

Relationship between the child with ADHD the family environment: A systematic review

Relación entre el niño con TDAH y el entorno familiar: una revisión sistemática



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Abstract

The present study focuses on understanding the possible interdependence between a ADHD diagnosis, the response to it among the family members, and how this bidirectionally affects the relationships, functioning and, ultimately, the mental health of all the cohabitants. The methodological design is that of a systematic review following the PRISMA protocol. The studies were analyzed using a qualitative approach based on an initial group of 143 works, of which ten were included in the final sample. The selected studies show a clear tendency towards experiencing negative emotionality, which leads to permissive and/or authoritarian parenting styles, resulting in an increased clinical symptomatology of the child affected by ADHD and acting as a cyclical influx of unwanted feelings and behaviors.

Keywords: ADHD, family, social relationships..

Resumen

El presente estudio se centra en comprender la posible interdependencia entre un diagnóstico de TDAH, la respuesta al mismo entre los miembros de la familia, y cómo esto afecta bidireccionalmente las relaciones, el funcionamiento y, en definitiva, la salud mental de todos los convivientes. El diseño metodológico es el de una revisión sistemática siguiendo el protocolo PRISMA. Los estudios se analizaron mediante un enfoque cualitativo partiendo de un grupo inicial de 143 trabajos, de los cuales diez se incluyeron en la muestra final. Los estudios seleccionados muestran una clara tendencia a experimentar una emocionalidad negativa, lo que conduce a estilos parentales permisivos y/o autoritarios, lo que resulta en un aumento de la sintomatología clínica del niño afectado por TDAH y actúa como un influjo cíclico de sentimientos y comportamientos no deseados.

Palabras clave: TDAH, familia, relaciones sociales.

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Introduction

Attention deficit hyperactivity disorder (ADHD) refers to a persistent pattern of inattention, impulsivity, and hyperactivity that alters the normal functioning of the social, family, work, and/or school spheres of the affected person, lasting for a period of more than six months ([American Psychiatric Association, 2022](#)).

From a clinical perspective, ADHD is one of the neurodevelopmental disorders with the highest prevalence in the child and adolescent population worldwide (at around 5%) although its incidence in adulthood is more evident since the clinical picture can be confused with prototypical childhood behaviors ([Berenguer et al., 2019](#); [D'Onofrio & Emery, 2019](#)).

To understand the scope of the ADHD presentation, it is necessary to refer to the analysis of its diagnostic journey, undertaken in the eighteenth century by the pediatricians and psychologists of the time, who attributed to it a strong moralistic etiology linked to environmental factors and, especially, to the parenting patterns developed within the family ([Gómez & Ortiz, 2019](#)) - a moral defect that years later was complemented by the idea of minimal brain dysfunction, pointing to the alteration of certain neuronal regions and synaptic connections as factors causing a symptomatic condition linked to attention deficit., learning difficulties, excessive motor activity, and behavioral control problems. Currently, a multifactorial etiological position is accepted in which both the genetic predisposition of the person affected and the environmental features present in the social reference context play an important role in the severity and symptomatology with which the disorder manifests itself ([González et al., 2022](#)).

The etiological journey undertaken by ADHD over the years has been accompanied by multiple nomenclatures ranging from minimal brain dysfunction, as previously mentioned, to the currently accepted attention deficit hyperactivity disorder. With the publication of the third edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-III)*, the new nomenclature of attention deficit hyperactivity disorder created another controversy regarding its symptomatology, as to whether it was dependent on or unrelated to hyperactive patterns ([Morales & Mosquera, 2022](#)).

ADHD is also highly predisposed to presenting comorbidly with other mental disorders such as autism spectrum disorders, tic disorders, depressive disorders, learning difficulties or language disorders, among others, which aggravate the core symptomatology of the dominant and comorbid disorders. Both ADHD and its recently accepted comorbid presentations listed in the *Diagnostic and Statistical Manual of Mental Disorders (DSM-V-TR)* have acquired greater social visibility, facilitating new diagnostic instruments and treatment options thanks to scientific advances in the study of this neuropsychological condition ([American Psychiatric Association, 2022](#)).

On the other hand, the current way of socially understanding ADHD sets aside a reductionist and unipersonal position as it is necessary to study this disorder as more than an individual health problem, and rather one that is directly linked to the social and family sphere closest to the affected person, capable of altering the patterns of socio-family functioning and the quality of life of the cohabitants ([Stadelmann et al., 2021](#)). Nevertheless, living with a child who has ADHD can be experienced in very diverse ways according to the social circumstances, the values or experience of family members, and the social sphere closest to an analogous disorder ([Urbano et al., 2022](#)). Coexistence with a person with ADHD affects the organization and the established family model in a two-way manner, requiring

adjustments of varying significance in the personal and professional lives of the cohabitants so that efforts are combined in response to the same purpose to improve the quality of life of all the figures involved in the family nucleus.

The objective of the present study is to collect the available scientific evidence to determine the possible concomitance between ADHD and the family's response to a diagnosis, the repercussions that this situation has on the relationships and functioning of the household, and vice versa - that is to say, how the attitudes of family members affect the clinical picture of ADHD - trying to determine if the parental style conditions the disorder's progression. The intention is to determine to what degree an ADHD diagnosis influences the family dynamics, and vice versa, and how family functioning affects the clinical development of a child with ADHD, taking into account the possible effects that parental training can have on family responses. Specifically, the present review sets the following objectives: (a) To know how family implication affects ADHD's conditions. (b) To analyse if parental styles causes any influence ADHD, and vice versa. (c) To identify the impact of ADHD diagnosis in parents' mental health.

Method

In accordance with the set objectives, the method followed was based on developing a systematic review to analyze the influence that ADHD-associated symptomatology has on the family environment and how the family's predisposition and parental styles affect the ADHD prognosis, the purpose being to obtain a more comprehensive understanding of the subject. The systematic review presented here searched bibliographic documents via the Web of Science (WOS), Scopus, PubMed, Redalyc, Scielo, and Dialnet databases using attention deficit hyperactivity disorder, quality of life and family as descriptors in the title, abstract and/or keywords fields. These databases were chosen based on their international recognition and prestige, as well as their direct link to the specific research content. After searching, collecting, and selecting the articles considered most relevant to the study, we proceeded to analyze them, extracting descriptive information and their main findings, from which we obtained the evidence for the results.

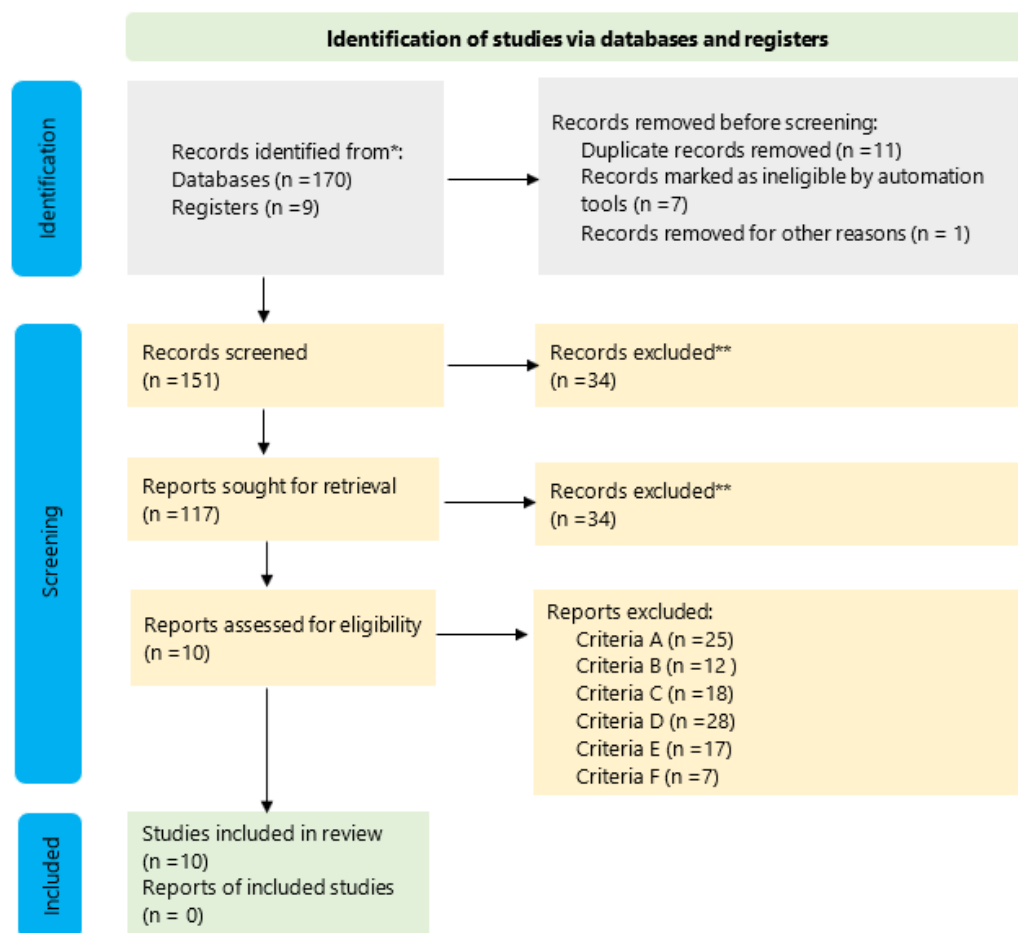
Search procedures

An initial search of bibliographic documents published until 2023 was carried out via the Web of Science (WOS), Scopus, PubMed, Redalyc, Scielo and Dialnet databases using attention deficit hyperactivity disorder, quality of life, and family as the descriptor combination. The initial search results were limited to complete, open-access documents and restricted to the TDAH/ADHD and family categories for works prepared in English or Spanish.

A total of ten articles were finally included (Figure 1) after being analyzed from two perspectives: on the one hand, the descriptive information, and findings of the studies and, on the other, the quality of the selected articles and the validity of the information they contained. To do this, the researchers had to assess the articles' eligibility with regards to the review objectives, highlighting thematic aspects such as the impact of ADHD on the family and the bidirectional role of influence between mental health, parental styles, quality of family life, and ADHD. Table 1 shows the literature search and selection process using the PRISMA flowchart (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) for systematic reviews (Moher et al., 2009).

Figure 1

PRISMA flowchart



Note: Own elaboration (2025).

Selection of studies: inclusion and exclusion criteria

To select the articles related to the topic under study, a series of inclusion criteria were established. These criteria were: (A) research articles or empirical studies, (B) non-duplicated articles, (C) work focused on studying the implications that the diagnosis of a case with ADHD generates on the family household, as well as the effects that family dynamics have on the course of the ADHD, (D) documents published from 1990-2024. Likewise, in this study, the search focusing on articles published in peer-reviewed journals, excluding communications, theses, and book chapters. These inclusion criteria were essential since they allowed us to focus attention on studying the repercussions that an ADHD diagnosis has on the family environment and how the affected person and family members see their emotional state altered in a bidirectional way.

Similarly, articles were excluded based on the following exclusion criteria: (A) Book chapters, theses, and conference proceedings, (B) duplicated studies, (C) research outside of the study of ADHD and its repercussions on family life, (D) Studies not published in peer-reviewed journals, (E) Reports or editorial comments without original data, (F) Studies with ethical issues in their conduct.

Results

Identification of the selected publications

The articles identified in this section cover different research studies focused on analyzing the impact that an ADHD diagnosis has on the family environment and, reciprocally, how managing and living with a child with ADHD affects the parents' mental health and parenting patterns, detailing a panorama of confluent factors such as an increase in the state of tension, stress, changes in the parents' own perception of their role and its effectiveness, modifications in family dynamics, and parental styles. Alterations in the cognitive and behavioral functioning of children with ADHD impact coexistence in the family sphere as they require almost continuous attention; this compromises the mental health not only of the parents but also of siblings and any other cohabitants, causing serious disturbances in overall family functioning.

In this regard, the information collected is structured following a sequence that starts from training for positive parenting in a family affected by ADHD, analyzing the parental styles and dynamics and their reciprocal influence on ADHD, and ending with a study of the effects that the ADHD diagnosis, and living with a person who has it, have on one's emotional state, on experiencing stress, and on the prevalence of other psychopathogens.

Description of the included items

The family is the first social agent with which the child comes into contact. In addition to the family being a complex system of interrelationships - conjugal, filial, and fraternal - it is a sphere of reference for the growth and integral development of all its members. That is why this phenomenon is studied as a whole, where each party will be influenced bilaterally. Thus, the behavioral alterations associated with one of its members having ADHD will affect the entire family system, changing the way relationships form, handling the behavior of the affected person, and exercising parenting styles oriented towards finding mental balance and social management of the disorder (Agha et al., 2020).

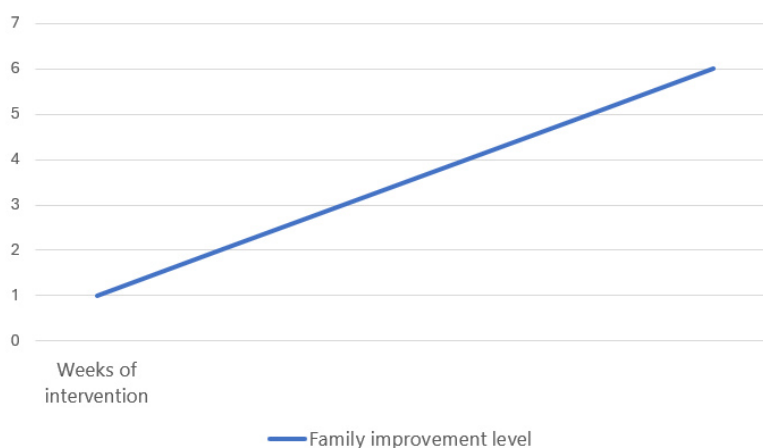
In many cases, the lack of support and advice given to the relatives of these children with ADHD seriously hinders their self-perception and ability to cope with such an anomalous parenting situation. Therefore, it is fundamentally important to develop skills for appropriate parenting in cases where families have a member with ADHD, not only to minimize the impact that the child's diagnosis has on the family's functionality and the relationships between cohabitants, but also to help stimulate the child's overall development. In this sense, the results of the study carried out by Andrades et al. (2019) corroborate how a lack of information and training considerably conditions the family's ability to help their child with ADHD, compromising the consistency of their parenting style. In this research, three families with ADHD children participated and the information was obtained through interviews.

Along the same lines, Fabra (2021) considers that the training of family members and legal guardians responsible for children with ADHD helps to address the disorder more positively, providing tools and information to understand the real needs of the affected person; this was evidenced in the results obtained after applying a training intervention program. The study sought to demonstrate the effectiveness of a six-week family intervention program, observing significant improvements in family relationships and the home environment. The parental behavioral training program was a key tool in changing the educational style, making it more respectful and understanding of those affected, while reflecting a more friendly and relaxed environment rather than one that was disciplinarian.

De la Rosa (2019) obtained results that did not accord with those of [Andrades et al. \(2019\)](#) and [Fabra \(2021\)](#). In this case, no significant evidence was observed before and after parental participation in a psychoeducational workshop on ADHD. A total of 80 family members participated, each living with a person with ADHD. Referencing the results, the same author concedes that possibly the workshop failed to adjust sufficiently to the training needs of the participants (See Figure 2).

Figure 2

Evolution of family intervention



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Note: Own elaboration (2025).

It is important to note that, when trying to manage the behavioral patterns of the disorder, parents begin to manifest very varied adaptive responses. These are determined by various factors associated with the severity of the pathological presentation, their training in this disorder, their perception of the parental role, and their patience - the most recurrent being parental patterns associated with excessive permissiveness or excessive rigidity ([Morales & Mosquera, 2022](#); [Orjales, 2019](#)). Family dynamics and parental styles will directly affect the manifestation and clinical progression of ADHD, with the extreme positions being dysfunctional to positive parenting while also being detrimental to the disorder's prognosis. Among other factors, this is because usual discipline methods are less effective or totally ineffective in children with ADHD given the difficulties, they have in inhibiting impulsive responses or obeying parental orders. This then generates coercive and unconscious disciplinary procedures by the parents while triggering a negative understanding of their own parental roles. Therefore, it is hard to identify a unidirectional and unique parental style in families who have children with ADHD. Indeed, many types of emotional reactions to a diagnosis can be observed, such as disapproval of the disorder, rejecting one's responsibility to address it, and attributing it to malpractice on the part of the various specialists (typical of a permissive parenting pattern) or marked overprotection that takes away the autonomy of someone affected by this pathology in terms of their maturational development ([Romero, 2022](#)).

[Castiblanco et al. \(2020\)](#) shows in their study how the immature and dysfunctional behavior of the parents affects the development of relational situations as well as the family dynamics, with this effect remaining latent in the results after applying the *Family Apgar Instrument*.

The risk factors associated with the course of ADHD are multiple. Furthermore, it is probable that dif-



ferent variables interact, giving rise to the disorder's symptoms evolving either positively or negatively. However, in this case, the family environment (especially the nuclear family) negatively impacts the child's development and their symptoms, factors affecting the severity of the ADHD (Segura, 2019).

Following on from these ideas, Patiño and Martínez (2020) investigated how these family influences affected a specific case, reflecting on how the parenting difficulties arising from having a child with ADHD impacted the immediate environment, generating mismatches and imbalances among all the members of the nuclear family. This is due to ignorance regarding the ineffectiveness of traditional educational guidelines to channel these children's behavior. Consequently, a failure to sufficiently adjust the parental styles to the needs of the child with ADHD leads to the parents feeling guilty when faced with setbacks and failed attempts to control their child's behavior. Moreover, this is a dysfunctional parenting practice, which aggravates the disorder's symptomatology, making it difficult for the child to establish social relationships with peers because the negative parenting style provides an inadequate socialization model. This mechanism, resulting from a family psychopathology in which the members are overcome by despair or frustration, has a direct effect on the child's disruptive and antisocial behavioral manifestations, which are aggravated in a reciprocal way. In short, parenting skills significantly interfere with the etiopathogenesis of a child with ADHD, and while the challenging behavior of ADHD negatively impacts the parents' emotional state, such behavioral problems in the child can be lessened by improving parental skills. For Patiño and Martínez (2020), the way the parenting style is addressed becomes one of the best predictors of ADHD prognosis, distinguishing between the passive role or active role that the parent assumes in a stressful or threatening situation. Therefore, when evaluating the impact on the family of having a child with ADHD, one must focus attention not only on the affected person's age, sex, core symptomatology, and the comorbidity of their pathological presentation, but also on the parents' skills and abilities in managing the disorder, their educational style, and the expectations generated by their parental role, all of these being determining factors in them experiencing anxiety, stress, guilt, depression, and dissatisfaction (Patiño & Martínez, 2020).

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To the unsuitability of permissive or authoritarian parenting styles, Freitas et al. (2019) add the influence of the parents' mental health as a significant determinant in the clinical progression of ADHD. According to them, low self-esteem and feelings of guilt have repercussions on the emotional development of a child with ADHD, generating a whirlwind of feelings of failure and frustration, as well as negative interactions that will threaten the psychological and emotional stability of both the family and the child. Among the multiple instruments used in their study are the *Parenting Styles Inventory* and the *Short Measure for Assessing the Quality of Life*, the results of which indicate how ADHD directly affects the conjugal relationship, destabilizing it, and even leading to its breakdown due to a lack of consensus in understanding and managing the disorder. Thus, feelings associated with dissatisfaction and ineffectiveness regarding parental styles are recurrent in families that have children with ADHD, fostering a vicious circle of negative interactions and dysfunctional educational practices in which the supervision of tasks is abandoned, either out of frustration or desperation, when faced with the ineffectiveness of their actions (Fabra, 2021).

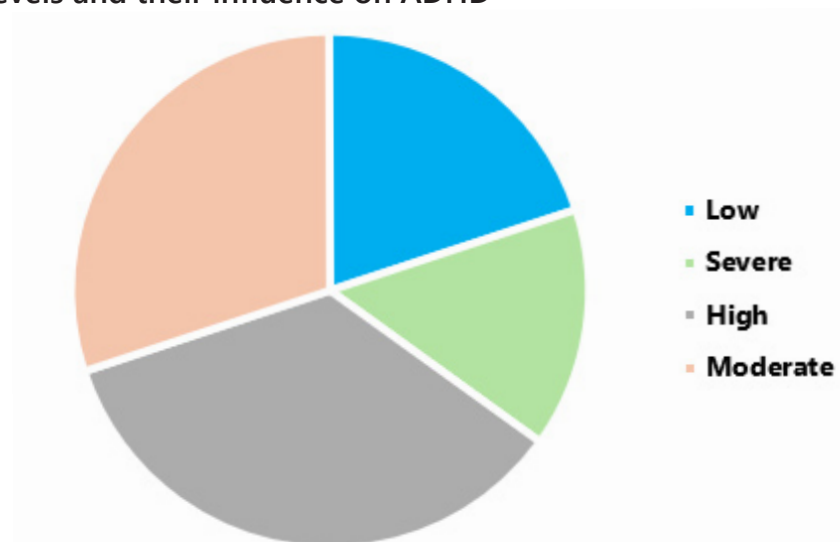
Although experiencing stress is part of the parenting process of any child, Zambrano et al. (2020) have confirmed how high levels of parental stress are linked to oppositional behavioral patterns, impulsivity, hyperactivity, and other types of behavioral problems. This indicator is also a certain predictor of psychological well-being and the status of mental health. Therefore, it is an issue of vital importance given that experiencing high levels of stress in the family household involves the parents having a ne-



gative perception of their own capacity to implement appropriate interventions and treatments to care for their child with ADHD. Likewise, the study identified how reducing parental stress favors more effective management of the children's problematic behaviors, reflected in a more positive and democratic parental style. Their study, which used the CMAS-R anxiety scale, consisted of a large participant sample (302 subjects) including both children with ADHD and their families (See Figure 3).

Figure 3

Parental stress levels and their influence on ADHD



Note: Own elaboration (2025).

[Agha et al. \(2020\)](#) endorse the idea that the distinct behaviors and personalities of the children directly influence the family dynamics, showing in their empirical study the degree to which the children's hyperactive and impulsive behaviors caused tension and anxiety among the family members. In this way, greater symbiosis between attitudes related to affability, respect for rules, discipline, and self-control would predictably occur compared to the non-ADHD control group. Thus, there is a correlation between anxiety states, parental social distress, negative discipline, and the severity of the clinical manifestation of ADHD. In addition, these factors were linked to poorer social functioning and a marked decrease in the quality of life of both the parents and the other family members.

In this research line, [Insa \(2020\)](#) reports a higher psychopathological prevalence rate in parents who have children with ADHD compared to those who have children with no disorder, the most common being personality disorders and affective disorders. Parents of children with ADHD are more predisposed to experiencing some type of mental disorder, either due to parenting or due to academic and social difficulties concomitant with the pathology. However, depending on the age of the parents, the presence of personality disorders would almost certainly predate having children with ADHD. Not acknowledging that parents can have psychopathology prior to having children with ADHD negates the bidirectional nature of ADHD and psychopathology, and the fact that in the bio-psycho-social model, genetics and other factors are present before a child is born with ADHD. Their results showed that, in the 115 families interviewed, there was a clear tendency towards psychopathogenic manifestations in family members living with someone with ADHD compared to those in the control group.



The challenging and demanding nature of children with ADHD often generates conflicts in the family household, affecting the psychological functioning of the parents and their affective relationship. The couple's bond is clearly altered when feelings of low self-esteem, dissatisfaction, and doubts about their parental capacity are put to the test, fostering a model of difficult coexistence that affects all the family members (Patiño and Martínez, 2020).

Mental health, quality of life, and the family support one receives decisively influence parental practices, as demonstrated by Berenguer et al. (2019). They point to the importance of emotional support groups aimed at and extending to family members. Regardless of the family characteristics, the diagnosis of a child with ADHD is complex, requiring constant advice and support to understand and try to manage this pathology in the most appropriate way possible, in the search for a specialized and comprehensive treatment response. Becoming parents of a child with ADHD demands a high emotional and personal investment, not only in terms of the daily attention given to the child but also in terms of protection and stimulation to enhance their optimal level of development. Therefore, planning and carrying out those household tasks unrelated to attending to the child with ADHD can be somewhat arduous, making parenting difficult while neglecting the couple's relationship (Quintero et al., 2021). In addition, being exposed to constant social criticism due to the inappropriate behavior of a child with ADHD usually translates into self-exclusion from situations of social exchange for fear of being rejected or pointed out by other families (Insa, 2020). At the same time, the training received about the disorder will help parents adopt a parenting style that is more understanding of the needs and particularities of their child with ADHD, mitigating their feelings of guilt and frustration when faced with failed behavioral control attempts (Zheng, 2019).

Discussion and conclusions

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This systematic review comprises a total of 10 articles which address the bidirectional influence that an ADHD diagnosis has on both the functioning and the mental health of family members, and how these affect the disorder's clinical progression. More specifically, it has attempted to fulfil the following objectives:

(a) To know how family implication affects ADHD's conditions

Regarding this first objective, the study highlights the beneficial effect of training family members and other social entities, both in terms of the clinical progression of the child affected by ADHD and in providing tools to help parents manage this disorder more effectively. Indeed, the participation of family members in training processes has been shown to have a positive influence, not only in terms of greater knowledge and better management of the intra-family situation, but also the positive influences on the participants' mental health, helping them to release tension and reduce their frustration. In this way, the feelings and attitudes of the parents lead to greater positivity and patience towards their children with ADHD. Likewise, when parents of children with ADHD participate in training processes, this brings significant inter- and intra-family social life benefits, improving coexistence, the relationships between siblings, and the friendship between the parents themselves (Andrades et al., 2019).

(b) To analyse if parental styles causes any influence ADHD, and vice versa

As for the second objective, the role that the family plays in the care and protection of the child is indisputable, even requiring the different cohabitants to restructure their roles in order to respond as appropriately as possible to the child's needs. Exercising a positive parenting style is conditioned by



the parents' ability to deal with the disruptive behaviors of their child with respect and understanding. All this pressure seems to fall exclusively on the couple and the other family members, who experience recurrent feelings of being abandoned by the voluntary and health sectors, and even by the educational institutions.

In contrast, training, visibility, and social awareness of this disorder help generate more empathetic social networks within which families can feel supported and understood. Support from these entities will determine an early parental response that is more effective and better adjusted to the needs of the child with ADHD, also determining the progression of the disorder (Patiño & Martínez, 2020). Undoubtedly, this is a difficult challenge given the ineffectiveness of traditional disciplinary methods that only exacerbate situations and lead to feelings of guilt, anxiety, stress, and a negative self-perception of the parental role.

The different family dynamics either positively or negatively influence the evolution of the clinical picture of ADHD, although they are mostly self-destructive, given the problems to manage the symptoms, and to some extent due to a lack of information and support. Thus, parents of children with ADHD tend to be less permissive and stricter compared to parents of children without this disorder, with a certain recurrence towards temperamental responses and coping strategies being observed. These lead to social isolation and frustration due, in part, to a negative self-perception of their own parenting. The more disrupted the family social sphere, the greater the likelihood of developing an authoritarian and punitive parental style marked by rigidity and rejection of challenging behaviors. Moreover, these factors significantly influence the marital bond, impacting on the parenting styles, which become predominantly punitive, thus increasing the already latent aggressiveness and impulsivity of the child in a negative way. Conversely, proactive parenting encourages behavioral modelling by reinforcing positive behaviors, helping the affected person to self-regulate and as to suppress inappropriate conduct (De la Rosa, 2019).

(c) To identify the impact of ADHD diagnosis in parents' mental health

In response to the last of the study objectives, after analyzing the results, we consider how the maelstrom of family attitudes and feelings affects the symptomatic progression of ADHD in a bidirectional way. The experiencing of emotional imbalances between the spouses related to depression, stress, anxiety, or frustration when carrying out their parental functions aggravates the child's behavior and may alter the relational bonds between the different cohabitants, especially those of the couple, ending in many cases in separation or divorce (D'Onofrio & Emery, 2019).

Unlike families that do not have children diagnosed with ADHD, parents that do are subjected to greater physical and psychological strains from having to deal publicly with the disruptive behaviors of their child. These are accompanied by a series of conflicts linked to the child's academic difficulties or the demands of a social environment unrelated to the disorder's clinical characteristics. Thus, this maelstrom of emotionality converges bidirectionally to affect the progress and behaviors of the child with ADHD, causing serious mental imbalances in their relatives and even leading to the presentation of psychopathologies.

Being the child's main agents of reference, the family members play a fundamental role in this regard, with their mental imbalances, commonly associated with depression, causing acute setbacks in the child's clinical picture while also affecting the mental health of all the household members (Agha et al., 2020; Berenguer et al., 2019). Thus, the characteristics of the family sphere and the child with ADHD influence

each other in such a way that the lack of parental skills, ineffective and incoherent parenting practices, or marital dysfunction condition the expression and course of the ADHD (D'Onofrio & Emery, 2019).

Finally, it should be noted that the present study has certain limitations due to the scarcity of published research regarding ADHD and its repercussions on coexistence. The recent emergence and growing visibility of ADHD has brought with it the need to expand and update the research on this neurodevelopmental disorder and its vulnerabilities. The present study has sought to delve into this area of knowledge and give an overview of its implications in the family context, reaffirming the bidirectional effect of the ADHD-progenitor influence. According to the results, the lack of training and information that characterizes the family response is undoubtedly an aspect of vital importance since it determines both the clinical progression of the ADHD and the mental health of all those living with an affected person. As we have indicated, family training is fundamental to being able to respond efficiently to the needs of a child with ADHD without becoming filled with guilt and hopelessness.

In addition to providing an overview of ADHD and how it affects the immediate family, we believe that this analysis of the literature will help provide a more complete understanding of the disorder and the erroneous parenting styles that result, giving readers who find themselves in a similar situation a more appropriate way to manage it and to empower them by feeling accompanied throughout this process. It will also encourage future researchers to advance in this field of study.

Undoubtedly, the family sphere plays a primary role in this disorder's identification and development, thus requiring the acquisition of a series of skills related to patience and assertiveness to ensure positive and proactive parenting. In this way, parents can come to understand the challenging nature of their child's behavior as an effect of the disorder's clinical symptomatology rather than as an arbitrary decision adopted voluntarily by the child (Zheng, 2019).

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Privacy: Not applicable.

Statement on the use of artificial intelligence: The author of this article declare that we did not use Artificial Intelligence in its preparation.

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