally reported significant increases in disruptions during

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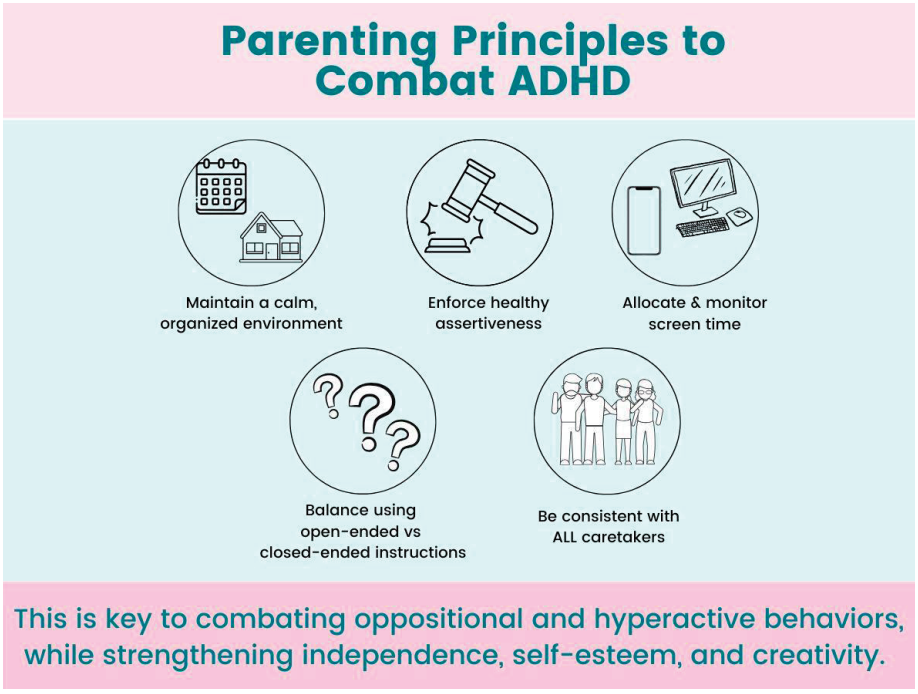

Graphical abstract. ADHD, attentiondeficit/hyperactivity disorder.

class, improper use of phones, and defiance toward persons of authority, particularly after the coronavirus disease 2019 pandemic. After 2 years of online classes, teachers witnessed young students exhibiting lower motivation to complete simple tasks and experiencing meltdowns when their devices were removed. A meta-analysis of a dozen longitudinal studies of 5,432 children showed a significant increase in inattention, hyperactivity, and impulsivity symptoms in children after the pandemic.[2)]

On a daily basis, experiences in the home environment are increasingly being replaced by virtual engagement. Actual interactions between family members are diminishing and being replaced by text messages and phone calls. In many instances, even when children and parents sit together physically, both remain mentally absorbed by the digital world. Children in particular focus on overly vibrant, unrealistic graphics and sound effects on their screens. Today's shows are extremely fast-paced and exploit children's attention spans; each clip is shown only for seconds at a time before transitioning quickly to the next as opposed to older, slower-paced shows from the late 1990s.[3)]

Schiltz et al.[3)] studied the impact of the home environment on children's minds. High levels of disruption within home environments, consisting of "noise, instability, disorganization, and lack of structure/routines," are linked with greater conduct behavioral problems. Thus, children's daily routines should follow a generally similar schedule, including appropriate waking and sleeping times. Children should also be expected to put away their belongings and perform cleaning tasks independently. Parents can maintain their physical structure within their homes by designating places for schoolwork or play. Parents and caregivers should also set examples by fostering healthy relationships with one another.[3)]

Enforcing authority through healthy assertiveness and the setting of clear boundaries reinforces the manner in which children address adults. At the same time, continuously offering guidance, positive support, and safe spaces reassures children about their ability to freely discuss their concerns with their parents. They then express respect and boost their confidence by considering their opinions about less important issues.[4)]

The correct use of open- and closed-ended questions is crucial in daily conversations with children. Open-ended instruction encourages their confidence, creativity, independence, and self-esteem as children ponder their own decisions during schoolwork and playtime. However, utilizing closed-ended instructions for desired behaviors and task completion helps them adhere to parental requests.[4)]

Another core principle for parents is practicing behaviors that they would like their children to emulate. Smartphone addiction leads to less quality time spent with the family, less sleep time, more instances of cyberbullying, and less empathy for current events. Meanwhile, decreased screen time opens opportunities for more parent-child relations, which are associated with increased social-emotional outcomes in children. Educational media do not necessarily correlate with school-related subjects; moreover,

engaging children in media revolving around healthy interests fosters creativity.[4]

Most importantly, all of a child's caregivers must consistently follow these methods. Fluctuations in discipline lead to fluctuations in child temperament. Routine distractions lead to more distracted children. Inconsistent disciplinary strategies are less effective in children with high levels of hyperactivity, impulsivity, and inattention. Upholding the same structure in different settings reinforces the expectation of how children should behave regardless of the situation.[3]

For children with ADHD, the referral to a pediatric developmental therapist for parent training and individual child sessions will be effective at younger ages, when their neuroplasticity is higher. Parents can learn how to utilize behavioral management skills and promote self-regulation in their children.[5]

Practicing "dopamine detoxing" with the entire family helps children feel an enhanced sense of security and emotional regulation. Although it is not biologically accurate that the body "detoxifies" dopamine, this popular practice utilizes delayed gratification to stop cravings that overstimulate unhealthy dopamine-producing behaviors, such as phone addiction. Temporary boycotts of TV or junk food by an entire family can disrupt habits and build discipline. Families can replace these habits with healthier choices that encourage family bonding. Complete cessation of the problematic activity should be performed for at least several days.[6] Table 1 provides a summary of parenting principles and practical examples.[1-6]

The treatment of children with ADHD depends on various factors, including child age, family environment, and parental preferences. The American Academy of Pediatrics (AAP) recommends behavioral therapy as the first line of treatment for younger patients, especially those younger than 6 years of age, as it is as effective as medication in younger children. Additionally, adverse effects of ADHD medications occur more frequently in younger versus older children; moreover, the long-term effects of ADHD medications have not been well studied in younger children. The AAP also recommends a combination of medications and therapies for older children.[7]

Two types of medications are commonly used: stimulants and nonstimulants. U.S. Food and Drug Administration (FDA)-approved fast-acting stimulants, which contain various forms of methylphenidate and amphetamine, are the most widely used ADHD medications and effective in most children with ADHD.[7] The FDA has also approved 4 nonstimulants to treat ADHD symptoms, which do not work as quickly as stimulants; however, their effects can last up to 24 hours. Nonstimulants including atomoxetine, guanfacine, clonidine, and viloxazine are indicated in patients with intolerance of or an inadequate response to stimulants.[7]

Children respond differently to each of these medications and experience various side effects. Stimulants can also reduce appetite, weight, and weight gain. They can also interfere with sleep, making it difficult for some children to fall and/or stay asleep and slightly increasing their heart rate and blood pressure. As the medication wears off, periods of fatigue, bad mood, and hyperactivity are noticed by some children as the stimulants rebound. Other minor side effects such as nausea, abdominal pain, and minor headaches are observed in some children, especially upon starting new medications. Some children may experience a slight growth delay that does not affect their final height. Existing tics may become more noticeable, but these medications do not cause tics. Moreover, some children experience new or increased anxiety or depression when taking ADHD medications.[8]

Table 1. Summary of parenting principles and practical examples

Principle	Examples
Maintain a calm, organized environment	Maintain a tidy living space. Keep a consistent weekly schedule. Involve the child in as little marital/family conflict as possible.
Enforce healthy assertiveness	Include children in less important decisions, such as which ice cream shop to go to. Be firm with initial instructions. Limit situations in which the child tries to bargain, like increasing the duration of screen time.
Balance open-ended versus closed-ended instructions	Use open-ended questions while helping the child with homework. Encourage creativity with playtime. Use closed-ended questions for desired behaviors, such as doing chores.
Allocate and monitor screen time	Set yourself as a visual example. Monitor what they are watching. Set time limits. Encourage media of healthy hobbies/interests such as sports and cooking. Watch slower-paced shows. Create a family agreement by utilizing the American Academy of Pediatrics's Family Media Plan.
Be consistent	Instruct all caretakers to utilize the same parenting methods, even if the child only sees them for a few hours a week.

Pang and Sareen[9] performed a retrospective study of the side effects of atomoxetine, clonidine, and guanfacine. The most common adverse effects included ineffectiveness, fatigue, and excessive sleepiness. Suicidal ideation was a common side effect of all 3 medications.

Several nationally recognized local programs in the United States support children with ADHD and their families. The National Resource Center on ADHD, a program of Children and Adults with Attention-Deficit/Hyperactivity Disorder program, is funded by the CDC. This website provides resources for patients with ADHD and their families. Trained staff answer questions through a call center. Other national support and advocacy organizations include the Attention Deficit Disorder Association, networking sponsors, and regional educational events, especially for adults with ADHD. In addition to national programs, many community health centers and private practices offer behavioral therapy to children with ADHD, focusing on behavioral modification and coping strategies.[10]

Conclusion

The prevalence of ADHD is increasing due to the integration of smart technology and lenient modern parenting styles. ADHD predisposes children to anxiety and depression, thereby contributing to an increase in pediatric mental health disorders. Fortunately, the symptoms of ADHD and other similar behavioral disorders can be controlled and even prevented when consistent and structured parenting methods are implemented early.

Footnotes

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