

ADHD, Temperament, and Parental Style as Predictors of the Child's Attachment Patterns

Ricky Finzi-Dottan · Iris Manor · Sam Tyano

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Abstract This study investigates the impact of temperament and parenting styles on attachment patterns in children with ADHD. The study included 65 children aged 7–15 and their parents. Children diagnosed as Combined or Predominantly Hyperactive Impulsive Type had significantly higher scores than those diagnosed as Predominantly Inattentive Type in anxious and avoidant attachment, emotionality, and activity dimensions of temperament, and their parents reported higher levels of controlling styles. Hierarchic regressions indicated that parental promotion of autonomy with children with temperamental emotionality predicted anxious attachment, while parental restriction of autonomy with children with high levels of temperamental activity predicted avoidant attachment.

Keywords ADHD · Temperament · Attachment styles · Parental style

Introduction

Attention deficit hyperactivity disorder (ADHD) is the most common childhood disorder, affecting 5–7% of the population [1]. This is a developmental disorder containing three subclasses: ADHD Proper (the Combined Type), Predominantly Hyperactive Impulsive Type, and Predominantly Inattentive Type. A recent conceptual model describes ADHD as a self-regulation or poor response inhibition disorder, especially among children who suffer from the Combined or the

R. Finzi-Dottan (✉)
School of Social Work, Bar Ilan University, Ramat Gan 52900, Israel
e-mail: rikifnz@biu.013.net.il

I. Manor · S. Tyano · R. Finzi-Dottan
Geha Mental Health Center, Rabin Medical Center, Petah Tiqva, Israel

I. Manor · S. Tyano
Sackler Faculty of Medicine, Tel Aviv University, Tel Aviv, Israel

Predominantly Hyperactive Impulsive Type [1]. The relationships between temperament and ADHD are well established [2]. Temperament may be defined as constitutionally based individual differences in reactivity and self-regulation. Temperament-relevant behavior may be observed in the capacity to regulate emotion and attention, as well as in motor activities [3].

Children with unusually high activity and emotional reactivity may be more distractible and more impulsive, and are frequently diagnosed with ADHD. Temperamental differences in level of inhibition, another key factor in ADHD, have also been observed, even in infants, and appear to remain relatively stable throughout the life span [2].

Temperament and parental sensitivity are often cited as factors influencing children's ability to regulate their emotional reactivity, which in turn may shape attachment security [3].

However, the behavioral difficulties associated with ADHD impose a unique burden on parents and strain parent–child relationships [4]. Studies of parent–child interactions indicate that parents of children with ADHD tend to adopt more coercive or aversive parenting styles and are more likely to consider their parenting abilities to be lacking. They tend to be more disapproving, provide more impulse control directions, and are more demanding and more critical than parents of children without ADHD [5–9]. We may conclude that the child's behavior disorder influences the functioning of the parents and, similarly, that parental style influences the course of the child's disability [10]. This interaction results in increased severity of ADHD symptoms [11, 12] and may impair the child's capacity for self-regulation, leading to insecure attachment patterns [3].

This group of children, for whom parental regulation is so important, is perfectly suited for testing the claim that development of secure attachment patterns depends on parental sensitivity and responsiveness to the child's proclivities and consequently builds the child's capacity for self-regulation [13, 14].

Attachment, Temperament, and ADHD

Self-regulation is modeled by the relationships between the child and the attachment figure—in most cases the parents [14]. Attachment theory assumes that the parents' or caregiver's early acceptance of the child's needs and their responsiveness to his/her signals determine the child's level of attachment security or insecurity (anxious or avoidant attachment), and the child's ability to use the parent as a "secure base." This in turn determines the development of internal representations of the self and others (termed "internal working models" by Bowlby [15]). Moreover, children develop the ability to regulate affect in primary attachment relationships. Insecurely attached children, who do not fully develop the self-regulation and self-control necessary for behavioral inhibition, may encounter difficulties controlling their impulses throughout their lives [3, 13]. Temperamental attributes may determine qualitative differences in the meaning and effectiveness of the parent–child attachment relationships; thus an infant whose temperament is perceived as difficult, reactive, and prone to distress may elicit a lesser quality of care from caregivers than infants with "easier" temperamental attributes. In this way, differences in temperament act indirectly on the level of security by resulting in a less-than-optimal interaction with the caregiver environment [3]. It may be challenging for the average parent to be sensitive to and regulating with the temperamentally difficult or ADHD

child. This may cause difficulties in instilling in the child the ability to be self-soothing and inhibit inappropriate responses [14], and may interfere with the development of attachment security [13]. Clarke et al. [16] found support for the hypothesis that ADHD is associated with insecurity of attachment. Their ADHD group ($N = 19$) obtained high scores on insecure attachment patterns, which were manifested in heightened emotional expressions characterized by strong, out-of-control affects.

The present study examines how the attachment patterns of children diagnosed with ADHD (Combined and Predominantly Hyperactive Impulsive Type vs. Predominantly Inattentive Type) relate to the emotional capability of parents to regulate the child's temperament.

Method

Participants

A total of 65 children and their parents ($n = 195$) participated in the study. Children's ages ranged from 7 to 15 ($M = 11.05$, $SD = 3.22$); 77% were boys and 23% girls. Fathers' mean age was 43.54 ($SD = 6.56$), and mothers' 40.85 ($SD = 6.76$). Most parents were university or college graduates (61.1% of fathers and 60.4% of mothers). About 5.5% of the fathers and 17.2% of the mothers were unemployed. About 5.7% of the parents described their economic status as 'very good', 34.8% described it as 'good', and 59.5% as 'average' (none described their economic status as low).

Procedure

Participants were recruited from an ADHD Unit affiliated with the Geha Mental Health Center. All the children referred to the center over a period of 4 months were included in the study, provided both parents agreed to answer the questionnaires and gave their consent for their child to do so as well. Interviews were conducted and questionnaires administered during the intake process. The children's ADHD diagnosis was established according to the procedure accepted in the literature [17], and included: a thorough anamnesis including DSM-IV criteria completed by the parents and children, a psychiatric examination, the Abbreviated Conners' rating scales for parents and teachers [18], a Continuous Performance Test (CPT), and a Test of Variables of Attention (T.O.V.A.). The Test of Variables of Attention (T.O.V.A) is a computerized test performed by the child, with sensitivity and specificity around 80%. Its special attributes are objectivity and the ability to evaluate attention span [19, 20].

The children were grouped according to their ADHD sub-type diagnosis: 40 children (34 boys and 6 girls) were diagnosed as Combined or Predominantly Hyperactive Impulsive Type, and 25 (16 boys and 9 girls) were diagnosed as Predominantly Inattentive Type.

Written informed consent was obtained from all parents. The children also gave their verbal consent to participate, following an explanation of the study objectives. The study was also approved by the Helsinki Committee.

Measures

Temperament Survey for Children: Parental Ratings (EAS) [21]

This instrument is a parents' rating scale of 20 items assessing four dimensions of temperament: Emotionality—the tendency to become easily and intensely aroused, or a global pattern of distress in very young infants, which becomes differentiated into fear and anger tendencies in older children; Activity—preferred levels of activity and speed of action; Sociability—the tendency to prefer the presence of others over being alone; and Shyness (not considered a temperament dimension but rather a derivative of Sociability)—the tendency to be inhibited and awkward in unfamiliar social situations, and to be generally fearful.

Mothers and fathers were asked to rate children on a 5-point scale (1—not characteristic or typical of your child, to 5—very characteristic or typical of your child). The higher the score, the more the child was described by the parents as having a difficult temperament.

The EAS survey is reported to differentiate between the various temperament dimensions and to have a high level of stability and moderate internal reliability (α ranging from 0.60 to 0.75) [22]. In the present study the internal reliability was as follows: Emotionality— $\alpha = 0.82$; Activity— $\alpha = 0.74$; Sociability— $\alpha = 0.67$; Shyness— $\alpha = 0.73$.

Parental agreement for the four EAS scales was high, with the following correlations between mother and father ratings: Activity— $r = 0.68$; Emotionality— $r = 0.43$; Sociability— $r = 0.73$; Shyness— $r = 0.68$. This allowed us to use an average score for mothers and fathers in the analyses.

Parent's Report Questionnaire (PR) [23]

The PR is a 25-item self-report measure designed to assess parents' perceptions of their parental style in relation to a particular child. Parents are asked to rate, on a 5-point Likert scale, the degree to which they use various parental styles with their child. The questionnaire comprises five scales, assessing parental respect for child autonomy (e.g., "I like him to do things himself"), parental control through guilt and anxiety (e.g., "I let him know that if he really cared he would not do things to cause me to worry"), parental consistency (e.g., "I see to it that he does as he is told"), child-centeredness (e.g., "I give him a lot of care and attention"), and parental temper and detachment (e.g., "I withdraw from my child when he displeases me"). The internal reliability, according to factors described by the instrument's developers [23], is very low. Therefore, in order to examine whether the items may be divided according to worlds of context, factor analysis of the principal components was carried out with varimax rotation. Four factors which explained 52% of the variance were identified by this analysis. Three items (numbers 3, 11 and 15), whose loading on the factors was lower than .40, were excluded. Further component analysis showed that four factors explained 55.7% of the variance: parental attention ($\alpha = 0.84$), parental respect for child autonomy ($\alpha = 0.69$), authoritarian parental control ($\alpha = 0.72$), and parental control through emotional blackmail ($\alpha = 0.69$).

MANOVA analysis did not reveal significant differences between maternal and paternal parenting styles ($F(1,45) = 1.79$; $P > 0.05$), and where discrepancy was

found between maternal and paternal parenting styles, no difference was found between ADHD sub-types. This enabled us to use an average score for each subscale of parenting style. Thus in the analyses referring to parental styles we used one average score reflecting both parents.

Children's Attachment Style Classification Questionnaire [24, 25]

This questionnaire is an adaptation for children of the Hebrew version [26] of Hazan and Shaver's [27] questionnaire for the classification of attachment styles in adults. The questionnaire contains 15 items divided into three factors that are identical to Ainsworth's classification of three attachment patterns: secure (e.g., "I make friends with other children easily"), anxious/ambivalent (e.g., "I sometimes feel that others don't want to be good friends with me as much as I do with them"), and avoidant (e.g., "It's hard for me to really trust others, even if they're good friends of mine"). The children were asked to read each item and to rate the extent to which the item described them on a 5-point scale, with scores ranging from 1 (not at all) to 5 (very much). (For details regarding the psychometric properties and concurrent validity of the questionnaire, see Finzi et al. [24, 25]) In this study we used the continuous method for evaluating children's attachment styles, which taps two basic dimensions of attachment organization: anxiety and avoidance [28]. The decision to use this method was based on Fraley and Spieker's [29] finding that categorical measures do not provide a complete picture of variability in attachment patterns. In the present study the internal consistency for the anxious subscale was $\alpha = 0.80$ and for the avoidant subscale $\alpha = 0.70$. Based on this, two total scores were computed by averaging items corresponding to each factor. Higher scores reflect higher anxiety and higher avoidance. Importantly, Pearson correlations revealed that the anxiety and avoidance scores were not significantly associated ($r = .32$; $P > 0.05$).

Results

One-way MANOVA analyses were conducted for attachment, temperament, and parental style variables in order to examine whether there were differences between children diagnosed as Combined or Predominantly Hyperactive Impulsive Type and Predominantly Inattentive Type. Multivariate analyses yielded significant differences between the two groups (Attachment style: $F(2,62) = 3.33$; $P < .05$; Temperament: $F(4,60) = 5.48$; $P < .001$; Parental style: $F(1,63) = 2.73$; $P < .05$). Significant differences were also found by Univariate ANOVA in most variables (Table 1), indicating higher scores for the Combined and Predominantly Hyperactive Impulsive Types.

Predicting Children's Attachment Styles

Two hierarchical regression analyses were conducted in order to explain the variance of children's attachment dimensions, namely, anxious and avoidant. In the first step, the child's diagnostic sub-type (ADHD Combined Type and Predominantly Hyperactive Impulsive Type vs. ADHD Predominantly Inattentive Type) and gender of parent (mother or father) were entered.

Table 1 Comparison between the ADHD combined/predominantly hyperactive impulsive and the predominantly inattentive sub-types

	ADD		ADHD		<i>F</i> (1,63)
	M	SD	M	SD	
Anxious attachment	2.31	0.82	2.87	1.06	4.79*
Avoidant attachment	2.56	0.58	2.95	0.76	4.62*
Temperament-Activity	3.00	0.78	3.78	0.74	16.11**
Temperament-Emotionality	2.79	0.83	3.38	0.94	6.51*
Temperament-Sociability	3.49	0.78	3.87	0.69	3.96*
Temperament-Shyness	2.48	0.89	2.11	0.70	3.50
Parental autonomy	3.19	0.51	2.96	0.43	6.09*
Parental control	2.61	0.58	2.92	0.56	4.32*
Parental blackmail	2.21	0.57	2.51	0.76	4.31*
Parental concern	4.30	0.39	4.25	0.44	

* $P < 0.05$ ** $P < 0.001$

ADHD = Combined Type and Predominantly Hyperactive Impulsive Type

ADD = Predominantly Inattentive Type

The second step included measures of parenting style (average scores reflecting both parents' styles) and temperament dimensions, and in the third step interactions between diagnostic sub-type X parenting style, and diagnostic sub-type X temperamental dimensions were entered (Tables 2 and 3).

In the first step of both regressions, the only variable with any significant contribution was diagnostic sub-type, contributing 8% of the explained variance of anxious attachment and 7% of the explained variance of avoidant attachment. Tables 2 and 3 show that children diagnosed as either Combined or Predominantly

Table 2 Hierarchical regression analysis for predicting anxious attachment

Predictors	β	B	SE B	R^2
<i>Step 1:</i>				0.08*
ADD vs. ADHD	0.29**	0.61	0.19	
Parental gender (father or mother)	0.01	0.02	0.18	
<i>Step 2:</i>				0.18*
ADD vs. ADHD	0.30**	0.64	0.20	
Parental gender	0.00	0.00	0.17	
Parental autonomy	-0.18*	-0.29	0.15	
Parental control	0.18*	0.27	0.14	
Temperament-Activity	-0.21*	-0.23	0.10	
<i>Step 3:</i>				0.21*
ADD vs. ADHD	0.30**	0.64	0.20	
Parental autonomy	-0.17*	-0.28	0.15	
Parental control	0.17*	0.25	0.14	
Temperament-Activity	-0.22*	-0.24	0.10	
Parental autonomy X Temperament-Emotionality	0.16*	0.16	0.08	

* $P < 0.05$ ** $P < 0.001$

ADHD = Combined Type and Predominantly Hyperactive Impulsive Type

ADD = Predominantly Inattentive Type

Table 3 Hierarchical regression analysis for predicting avoidant attachment

Predictors	β	B	SE B	R^2
<i>Step 1:</i>				
ADD vs. ADHD	0.27*	0.41	0.13	0.07*
Parental gender	0.03	0.04	0.13	
<i>Step 2:</i>				
ADD vs. ADHD	0.27*	0.41	0.13	0.11*
Parental gender	0.08	0.12	0.12	
Temperament-Emotionality	0.20*	0.14	0.06	
<i>Step 3:</i>				
ADD vs. ADHD	0.30**	0.64	0.20	0.20*
Temperament-Emotionality	-0.22*	-0.24	0.10	
Parental autonomy X				
Temperament-Activity	-0.30**	-0.19	0.05	

* $P < 0.05$ ** $P < 0.001$

ADHD = Combined Type and Predominantly Hyperactive Impulsive Type

ADD = Predominantly Inattentive Type

Hyperactive Impulsive Type are more anxious, more avoidant, or both, than those diagnosed as Predominantly Inattentive Type.

In the second step, parenting style (specifically, autonomy-promoting and controlling-dominating) contributed only to the explained variance of anxious attachment. As the β coefficient in Table 2 shows, the more the parent promoted the child's autonomy, the lower the anxious attachment score, and vice versa: the more controlling the parental style, the higher the anxious attachment score. Both regressions received contributions from one of the temperament dimensions: the activity dimension contributed to the prediction of anxious attachment and the emotionality dimension to avoidant attachment. Thus, the higher the child's temperamental activity level, the less likely he or she was to be characterized by an anxious attachment pattern, and the higher his emotionality level, the more likely he was to show an avoidant pattern of attachment. Taken together, the variables entered in the second step added 10% to the explained variance of anxious attachment and 4% to the explained variance of avoidant attachment. The interactions entered in the third step added 3% to the explained variance of anxious attachment and 9% to the explained variance of avoidant attachment. The interaction of parental autonomy with temperament-emotionality contributed significantly to the explained variance of anxious attachment, and the interaction of autonomy-promotion with temperament-activity contributed to the explained variance of avoidant attachment.

To examine these interactions, subjects were divided into three groups according to the degree to which parental style promoted autonomy. In each group the correlations between temperament and attachment style were calculated. The correlations between the emotionality dimension of temperament and anxious attachment were insignificant among children whose parents promoted low and moderate levels of autonomy, but significant among children whose parents promoted high levels of autonomy; in other words, children with high levels of temperamental emotionality, whose parents promoted extreme levels of autonomy, were more likely to have an anxious attachment style than children whose parents promoted low and moderate levels of autonomy.

For avoidant attachment, correlations with the activity dimension of temperament were insignificant for children whose parents promoted high and moderate levels of autonomy, and significant for those whose parents promoted a low level of autonomy; in other words, the higher the child's level of temperamental activity and the more his or her parents inhibited autonomy, the more the child showed signs of avoidant attachment.

Discussion

The results of the study indicate significant differences between children diagnosed as Combined and Predominantly Hyperactive Impulsive Types of ADHD and those diagnosed as Predominantly Inattentive Type. These differences support the notion that ADHD (especially of the Combined and Hyperactive-Impulsive Type) is a syndrome characterized by self-regulation and response inhibition disorder [30], since children diagnosed as Combined and Predominantly Hyperactive Impulsive Types obtained higher scores on the emotionality and activity dimensions of temperament and the insecure attachment patterns (anxious or avoidant) than children diagnosed as Predominantly Inattentive Type.

The major findings of the study concern the prediction of the children's attachment patterns. Anxious attachment was explained by a combination of parental practices promoting over-autonomy and a childhood characteristic of heightened tendency toward easy and intense emotional arousal. Avoidant attachment was explained by parental practices restricting the autonomy of children with a heightened level of the activity dimension of temperament.

These interactions suggest that inadequate parenting, unsuited for children with ADHD who are characterized by a difficult temperament (a tendency towards hyperactivity or heightened emotional reactivity), might exacerbate the child's difficulties in self-regulation and lead to an insecure attachment pattern.

Attachment theory can be viewed as an affect-regulation theory [31], and in this respect its chief importance is in elucidating the dynamics shaping the interactions between parents and children with ADHD.

Initially, the child's ability to regulate affect is built up with the help of the caregiver as part of the attachment process. It is the parent's responsiveness that gradually enables the modulation, gradation, and containment of strong affect. Through countless experiences in the course of the child's early development, the caregiver comprehends, interprets, accepts and responds empathically to the child's unique and constantly shifting affective states, and at the same time enables the child to monitor, articulate, and understandingly respond to them on his own [32]. The optimal parental style, which promotes attachment security, is marked by flexible emotional responsiveness, consistency, and sensitivity to the full range of the child's emotions [33, 34]. Such parenting assists the child in regulating emotional states; the child, in turn, may acquire self-regulation skills and develop strategies for managing increased levels of arousal and regaining a state of organization if he becomes disorganized [35]. However, parents of children with ADHD and difficult temperaments might fail to de-escalate the heightened arousal and reactivity of their children [36], and employ either intrusive control, in which they attempt to manipulate the child's behavior, or over-identification expressed through contingent

affection and permissive parenting [30]. These two parental methods of coping with children's ADHD may contribute to the consolidation of insecure attachment patterns. Insecure patterns develop when attachment behaviors (seeking protection, comfort, and reassurance when stressed) are met by rejection, indifference, inconsistency, or intrusiveness by the parent, leaving the child anxious about the parents' response in future stressful situations.

Inadequate responsiveness of the attachment figures (the parents) can result in two types of painful states of mind. One is organized around a failure to regulate distress and the need to deal with threats (internal, external, or both) on one's own. Interactional patterns that prevent the development of self-regulation skills (for example, unavailability, inconsistency, or insufficiency in parental responsiveness towards the child's need for help) strengthen the child's sense of helplessness and his fear of being alone, and contribute to the adoption of hyperactivating strategies, leading to an anxious pattern. This state of mind can also be exacerbated by temperamental deficits in self-regulation and in the control/inhibition of behaviors, resulting in impaired development of self-soothing skills [37]. The results of the study suggest that children with ADHD who have a difficult temperament, manifested in high emotional reactivity and difficulties in self-regulation, need supportive and organizing parenting, which provides a sense of security and diminishes anxiety and internal chaos resulting from lack of self-soothing skills. These children may experience a permissive parental style that promotes excessive autonomy as a lack of organization and regulating boundaries and as an absence of parental responsiveness, which may in turn be interpreted as abandonment (or neglect) and unavailable parenting, all of which result in an anxious attachment pattern.

A second state of mind is organized around the failure of attachment behaviors to achieve positive results (closeness, love) and around punishment (inattention, rejection, anger) following these behaviors. In this state of mind, proximity to the attachment figure becomes threatening because of its aversive outcomes. The child becomes afraid of failure and punishment in future proximity-seeking attempts, and is forced to adopt a strategy minimizing the experience of non-reward/punishment, that is, a deactivating strategy and a consolidation of avoidant working models [37, 38]. This state of mind is also affected by internal factors that intensify emotional reactions to parents' responsiveness, such as arousability/reactivity and intolerance of frustration [37]. This analysis is consistent with the observation made by Ainsworth et al. [39] that caregivers of avoidant infants were intolerant of their infants' expressions of vulnerability and neediness and tended to be rejecting or intrusive.

The results suggest that harsh restriction of autonomy in children with ADHD who have a difficult temperament manifested in hyperactivity may be experienced by these children as punitive, intrusive, and impinging and may thus be a predictor of avoidant attachment. Proximity to an over-controlling and invasive parent may be experienced by the child as a loss of self-mastery. To protect their threatened separateness and boundaries, children may de-activate their attachment system and adopt avoidant strategies to protect their autonomy and personal space from parental anger and reprimand. It may be assumed that the heightened levels of impulsivity and aggression found in children with ADHD (the Combined and the Predominantly Hyperactive Impulsive Types) [2, 30] and those with difficult temperament [40] are projected onto the punitive parents, who in turn intensify the disciplinary interaction [41] and contribute to the children's avoidance strategies.

Practical and Empirical Conclusions

Children with ADHD characterized by difficult temperament, namely a predisposition toward negative reactivity or poor self-control, need parenting that shows “goodness of fit”, is respectful of the children’s needs and is adapted to their emotional deficiencies so as to endorse self-soothing skills that lead to secure attachment. However, research evidence indicates that the children’s proclivity towards difficulties in the regulation of negative affect makes them especially vulnerable to coercive and hostile interchanges and to highly aversive or insensitive, authoritative parenting styles [10, 30, 40, 41]. The temperament/goodness of fit model [3] sheds light on the development of attachment patterns among children diagnosed with ADHD. Parents may encounter much difficulty in trying to find ways to adapt to the needs of children, who by virtue of their configuration of temperamental attributes can be considered vulnerable or difficult, and thus may exacerbate their vulnerability instead of assuaging it. The results suggest that family interventions such as parental style of interaction and management skills training can improve the child’s regulating skills and the complex parent–child interactions [42]. The study also supports the approach that views parent training as an essential component in the treatment of children with ADHD [43].

Limitations

One of the shortcomings of this study is that it investigates internal variance within a group of ADHD children and their parents. Conclusions are therefore restricted by the small number of participants and the absence of a control group, which would have enabled comparison with non-clinical children (for example, with non-ADHD siblings), or with children diagnosed with conduct disorder without ADHD.

Another limitation is that most of the children in the study were diagnosed with ADHD Combined and Predominantly Hyperactive Impulsive Types, who by definition show high activity levels (in the temperament measure). Therefore it may be difficult to determine whether parents’ restrictive style was brought on by the child’s high temperamental activity level, or by the severity of his hyperactive symptoms due to ADHD. However, an attempt was made to untangle this confound by controlling these variables in the hierarchical regression analyses. Thus, for instance, in predicting avoidant attachment, the only interaction entered into the regression that had any significant contribution was the interaction of restrictive parenting with temperament-activity, and not the interaction of restrictive parenting with ADHD.

A further limitation follows from the non-representative sampling of parents with regard to education and socio-economic status. Most of the parents described themselves as university or college graduates whose economic status was either good or very good. Further studies with larger populations from more diverse socio-economic backgrounds are warranted.

Summary

This study focuses on the contribution of childhood temperament and parenting style to the attachment patterns of children displaying different subtypes of ADHD. Children with ADHD Combined or Hyperactive-Impulsive Type differed

significantly from those with ADHD Predominately Inattentive Type. The ADHD Combined/Hyperactive-Impulsive Type showed a higher level of anxious and avoidant attachment, higher levels of emotionality and activity (assessed by temperament measures), and had parents who use a more domineering and controlling parenting style.

The results of this study link the children's sub-diagnosis, their temperament, and their parents' parenting styles with the consolidation of their attachment patterns. The combination of parenting style fostering extreme autonomy and a child with ADHD and high levels of emotionality was related to anxious attachment, while restricted autonomy combined with a high activity level was related to avoidant attachment. These findings support the notion of parent-child attachment mismatch. Thus, while non-authoritative parenting promoting exaggerated levels of autonomy may leave the child without the ability to acquire self-regulation skills in a way that consequently leads to the development of anxious attachment, domineering and restraining parenthood may encourage avoidant attachment.

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