Family relationships and behavioral disorders. Resilient resources for quality of life

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Abstract
This paper examines the situation of families with children having behavioral disorder with regards to aspects related to family relationships and couple dynamics. In fact, many international studies highlight the daily difficulties that a family has to face, above all related to the social impact of behavioral disorder (which has direct repercussions on the sense of parental self-efficacy and, consequently, on the planning skills and educational aspects of mothers and fathers) but also to the high level of stress affecting the couple. Survey data confirm parents of children with behavioral disorders report lower levels of marital satisfaction and are more likely to divorce.
Analyzing some of the most recurrent parent-training interventions for children with behavior disorder, this work aims at investigating all these aspects in a pedagogical perspective, raising questions about the quality of life of parents and children and the opportunities to promote a high quality of interpersonal and resilient relationships in the family.

Keywords: behavioral disorders, quality of life, parent-training, family relationships, family system, resilience.

Families facing children's behavioral disorders

The family represents the ultimate educational entity for any child. Parents play the pivotal role of *guarantors* of the minor's existential project planning on a path which progressively follows their own child's development in relation to his growth (Pavone, 2009). The family system is the main framework of interpersonal bonds with the child and of the child, of his existence in the world and of his personal history. The passing of time, the environment and the existential project itself will expand such framework to closer systems, such as the extended family, friends, school, and society.

However, it is appropriate to recall that the systematic structure of the family itself mostly tends to be stable and anything damaging a part of the system, has an impact on the system as a whole (Amatori, 2019). The family can provide

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protection in this respect, but, at the same time, may act as a source of stress. Moss and Moss (1986) divide the family environment into three dimensions containing a series of highly correlated areas: the *Relationship dimension*, which shows the way the family members bond with each other, according to their cohesion and expressiveness, as well as the conflict level between each other. The *Personal Growth dimension*, which concerns the family operation and its degree of support to their members to develop into unique human beings in relation to independence, tendency to achieve goals, tendency towards intellectual, educational and recreational activities and the family attention to religious aspects. The *System Maintenance dimension* covers the control and organization aspects enabling the family to work as an organized unit (Montiel-Nava, Montiel-Barbero, Peña, 2005).

Historically parenthood has always required ownership and discipline, the ability to transfer to children the rules of living in a civilized society and the basic social competences (D'Amato, 2014). Not only such competencies are key to fulfill the three dimensions of the family environment described by Moos and Moos but are also necessary requirements to live in a society.

When children are affected by behavioral disorders, which strongly jeopardize the parents' abilities to implement their roles, the family system appears to be clearly shaken.

«Ten-year-old Cindy and her mother had spent the last hour happily working together on a trail map they were supposed to take to Cindy's Girl Scout meeting that evening. When Mom tried to help Cindy use a marker for the lakeside trail, Cindy suddenly pushed the pen back at her mother and shouted, "No! You always want to do it!" Mom looked up at Cindy in surprise and said "Why? We agreed we would all the drawing together." Cindy's voice got even louder: "I said no!" She then stood up. glared at her mother, slapped her hard on the arm, and stomped out of the room.» (Barkley, Benton, 2013, pp. 23-24).

Behavioral disorders, which have been redefined by the DSM-5 (American Psychiatric Association, 2013) as Disruptive, Impulse-Control and Conduct Disorders and Developmental Disorders (Attention Deficit Hyperactivity Disorder - ADHD), are today one of the major challenges both on the medical and pedagogical levels regarding families and social environments (school, activities outside of school, professional world, etc.). Many international studies have indeed shown that the educational approach of parents with children affected by behavioral disorders often stems from lack of patience, more focus on dysfunctional behaviors and tendency to act on impulse. Moreover, it is a source of stress impacting both the single parent and the parental couple relationship (Miller-Lewis *et al.*, 2006; Harpin, 2005;

Presentación-Herrero *et al*., 2006; Kashdan *et al.*, 2010; Deault, 2010; Pezzica, Pigozzi, 2015).

Some specific and distinct aspects of parenthood, including the self-perception as a parent, are often considerably reduced in parents with children affected by behavioral disorders and frequently coincide with the adoption of a more coercive educational approach (Bondy, Mash, 1999) and with a minor sense of competence (Teti, Gelfand, 1991).

It is right to recall that individuals tend to make an effort to give meaning to events in order to come to terms with them. For example when a parent wonders why their children are showing a specific behavior both in positive events, which are gladly welcomed by the parent, and in events which are more problematic to understand and manage, such as the stubborn disobedience of a child or the mood swings of an adolescent (Benedetto, Camera, 2011). The attributional style or rather the reasoning, through which people try to identify the factors that may have influenced their own and other people's actions, the cause of a behavior, is able to act as a cognitive factor mediating the interactions between adults and children and, as a result, influencing the parent's judgement of his own child's actions, his emotional reactions and interventions (Benedetto, Camera, 2011).

The role of parents is therefore highly influenced by attributional processes, which lead to the necessary realignment of the project prospects, which result from processing methods and evaluations resources in the educational journey of their own child. The parents' attributions resulting from a child's problem behavior, as well as a child's positive behavior, can be divided into two different types:

- *hetero-attributions*: parents' attributions to their children's behaviors;
- *self-attributions*: adults' opinion regarding the cause of their own behaviors.

«Researches show a tendency in parents to relate the positive behaviors of their children (obedience, cooperation, etc.) mainly to internal and dispositional factors, while the negative behaviors are attributed more often to external causes, such as situational factors. Such researches suggest that parents are more inclined to opt for explanatory methods which are in favor of their child, but also of themselves, thanks to the upbringing that they, as parents, were able to provide» (Paleari, Regalia, 2000, in Benedetto, Camera, 2011, p. 25).

In order to better understand the hurdles faced by families managing children's behavioral disorders, it might be helpful to mention some of the most recent educational and biographical publications. For example: "Largo, arrivo io!", an Italian volume by Di Pietro and Dacomo; "ADHD Living Without Brakes" (Kutscher, 2010), "Your Defiant Child" (Barkley, Benton 2016); "Mio figlio non riesce a stare fermo", an Italian publication by Daniele Fedeli (2018);

lastly, "I'm Going to Go Round the Bend in a Minute!" by Sanders (2010). The frequent use of negative phrases and expressions recalling tiredness and fatigue, confirms what has been stated above.

One of the aspects that mainly contributes to raising the parents' stress levels is the social impact of behavioral disorder. Antisocial conducts, which are intentionally breaking the rules and values and are impacting the surrounding, lead parents to have a twisted and diminishing self-perception of themselves in their role, making them feel unsuccessful and guilty.

«I am traveling on the train to Berlin with our son, Raphael, to visit a Kinesiologist. He seems to be doing miracles to any kind of problem or disorder. Will he be able to find the key to the change that we really would like to see in our son's behavior? And while I am not even finished processing my silent hope in my mind that, here you go, Raphael is restlessly trying to climb the seat. I urge him to stay quiet, but he doesn't listen to me. He is too focused on climbing the seat to grab a ladybird resting on the upper side of the window and, knowing him, he will be willing to set it free, getting it to fly out of the window. I urge him to sit down again, raising my voice a little more. No reaction. The man sitting in front of me raises his eyebrow (...) he has not realized yet that Raphael is now swinging his legs kicking his tibia. He doesn't realize it at all. I firmly stop Raphael's legs and I apologize with our travel companion. (...) my child starts to play with the litter bin. He opens it and closes it. Open, closed, open, closed… I again urge him to stop, but he again doesn't listen. I raise my voice calling his name for the fourth time because I can't stand it anymore - especially I can't stand the pressing judgment from the man sitting opposite me. "Raphael, stop playing with the litter bin!!!". My voice now was not that calm.

Suddenly the whole train compartment is looking at me. I would like to disappear under the seats because I know for sure that half of the people are thinking: "My dear if he was my child, I would have already spanked him!".

I would like to shout to everyone on the train: "You have absolutely no idea!!!". I would look even more insane though because no one said anything. Yes, this is what they think of me since I haven't imposed to this trouble-maker to stop the chaos he's creating.» (Sanders, 2019, pp. 17-19).

It is historically and commonly recognized that one of the most important and compelling functions of being a parent is the normative function. The ability (broadly speaking the duty) to set rules and to make sure these are respected, lies in the practice of being a parent itself, especially in the paternal role. Often the educational and regulative dimension is jeopardized by the entry into society of the child or rather the child's entry in school age and in a classroom environment. The start of schooling is the first stage in which what has been transferred and assimilated in the domestic environment under the educational point of view must be shared and opened to a broader framework, in which multiple parents' educational styles are reflected in a classroom

environment. This is the test bed stage in which parents can experiment with the results of their actions in the relationship with the child.

«While I was wandering around without a destination, I stopped, overwhelmed by a doubt: maybe we made a mistake in sending him to Kindergarten.

Yari and I had talked long about it.

We were worried not only about his restlessness and about the damages he could cause to himself but also about the damages he could cause to the other children. (...)

At the beginning of his second week, I went to pick him up with my mother. The teacher came forward looking very concerned: "Leonardo did something terrible, Chiara".

She was shaken and incredulous, she was looking at us as if she couldn't find the words to describe what happened. (...)

Even though the teacher's face prepared me to the worst, I felt a strong desire to disappear when I entered that classroom: there it stood in front us, a 2-meter long wall completely covered in paint, drawings, and colors.

While the teacher was explaining and complaining, I could not help but stare at that disaster and wonder: is it possible that Leo did that? What came into his mind? (...) I was mortified, paralyzed.» (Gambarino, 2018, pp. 71-72).

It is possible to deduce from the above autobiographical story that considering not only the strong interdependence between the the single family members' behaviours – such as the influence between husband and wife or between parent and child – but also the pivotal role played by ideas, perceptions and individual expectations regarding events inside and outside of the family, is key to understand such a phenomenon (Lanz, Marta, 2000). The above-mentioned attributions work as interpretation filters as they reflect the point of view and the opinion regarding the causes of specific behaviors of a single member.

Since they often lack of objectiveness, they might be inaccurate or twisted by what the parent presumes or what considers possible.

In this regard, the attribution of problem behavior to a reported and standardized deficiency could lead parents to believe that there are no improvement chances or, in the worst case, to damage their own self-perception as a parent able to raise a child.

«Towards the end of 2011, I gave in and burst into tears during a job interview. I was clearly having problems, I could not manage my son, yet I was giving him rules to respect, punishments when he was not respecting them, what shall have I done more? I felt like I sucked as a mom.» (Gambarino, 2018, p. 75).

An interesting study led by Maniadaki, Sonuga-Barke, and Kakouros in 2005 has examined the parents' beliefs regarding the causes of some children's

restless behaviors. The interviewees were presented with episodes portraying a potential child in pre-schooling age showing the typical ADHD symptoms and were asked to identify a potential cause. The parents were able to answer these questions using the Parental Account of the Causes of Childhood Problems Questionnaire - PACCP (Sonuga-Barke, Balding, 1993). Such questionnaire suggested a wide range of different attributions: from the most internal ones, which could be of biological nature (e.g. brain damages or cognitive delays) or of psychological nature (e.g. the demand for attention), to the most external attributions (e.g. parents separation or lack of discipline). The study shows that child gender strongly influences the attributional processes: on one hand, the boys' most restless behaviors were indeed considered typical and, most importantly, manageable thanks to their intentional nature. On the other hand, the girls' behaviors were mostly attributed to biological causes.

Another important research led by Donenberg and Baker (1993) explored the family systems with children affected by ADHD and underlined the high stress and conflict levels in the parent-child interactions. Researchers especially focused on a comparative study between three groups (children affected by ADHD or with aggressive behaviors, autistic and able-bodied children). The results of the study revealed that parents of ADHD-affected children believed that their children's behaviors had provoked strong negative feelings regarding their own ability to be a parent. As a result, the latter negatively impacted their social lives and caused a higher level of stress compared to the parents of children not affected by ADHD.

Moreover, it has been observed that children affected by ADHD generated similar levels of impact and stress on their families compared to ones with autistic children.

«Restless and distracted behaviors cause high levels of stress to the whole family environment: rules must be constantly reviewed without seeing an improvement, continuous school hurdles, dangerous behaviors for the child and for who surrounds him, concerns about the future etc. All these factors can clearly jeopardize both the parents' emotional well-being and their educational consistency. In other words, when trying to manage a child, parents may become chaotic and impulsive: they initially try to be patient, then they suddenly turn into too punitive; they try with promises then switch to threats etc. As a result, unfortunately, the child worsens and the family environment becomes every day tenser.» (Fedeli, 2018, p. 74).

Roselló and his colleagues (2003) have examined the impact of ADHD-affected children on the family environment through a study, which was led in Spain with 36 families. The results clearly show that raising a child affected by such a disorder generates feelings of self-inefficiency, stress, frustration, anger, and refusal even on the most experienced parents. Such feelings negatively

influence the interactions they have with their children. The researchers have also analyzed how the behaviors of ADHD-affected children influence living with their siblings.

The data show that 44% of parents believe that their child affected by ADHD makes it more difficult and uncomfortable for their siblings to participate in social and recreational activities. Such results are aligned with those from different studies, which have examined how the siblings themselves perceive living with their hyperactive sibling. The study conducted by Kendall (1999) especially highlights that the interviewees believe they are suffering the behavioral disorder of their sibling, because they are the daily victim of it and because they feel obliged to take care or to check on their sibling by their parents, thus feeling sad and helpless.

According to Barkley and his team (Barkley *et al.*, 1990), parents of ADHD-affected children reduce their relationship with the original family or, when it occurs otherwise, they become even useless and detrimental.

The most common feelings experienced by parents can be summarized in the following categories:

- *Sorrow*, due to the identification with their own child, to the daily difficulties encountered in various environments and to the isolation, which is often felt by families. As a matter of fact, the child's social exclusion inevitably reflects on families, which are significantly reducing their social relationships and moments of relaxation, especially in other environments rather than their own home.
- *Frustration*, which parents feel when they realize that the efforts and implemented attempts did not lead to the desired outcomes.
- The feelings of *inadequacy and helplessness*, when faced with the recurring challenges caused by their child's problematic behavior and due to the social consideration of the disorder, accusing parents of having failed in their educational role.
- *Anger*, caused by continuous fights and as an emotional response to the above-mentioned feelings.

The analyzed studies, therefore, reveal that the children's problem behaviors raise the family's stress levels due to the educational challenges, which are brought about by such behaviors (for example bad temper, lack of adaptability skills when faced with new situations, irritability, extreme sensitivity, et.). Moreover, the above mentioned studies seem to show that the stress levels rise is often associated to belief-based educational styles and to the parents' negative reactions, which can be worsened by the child's behavior, increasing the parents' psychological problems and undermining the marital and family relationships (Presentación-Herrero *et al.*, 2006).

The relationship between parents with children affected by behavioral disorders

As already mentioned, parents with children affected by behavioral disorders may experience high-stress levels regarding their role as a parent and are more likely to face personal and emotional problems (Deault, 2010; Anastopoulous *et al.*, 1992). An important dimension, which is affected by such conditions, is their life as a couple. Studies suggest that parents of ADHD-affected children show lower levels of marital satisfaction (Murphy and Barkley, 1996) and are more likely to divorce (Wymbs *et al.*, 2008) compared to the parents of children without behavioral disorders. A central element of the relationship discomfort, experienced by the parental couple, seems to be the high level of conflicts they are going through (Barkley *et al.*, 1990).

The studies covering these aspects (Campbell *et al.*, 2005) show that conflict can stem from the impression that the partner is not supportive enough in managing the child's behavioral problems. Different studies, however, such as the one led by Minde and colleagues (2003), do not encounter any anomaly nor malfunction in the relationship between parents raising an ADHD-affected child.

«Using survival analysis, Wymbs et al. (2008) compared the rate of marital dissolution among parental couples with and without an offspring with ADHD and found that not only the former group were more likely to divorce and had a shorter latency to divorce but also that specific parent and child characteristics uniquely predicted the timing of divorce in that group.» (Sochos, Yahya, 2015, p. 3711).

A study conducted by Kvist and colleagues (2013) reveals how parents with ADHD-affected children are 75% more likely to end their marriage and, on average, have less professional opportunities.

The parent needs to come to terms with the fact that his child needs more time compared to other children and must be often present to guide him through various daily activities. Even carrying out routine tasks such as going to sleep, getting ready for school, feeding and getting homework done can be problematic. Often parental couples experience a vicious circle of conflicts, leading eventually to educational inconsistencies (Kvist, Nielsen, Simonsen, 2013).

In the light of the studies on dependence led by Bowlby (1980; 1982), it can be confirmed that the couple relationship is mainly a dependence relationship, in which the need for protection and for emotional proximity, basic needs for the species survival, come into play. The feelings of inadequacy and loneliness in the child's problem behavior management are perceived as a threat to

emotional safety and, therefore, to the very ability to effectively face stress (Sochos, Yahya, 2015).

«Leo's father and I have spent many beautiful moments together, but also many difficult and draining ones.

We opted for the separation after having reflected long upon it. I was aware that I'd made the best decision, especially, for the well-being of our child. Accepting parents' separation isn't easy for any child, just think about how harder can be for Leonardo! I was afraid it would have left very deep marks on him.» (Gambardino, 2018, p. 122).

A conflictual communication model, which is very common in couples with children having behavioral disorders, is the so-called "question-withdrawal" model, which has been theorized by Christensen (1988). According to this model, both partners experience a different relationship model: the first tends to complain and to demand a change in the other; while the second increases the emotional distance from the other and resists to the change. The relationship is, hence, gradually falling apart, leading to separation or divorce. There seem to be blatant gender differences, according to which the demand for change is often associated with women, while the withdrawal to man (Christensen, Heavy, 1993).

The research carried out by Sochos and Yahya (2015), in which 251 parents participated, showed that the parents with ADHD-affected children (98) were not able to peacefully live with their partners and to be happy in their relationships, they experienced more difficulties in expressing their emotions and libido, compared to the parents of children without disorders (151). Moreover, the parents of ADHD-affected children have confirmed that mothers were generally the ones using the question communication model, while the fathers were using the withdrawal model.

Therefore, the dysfunctional interaction cycles in a couple not only can be obstacles to the right evolution of marital life but also they might undermine the adults' image and ability to act as real compensating resources for their children with behavioral disorders – especially as far as the objectives of this paper are concerned. After all, it is important to recall that it is impossible to design any educational strategy if the latter is not transmitted to a calm and pleasant environment and is not inserted into a virtuous and supportive relationship framework.

Parent-training models for parents

Parental-training is by now a qualified instructional intervention, which is also considered to be extremely effective for parents with children affected by

behavioral disorders to train specific parenting competencies (SINPIA, 2006). As a matter of fact:

«The educational environment (...) may play that "hetero-governing" role helping the child to "understand" what is expected of him, which may be the most appropriate behavior in that specific situation. For example, parents knowing how to manage their own child's uncontrolled behaviors and outbursts of anger, are definitely an effective educational model, from which the child can learn.» (Re in Vio, Spagnoletti, 2013, p. 7).

The relevant frameworks, around which instructional interventions for parents are developed, entirely stem from the psychological matrix, especially the behavioral-cognitive type. The objective is, therefore, to work on altering the parents' beliefs on the disorder symptoms in order to impact the sense of parental satisfaction.

The following parent-training interventions are the most recurring for parents with children affected by behavioral disorders and are below presented just as a mere example, not aiming at scrutinizing in a thorough and exhaustive manner.

Behavioural Cognitive Parent Training (PTCC - Parent-training cognitivo comportamentale)

The first Italian protocol, designed for the behavioral-cognitive intervention with the parents, has been established by Vio, Marzocchi, and Offredi (1999) and has been recently published in a new version addressing the pre-schooling age (Vio, Spagnoletti, 2013). The main subjects introduced by the protocol can be divided into three essential areas:

- provide information about the disorder;
- re-shape the mental image of the ADHD-affected child;
- develop problem-solving strategies and competencies.

The parent-training interventions are organized in eight meetings, which are 90 minutes long and held on a variable basis. They are designed as follows:

Chart 1 – Meetings in the parent-training groups (adapted, Vio, Spagnoletti, 2013)

Meeting	*Goals*
0. Preparatory meeting. This meeting is considered preparatory as it is not part of the group parent-training sessions, but it is held with the parental couple alone. In case of a separated couple, the	Getting to know the parents' basic features: age, profession, family environment (for example the level of cooperation between parents). Checking if the problem might be genetic (for example, if the father or the mother have typical ADHD behaviours). Making sure that other psychopathological problems, such as anxiety and depression, are not affecting members of the extended family. Figuring out how parents have interpreted their educational

meeting is held with the parent joining the parental-training.	challenges towards the child so far, their opinion about the causes of those and how they feel themselves in the their role. Getting to know how they take care of each other, their interests and social life.
1. Educational challenges with a lively and distracted child	Goals and expectations setting. Learning about ADHD and its impact on the child development.
2. How to initiate effective communication	Addressing the parents' ideas about the characteristics and development of their child. Facing parenting subjects: what do I think about myself as a parent? Introduction to the basic principles of the behavioural intervention.
3. Parent-child relationship and the functional analysis of the problem behaviour	Figuring out where, when and with whom such problem behaviours occur. Parent-child relationship analysis, also through video recording. Operational guidelines: parents language, family habits, etc.
4. The importance of rules in the educational activity	Analysis of parent-child interactions. Defining rules and limits.
5. The "contract" and dealing with emergencies	Introduction of the contract. Use of the point chart (token economy). Operational guidelines: for example, anger outburst management.
6. Advanced educational strategies	Contract sharing. Operational guidelines: quality time and surprise box, etc.
7. Time out	Introduction of the time out technique. Presentation of the punishment model: meaning and usage.
8. Reflection on the program embarked on	Reflection on the work done, on changes and on what needs to be done next. Future goals setting.

The participation of both parents is recommendable, but it is possible to join the program as a single parent, enabling the other one to follow the project through exercises, which need to be done in a domestic environment.

Standardized questionnaires are handed out to the participants during the meetings. «During the training, the family environment improves, tension and stress are gradually replaced by activities aimed at achieving shared goals. Small changes can be noted and parents realize that resuming the educational activities on the child is possible, which helps to bring back harmony and calm to the family unit» (Vio, Spagnoletti, p. 43).

The Cognitive Emotional Relational Groups (CERG) Program: parents' cognitive, emotional and relational support

The goal of the Cognitive, Emotional, Relational Groups is to reveal, process and alter thoughts, emotions and relational patterns of parents regarding their relationship with their ADHD-affected child (Paiano *et al.*, 2014).

The program is organized in ten meetings, which are 90 minutes long, and includes a meeting with each family before and after the expected cycle. Parent-training aims at achieving empowerment objectives starting from the parents' resources and enabling them to solve problems.

The general structure, on which each meeting is designed, is quite stable:

- 10 opening minutes of discussion about subjects, which arose in the previous meeting,
- 5 minutes of introduction to the meeting subject,
- 15 minutes of activity in small groups to develop the subject of the day through role-playing, problem-solving, identification of irrational and automatic thoughts, activity monitoring, etc.,
- 5 minutes to report the work done,
- 5 minutes of "homework" assignment for the next meeting (Cf. Paiano et al., 2014, p. 31).

The "homework" assignment is considered a central aspect of the program since it develops as a moment of meta-reflection on the journey embarked on. A moment needed to internalize the learnings outside of the specific setting, to experience the importance of organization and of complying with the rules, as lessons to absorb as individuals first, before it can be expected the same from children.

According to the researchers (Paiano *et al.*, 2014), the average stress indicators significantly reduce after the CERG program.

«The work done with parents is key not only to share some rules to apply in the family but also to give parents the opportunity to share their emotions» (Paiano *et al.*, 2014, p. 38). Therefore, the factor that makes the CERG groups stand out is its focus on relational and emotional factors coming into play in the relationship with the child, compared to other parent-training programs, which mainly focus on long-term behavioral strategies.

Coping Power Program

The Coping Power program (Lochman *et al.*, 2008, it. transl., 2012) was born as a precautionary intervention, containing a part for children and another one for parents, and was designed to be entirely available.

The part designed for parents (Lochman, Wells, 2003) was inspired by the analysis of the family unit characteristics often associated with the Conduct Disorder or to the Oppositional Defiant Disorder.

«Such model generally expects the involvement of the parental couple and focuses on the need to directly intervene in the family environment, engaging

the parents to examine their child's behavior through data sheets or homework» (Lochman *et al.,* 2008, it. transl. 2012, p.38).

The program is organized in 14 bi-weekly meetings, which are 75 minutes long (plus two extra meetings to be held respectively before and after summer school holidays). The main goal of the entire program is to improve homework management, which is a subject linking parents groups to children groups.

Some elements are recurrent in all sessions, in particular, the below:

- *Reviewing* the previous session, as each session is built on the principles of the previous one.
- *Homework*, since meetings end with an experiment assignment in the relationship with their child, which in some cases should be tracked on data sheets.
- *Absence recovery*, given the regular and preparatory nature of each meeting, in case of absences, parents have the possibility to meet the coordinator 15-20 minute before the next meeting or arrange a phone call to explain what has been done and how they can apply the new competencies.

The fourteen sessions are divided according to the below outline:

Chart 2 - Coping Power Sessions for parents (adapt. Lochman et al., 2008, it. transl., 2012)

Session	***Subject***
Session 1	General introduction to the program
Session 2	Support with homework
Session 3	Stress management - part I
Session 4	Stress management - part II
Session 5	Improving parent-child relationship
Session 6	Ignoring less serious problematic behaviours
Session 7	Effectively providing children with instructions
Session 8	Setting rules and expectations
Session 9	Discipline and punishment - part I
Session 10	Discipline and punishment - part II
Session 11	Building family cohesion
Session 12	Family problem solving
Session 13	Communicating in the family
Session 14	Long-term projects
Pre-holiday Session	Preparing to holidays
Post-holiday Session	Here we go again! Coming back from holidays

Parental Integration Groups (GIG - Gruppi di Integrazione Genitoriale)

The Parental Integration Groups (GIG) were designed by the director Gianluca Daffi in 2016 in Italy and aim at creating positive time opportunities to share experiences, best practices, and resources.

Such initiative was inspired by unstructured discussion groups operating on the internet, especially by the activity of the ADHD-DDAI on Facebook. It aims at forming small discussion groups, mainly consisting of parents, but also of teachers and professionals in the field, debating the specific subjects brought by the participants.

Each group is managed by a local coordinator, who is selected by the director and has the task of making sure that the goals of the GIG are met.

The bi-monthly meetings kick off with a shared observation, which is sent by the coordinator or by a person appointed by the director.

«The local coordinator guarantees that the discussion concentrates on finding solutions and propositions, and on best practice sharing in compliance with the groups' goals» (Daffi, 2016, p. 4).

In the light of the idea of general cooperation and knowledge sharing, the coordinator must send all participants a summary - omitting sensitive data - of what has been discussed at the end of each meeting.

«Recriminations, mutual accusations between different categories, complaints and "fights" are banned from the GIG» (Daffi in Sanders, 2019, p. 15).

What makes Parental Integration Groups special is the fact that both participants and coordinators may join for free a project, aiming at sharing, breaking walls, bridging gaps and fostering a common ground where to lay the foundations of children's or pupils' education (Daffi, in Sanders, 2019).

Pedagogical prospects: acceptance and quality of life in parents with children affected by behavioral disorders

What has been analyzed so far suggests that the dynamic nature of the disorder is one of the most complex challenges that families with ADHD-affected children have to face.

«Meaning that the (negative) behavioral consequences of having this developmental disorder make the task of parenting very difficult and stressful, which often translates into lower quality of parenting, which, in turn, reinforce the behavioral problems of children with ADHD (Barkley, 2003; Pelham & Fabiano, 2008). It's a self-reinforcing problem that creates increasingly higher levels of psychological distress for both parents and children.

This problem, if not addressed from a perspective that considers not only symptom control but also contextual variables, can become a serious impairment for the children's development and adjustment.» (Santos Fernandes et al., 2015, p. 72).

The nature itself of the disorder can lead children to have interaction issues with their parents and other family members. An effective, conscious and scoped parenting practice can foster family interpersonal relationships reducing negative consequences of the behavioral disorder.

«This means that working with the parents of ADHD children and adolescents, helping them to develop better and more effective ways to cope with their children's behavior, as well as with the psychological stress that they themselves feel, seems to be the best way to promote adjustment, development and social inclusion of ADHD children.» (Santos Fernandes et al., 2015, p. 72).

The role of the family and of the parents, in particular, is to foster children's development in a supportive manner, in order for everyone involved to establish an effective framework of significant interpersonal relationships, material, and emotional well-being, personal development, and self-determination (Giaconi, 2015). It is, therefore, key for parents to strive for two interrelated objectives: reaching a satisfying quality of life level for themselves and their child.

The research on parents of ADHD-affected children led by Santos Fernandes, Machado and Machado (2015) in Portugal clearly sheds light on the existing relation between the disorder acceptance by parents and quality of life. "This suggests that parents, who accept their child, with all his/her characteristics, including those associated with ADHD, will have a better quality of life. As such, parental acceptance may be key in allowing parents of children with ADHD to have lesser stress levels and higher levels of quality of life" (Santos Fernandes *et al.*, 2015, p. 78).

So, disorder acceptance is necessary to improve the quality of life of parents having ADHD-affected children. Such a fact seems to be aligned with recent studies regarding the Quality of Life and regarding basic dimensions or domains, that are significant in a person's life (Giaconi, 2015).

According to Schalock and Verdugo Alonso (2006) and to the examples of the latter provided by Giaconi (2015), some of the Quality of Life essential dimensions and indicators are:

- *Social inclusion*, as complete participation in community life and in the acceptance. As already mentioned, the social impact of behavioral disorders and parents acting as mediators between their own child and the whole community can play a pivotal role in this regard.
- *Interpersonal relationships*, such as family, friends, work, social relationships, and intimate and emotional life. The couple dynamics, which are often established between parents having a child affected by a behavioral disorder and which tend to lead to disagreement and to an end, have been already covered in this paper. Improving the emotional well-being of the

parental relationship and the couple stability are essential to achieving Quality of Life goals.

- *Emotional well-being*, which includes satisfaction, self-perception, confidence, spirituality, and happiness. These are complex and extremely multifaceted dimensions, all merging into the full acceptance of reality. Complying with tangible principles is the necessary prerequisite both for an effective acceptance of the present and for future prospects planning, which is an essential and connotative means of the pedagogical action.
- *Self-determination*, which should be interpreted as the ability to achieve goals, make decisions, having personal control. It could be argued that such a principle comes into play when a decision needs to be made, which is the area educational programs for parents should and must focus on. An effective parent is, indeed, able to implement a long-term vision in the child's educational journey, keeping in mind that "identity stems from the way other people perceive us rather than the way we perceive ourselves" (Marocco Muttini in Pavone, 2009, p. 65)
- *Personal development*, which is self-realization, personal enrichment, and acquisition of lifelong competences.

The above-mentioned dimensions are aligned with what is suggested by Renwick and Brown (1996), according to which Quality of Life reaches its full potential when there is «a satisfaction degree through which people benefit from opportunities, which they consider important for their existence» (Giaconi, 2015, p. 24).

In the light of such assumption, it could be argued that a parent really becomes such when he goes through three essential phases: being, belonging and becoming.

A parent *is* such not when his own child is born, but rather when he is fully conscious of the latter's existence, namely when he is able to physically and emotionally *welcome* his own child.

The *belonging*, which should not be confused with the idea of possession, is the phase following the above-mentioned one when the parent welcomes his child. Now the parent becomes aware of the fact that his child is mainly impacted by the decisions made and by the relational and social environment, in which his development takes place. The sense of belonging between parent and child symbolizes that pedagogical border between support and independence, which Vygotsky would define as that zone of proximal demarcation establishing learning and development opportunities. Belonging to each other means to rely forever on one another and to acknowledge each other.

The *becoming* phase is probably the most exquisitely pedagogical one. Project planning, building a practical and developmental journey and the

capacity of looking beyond, of opening and embracing new opportunities are intrinsically needed during this phase. Becoming entails taking charge.

«Taking charge involves considering one's own way of being with others according to the synaptic dimension, namely according to the possibility of contrast elements being processed as an individual or shared or social project. A social person knows how to understand the elements of taking charge in a committed way, which enables him to enhance his learning skills. Moreover, taking charge means understanding the existence of different learning strategies and opportunities to enhance one's own skills dedicating time to the other. In order to take charge and successfully work in a synaptic dimension, we need to be together and to spend quality time together.» (Canevaro, Malaguti, 2014, p. 103).

Lastly, it is essential for parent-training programs designed for parents of children affected by behavioral disorders to be increasingly more structured on not only psychological but also pedagogical dimensions. Such educational programs undoubtedly need to provide the participants with the opportunity to learn the skills they need.

The program with parents should, in this sense, aim at promoting empathetic relationships of an intrapersonal rather than interpersonal nature. As a matter of fact, the potential educational risk is to enable processes of assertive empathy, which should be considered as a provision of an already forecasted evolution. «It is like saying: "I feel empathy for you, but… provided that you do exactly what I have planned for you!"» (Canevaro, Malaguti, 2014, p. 104).

«I believe it is very difficult to understand a hyperactive child. With hardly any physical impediment, he seems smart and handsome. It is inevitable to wonder: "Why does he beat everyone else? Why doesn't he listen? Why does he reply in this way? Why is he such a rebel?"

The prompt answer would be the easiest: "He is rude".

And it is the most human answer as well.

But these children should be listened to instead, their ideas and intuitions should be valued.

We need to go beyond.

Only the ones with a strong sense of empathy will be able to understand the cause of specific behaviors and actions.» (Gambardino, 2018, p. 193).

Parents understandably need to find confidence in these programs, helping to eliminate chaos and bringing order in. However, we reckon that the opportunity of joining a virtuous, personal and social process, able to implement a project of actions, hypotheses and to initiate empathetic behaviors, could be unquestionably pivotal. Therefore, according to this prospect, parent-training programs have the task of promoting stress management skills in

parents, and of providing them with new skills enabling them to positively rearrange their experiences through resilient and enduring processes.

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