

Fathers Raising Children with ADHD: An Interpretive Phenomenology Study

By

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Abstract

Background: Approximately 11% of children in the United States live with Attention Deficit Hyperactivity Disorder (ADHD), which is characterized by the core symptoms of inattention, hyperactivity, and impulsivity. Most of these children live in families with fathers; however, the majority of knowledge about the experiences and needs of families comes from mother-focused research. Clinicians and researchers do not yet fully appreciate the experiences of fathers and/or how those experiences could inform clinical practice with families to enhance child and family-related outcomes. The purpose of this research was to describe and interpret the meaning of raising children with ADHD as lived by their fathers. **Method:** This study employed Benner's approach to Interpretive Phenomenology, which involved collecting in-depth reflective knowledge through face-to-face interviews from fathers who were actively raising children with ADHD and interpreting these data through the use of paradigm cases. **Sample:** Ten fathers of 11 children with ADHD (ages 7-20; 10 males, 1 female; six ADHD Combined subtype, four Predominantly Inattentive) were interviewed resulting in approximately 20 hours of interviews. Nineteen interviews were completed; nine fathers completed two interviews each and one father, a single interview. Fathers were located in a metropolitan area of the Pacific Northwest. **Results:** Fathers' experienced life through the primary theme of "The Anxiety of Looming Adulthood" in which past experiences with ADHD and their own life experiences, beliefs, and values combined in the present moment and created an ever-present backdrop of anxiety about their children's' future abilities to achieve adult independence.

Keywords: *ADHD, Attention Deficit Hyperactivity Disorder, Fathers, Families, Phenomenology*

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Chapter 1: Introduction

According to researchers at the Centers for Disease Control and Prevention (CDC), approximately 11% of children in the U.S. have at some point, been diagnosed with Attention Deficit Hyperactivity Disorder (ADHD; Visser et al., 2014). This rate of prevalence suggests that ADHD is the single most common neurodevelopmental disorder of childhood. Three core symptoms characterize ADHD: hyperactivity, impulsivity, and inattention; ADHD is manifested in three subtypes: Predominantly Inattentive, Predominantly Hyperactive-Impulsive, and Combined (American Psychiatric Association [APA], 2013). Children with ADHD live with challenging social, academic, and behavioral problems and disrupted development in multiple environments of home, school, and other social settings. Families of these children also often experience enduring disrupted family routines and relationships that create chronic distress for members (Kendall, 1998; Kendall & Shelton, 2003).

In general, there is growing awareness that children experience developmental, social, academic, and psychological gains when a father participates in their lives (Lamb, 2010). Since ADHD is characterized by deficits in these specific domains of development and requires chronic symptom management, one could speculate that healthy and engaged fathering would be of benefit to child and family health outcomes. However, very little research has been conducted to explore the meaning of fathering in this specific context. This lack of knowledge limits researchers and clinicians understanding of fathers' needs and perspectives. In turn, this gap hinders clinicians working with fathers as both the focus and agent of interventions directed toward improving child and family functional health outcomes in the context of ADHD. Some scientific inquiry into unique father contributions to child development has been growing, but

very little research has been conducted in the context of child ADHD, and only a few studies have been conducted seeking knowledge from fathers themselves.

Men's direct involvement in the lives and development of their children has been the subject of some inquiry (Lamb, 2010; Sarkadi, Kristiansson, Oberklaid, & Bremberg, 2008). From this knowledge, it has been shown that positive father interactions have quantifiable and significant enhancing effects upon child development. Children with positively engaged fathers demonstrate higher levels of self-esteem, achieve better in academic pursuits, and engage in less risky behaviors in adolescence (Lamb, 2010). Children with chronic conditions or other special health care needs seem to additionally benefit from positive father engagement, specifically in the area of treatment adherence during the typically chaotic health maintenance years of adolescence (Swallow, Macfadyen, Santacroce, & Lambert, 2011). This compelling evidence suggests that families with children with ADHD (known to struggle intensely in all of the aforementioned areas) are well suited to build upon the many possible contributions of fathers to child and family symptom management as a primary strategy. This approach has been the subject of some experimentation with some successes, but this area of investigation has been very limited (Fabiano et al., 2009).

Among studies that have been conducted on this topic, fathers have been observed as reticent and reluctant to accept their children's diagnoses and treatments (Chen, 2008; Singh, 2003). Some fathers experience deep feelings of loss, frustration, uncertainty, role ambiguity, and even anger when they consider their children's ADHD and related treatment (Singh, 2003). Interestingly, raising children with ADHD can cause fathers to question their own identities and history in both positive and negative light (Singh, 2003). This finding may indicate that fathers' responses to and understandings of ADHD fall across a spectrum of experiences. However, the

overall experience of being a father to a child with ADHD, has not been deeply explored. The meaning fathers ascribe to raising children with ADHD is unknown. As meaning is a precursor to action, it would be helpful to researchers and clinicians to gain access to fathers' perceptions, beliefs, and thus the meaning of this experience to them. Until such research is conducted and reported, researchers will struggle to design useful and effective measures of father engagement and health in the context of child ADHD. And until effective measures of fathering can be developed within this specific population, family and child symptom correlational and intervention work is at an impasse.

Intergenerational transmission of parenting beliefs and practices has long been theorized as significant in shaping how young children come to enact their own parenting in adulthood (Bandura, 1977). With shifting gendered roles and tasks within modern co-parenting families, there has been increasing interest in fathers and the transmission of their own beliefs of parenting to their children (Hofferth, Pleck, & Vesely, 2012). This interest is relatively new to social and health sciences and as such, there are not only large gaps in generalized knowledge, there are even larger gaps in understanding the influences that affect fathers' parenting in specific contexts, such as among those raising children with ADHD. However, with the observation that parenting beliefs and practices are transmitted intergenerationally, it is logical that fathers currently raising children with ADHD may experience this phenomenon as a temporal one. In this case, temporality means that the phenomenon of interest (ADHD) is one wherein experience over time is a central aspect of the meaning of the experience for fathers.

As American society has become increasingly aware of ADHD over the past 50 years, it is likely that fathers of children are also influenced by cultural beliefs about ADHD and parenting in the present. Moreover, ADHD is now increasingly understood to affect many

children into and throughout adulthood (APA, 2013). As a lifespan experience, it is likely that fathers may draw upon current cultural beliefs in society as they take action in their daily work as fathers to direct their children toward future success. Common cultural beliefs that may affect the meaning of fathers' experiences raising children with ADHD are such things as gender roles and behaviors, ability and disability, and the overall expectation of parents to provide health care, nurturance, and guidance to children such that they become productive, contributing members of society.

Given the need to explore the meaning fathers make of raising children with ADHD in the context of temporal, culturally informed experiences, I determined that an Interpretive Phenomenology approach was best suited to conduct this study. The primary goal of Interpretive Phenomenology is to explore the meanings of lived experiences as they are situated by applying inductive qualitative methods. The context of this situatedness includes the dimensions of time, being, and the often taken-for-granted beliefs and knowledge that is culturally transmitted as individuals make sense of their everyday lives (Dreyfus, 1990).

Specific Aims

I initially identified three specific aims based on the literature review for this study.

These initial aims pointed to the use of Interpretive Phenomenology to:

1. Describe men's lived experiences of rearing children with ADHD.
2. Explore the influence of gender upon men who are rearing children with ADHD.
3. Explore the intersection of child disability, gender, and men's experiences rearing children with ADHD.

As the study progressed, data collection and analysis of each participant case informed the ongoing areas of exploration of those that followed. My initial focus on disability and gender

shifted as it became increasingly apparent that these concepts were less emphasized than initially theorized. Middle and late-phase participant interviews evolved to include and focus on concepts that emerged as part of the unfolding process of discovery. As such, the concepts of gender and disability informed data collection and analysis, but were not predominant. Therefore, the specific aim of this research inductively evolved to: Describe and interpret men's lived experiences rearing children with ADHD.

Significance to Nursing Practice

ADHD represents the single most prevalent pediatric neurodevelopmental disorder within the population at-large, and in the population of children with special health care needs (APA, 2013). The Maternal Child Health Bureau, the agency responsible for tracking and identifying the needs of these vulnerable children, suggests that each and every child with ADHD should have a medical home and receive family-centered care coordination as a standard of care; this family-centered value includes the active participation with and service to fathers as family members (U.S. Department of Health and Human Services, 2011). The prevalence, needs, and policy efforts related to ADHD indicate that nurses, in their roles as care coordinators, school nurses, and contributors to primary care symptom management, need rigorous and relevant scientific knowledge to support these families. Nurses who have trustworthy, rigorous scientific evidence about men and their lived experiences as fathers of children with ADHD will be in a better position to create and implement effective father-focused, evidence-based interventions to enhance father, child, and family health outcomes.

The findings of this study advance this science of families and children with ADHD by providing the first holistic, situated meaning of raising children with ADHD from the perspective of fathers' own lived experiences. I will first present the knowledge that informed this study

from a detailed review of the current and historical literature, which appears next as Chapter Two. In Chapter Three, I will present the study methodology and method, which employed Interpretive Phenomenology. In Chapters Four and Five, I will present the study findings and a discussion of the contributions of these findings to the science and practice of nursing.

Chapter Two: Review of Literature

Purpose

The purpose of this chapter is to present a review of the relevant literature on fathers and their lived experiences with children with ADHD. The chapter will begin with an in-depth review and evaluation of the literature specifically focused upon fathers and child ADHD. For contextual understanding, I will then present a discussion of findings from the literature related to the broader context of families with children with ADHD and a brief overview of the historical development of fathering. I end this chapter with a summary of the state of the science on fathers of children with ADHD from these various perspectives.

Introduction

It is estimated that 11% of children and adolescents living in the U.S. have been diagnosed with ADHD at some point in their pre-adult lifespan (Visser, et al., 2014). This rate of prevalence suggests that it is the single most common neurodevelopmental disorder among children and experienced, by extension, within the larger context of parenting and family life. Research into child ADHD and families indicates that family members raising these children experience significant disruption, loss, grief, frustration, relational problems, depression, anxiety, sibling violence, and a large number of additional financial, educational, and life problems (Barkley, 2010; Kendall, 1998). Interestingly, broader research into men as fathers indicates that children experience significant developmental, social, academic, and psychological gains when a father is present and positively engaged with them (Lamb, 2010). Yet, to date, very little research into fathers' lived experiences with child ADHD has been conducted to help describe and interpret fathers' lives as they relate to engagement in childrearing in this population. In short, we do not know how men experience fathering in the context of ADHD. This lack of knowledge

hinders researchers and clinicians from designing focused research and interpreting research findings meaningfully as they relate to men as fathers living in this situation. This knowledge gap also inhibits the development of important knowledge based on observational, correlational, and experimental studies of fathers as both the focus and agent of interventions aimed at improving father, child, and family functional health outcomes in the context of ADHD.

As the focus of this study was the lived experiences in fathering raising children with ADHD, special attention was given to the scant literature on this topic as a means of identifying key gaps in current scientific understanding. Prior to this study, I conducted an extensive search of all literature relating to fathers of children with ADHD. As this study progressed from 2015 to 2017, I continued to periodically search the literature to remain current as new research was published. Across this time period, I identified 30 articles published from the years 1997 to 2016 using the terms *father* (and related word forms), *family* (and variants), and *ADHD* (using customized search term formats following each database indexing schema). These studies were interdisciplinary and were generated from the disciplines of nursing, medicine, psychology, and sociology. Only those studies that gathered and reported father data were included in this highly focused review.

Overview of Fathers, Fathering, and Children with ADHD

Thirty articles that report data from fathers focused upon raising children with ADHD were reviewed in preparation for and during the active phase of this study. Of those, less than half focused upon fathers as the sole subject or focus of the research ($n=9$) study or publication. In this section, I will provide a general description of these studies, followed by an in-depth discussion of what knowledge has been generated in depth on the topic. To support this

discussion, I refer the reader to Table 1, which provides a complete overview of each study, including the study title and focus, sample, research design, and results.

Criteria for inclusion in this review were limited to: peer-reviewed, original research studies; data from fathers must be included; published within the last five to seven years. As so few articles met those criteria, the dates were expanded to identify relevant studies that included father data from previous years and thus one article from 1998 (Kendall, 1998) was included not only because of the father data used in the analysis, but also because this was the first major work to look at families with children with ADHD from a family-as-system perspective. As such, this investigation was considered a foundational work in this area as a program of research stemmed from this article that also informed the review. I accessed additional research literature about important contextual aspects relevant to the study of fathers (families and child ADHD, fathers and child development) and those results will be presented following the review and discussion of the father and ADHD literature.

Only nine studies were identified for which fathers were the primary or sole focus of data collection and the unit of analysis. Of these nine, six were descriptive designs that used quantitative approaches to explore a number of aspects of father-child relationships and parenting styles. Two studies were intervention studies that focused upon fathers as the recipients of specific parent behavior training to improve parenting and related child behavior outcomes. One qualitative study was identified that explored fathers' perceptions of ADHD in the specific context of medication interventions only.

The remaining 21 studies included father data in the context of parenting dyads or whole families as the unit of analysis. Four studies were qualitative (Phenomenology [$n=1$] and Grounded Theory [$n=3$]) and 17 were quantitative, descriptive designs. Studies focused on the

overarching family experience by-and-large, or explored differences within parenting dyads of mothers and fathers. Only one of the 17 studies (Singh, 2003) focused specifically on father involvement and parenting styles and approaches as they related to child symptoms.

Overall, a majority of studies were seeking to measure various aspects of the father-child relationship, a few studies aimed at articulating the family experience of ADHD as a unit, and only one study specifically explored the meanings fathers ascribed to the experience, albeit only in the context of medication treatment of ADHD.

Table 1*Evidence Table: Fathers and ADHD*

Reference	Sample	Methodology/Methods	Results/Findings	
<i>Studies with fathers as sole subjects or foci</i>				
1	Barnard-Brak, L., To, Y. M., Davis, T. N., & Thomson, D. (2011). Father residency and symptoms of ADHD: Adult male involvement as a mediator. <i>Early Child Development and Care, 181</i> (5), 649-663.	<i>N</i> = 17,565 children from a community-based, national representative U.S. sample	Large scale survey (ECLS-K) using structural equation modeling to look at the relationships between father residency status, father involvement (time in contact), and child ADHD symptoms.	Small but significant association between lack of father residency and future child ADHD symptoms that was mediated in part by residency and time spent with other adult males.
2	Chang, L. R., Chiu, Y. N., Wu, Y. Y., & Gau, S. S. F. (2013). Father's parenting and father-child relationship among children and adolescents with attention-deficit/hyperactivity disorder. <i>Comprehensive Psychiatry, 54</i> (2), 128-140.	<i>N</i> = 525 fathers (Taiwan)	Descriptive design using correlational analyses to explore the father-child dyad from multiple dimensions on measures of ADHD symptoms, mental health symptoms, relationship quality, and parenting style from both child and father points of view. Control group was used for comparison (father/child no ADHD)	Fathers exhibited more authoritarian parenting and less affection as viewed by the children. Children with ADHD had less activity-based engagement and more severe behavioral problems at home. Children perceived the relationship more negatively than the fathers. Father mental health problems (but not ADHD)

Reference	Sample	Methodology/Methods	Results/Findings
3 Brown, R. (2015). ADHD severity and father's parental involvement (Doctoral dissertation, The Chicago School of Professional Psychology). <i>Dissertation Abstracts International: Section B: The Sciences and Engineering. Vol.77(5-B(E))</i>	N = 47 fathers	Descriptive design, multivariate analyses looking at various dimensions of father ADHD symptoms, age, and involvement on child ADHD symptoms.	were also associated with poor child behaviors. No hypothesized correlations were found. High father symptom severity did not relate to low involvement.
4 Fabiano, G. A., Chacko, A., Pelham, W. E. J., Robb, J., Walker, K. S., Wymbs, F., et al. (2009). A comparison of behavioral parent training programs for fathers of children with attention-deficit/hyperactivity disorder. <i>Behavior Therapy, 40(2)</i> , 190-204.	N = 75 fathers	Intervention Study. Random assignment to one of two Behavioral Parent Training groups to evaluate outcomes associated with each. Fathers were source of measurement for both child symptoms of ADHD, peer relationships, parent-child engagement, and ratings of child symptom improvement.	No significant difference between groups in terms of child outcomes. Experimental group fathers (COACHES intervention) rated children as more improved and were more engaged in the overall treatment process of the children.
5 Fabiano, G. A., Pelham, W. E., Cunningham, C. E., Yu, J., Gangloff, B., Buck, M., ... & Gera, S. (2012). A waitlist-controlled trial of behavioral parent training for fathers of children with ADHD.	N = 55 fathers	Intervention study, Random assignment to COACHES father training group for improving ADHD parenting strategies using a two group, wait-list approach.	Fathers in COACHES reduced their negative talk and increased child praise, father ratings of the intensity of child behaviors decreased.

Reference	Sample	Methodology/Methods	Results/Findings
<i>Journal of Clinical Child & Adolescent Psychology</i> , 41(3), 337-345.			
6 Mintz, A. D. (2013). Paternal ADHD, parenting, and child conduct problems: potential mechanisms (Doctoral dissertation). <i>Dissertation Abstracts International: Section B: The Sciences and Engineering</i> . Vol.74(3-B(E))	N = 102 fathers	A dissertation, descriptive correlational study evaluating paternal psychopathology and parenting behavior	Father anti-social personality traits and not ADHD were associated with child conduct problems and paternal negative parenting was a mediator.
7 Neff, P. E. (2010). Fathering an ADHD child: An examination of paternal well-being and social support. <i>Sociological Inquiry</i> , 80(4), 531-553.	fathers of children with ADHD ($n = 145$), fathers of children without ($n = 2,635$)	Multivariate analysis of data from a national U.S. representative sample. Paternal well-being was the DV and the IVs were social support (father), child behavior (SDQ)	Paradoxically, data of fathers of children with ADHD demonstrated greater overall wellbeing as measured by lower levels of nervousness, restlessness, hopelessness, and worthlessness.
8 Romirowsky, A. M., & Chronis-Tuscano, A. (2013). Paternal ADHD symptoms and child conduct problems: is father involvement always beneficial? <i>Child: care, health and development</i> , 40(5), 706-714.	N = 37 fathers	Cross-sectional study evaluating the relationships between father ADHD symptoms and child symptoms/ behaviors in the context of father involvement (time in contact)	Father ADHD symptoms were associated with child behavioral problems and misconduct only when there was a high degree of father involvement.

Reference	Sample	Methodology/Methods	Results/Findings
9 Singh, I. (2003). Boys will be boys: Fathers' perspectives on ADHD symptoms, diagnosis, and drug treatment. <i>Harvard Review of Psychiatry</i> , 11(6), 308-316.	N = 22 fathers	Grounded Theory study focused upon fathers' perceptions and beliefs related to their sons' treatment with medication for ADHD.	Fathers were categorized as "reluctant believers" or "tolerant non-believers". They tended to resist a medical model, personally identify with their sons' behaviors, and were resistant to drug treatment.
<i>Studies with father data were included using parenting dyads</i>			
10 Arnold, E., O'Leary, S., & Edwards, G. (1997). Father involvement and self-reported parenting of children with attention deficit-hyperactivity disorder. <i>Journal of Counseling and Clinical Psychology</i> , 65(2), 337-342.	N = 71 co-parenting couples, inclusive of fathers	Multivariate analysis (moderating relationships) comparing mothers and fathers on several measures including Father Involvement (time), Traditional Role Identification, Fathers (but not mothers) ADHD symptoms, The Parenting Scale, The Feelings Questionnaire and then correlated with child ADHD symptoms and behaviors.	Father Involvement (time) predicted both positive and negative outcomes in parenting, spousal relationship quality, and child outcomes depending upon the moderating variables of father ADHD symptoms, father traditional role identification, and love between spouses. Results were difficult to apply as measures were thought to be too simplistic. Biases such as only measuring father and not mother

Reference	Sample	Methodology/Methods	Results/Findings
11 Barnard-Brak, L., Schmidt, M., & Sulak, T. (2013). Adhd medication vacations and parent–child interactions by gender. <i>Journal of Attention Disorders, 17</i> (6), 506-509.	fathers ($n = 73$), mothers ($n = 184$)	Descriptive design using a 4 x 2 chi-square to examine father and mother child dyads in various combinations in order to explore the relationships between parent and child gender and the likelihood of endorsing medication vacations as routine with children with ADHD.	ADHD symptoms and the measurement of father involvement simply as time in contact were limiting factors. Fathers were more likely to endorse medication vacations for their sons than daughters. There were no differences among mothers.
12 Barnard-Brak, L., Schmidt, M., Wei, T., Parker, S. L., & Attai, S. L. (2013). Parental perceptions of academic performance and attainment of children diagnosed with attention deficit hyperactivity disorder. <i>The Journal of Nervous and Mental Disease, 201</i> (7), 598-601.	fathers ($n = 44$), mothers ($n = 177$)	Descriptive design using a survey to assess parental perceptions of academic performance in relation to child gender using a two-way ANOVA	Fathers were less likely to flag their children as having negative academic implications due to ADHD compared with mothers and also to be less concerned about academic implications for their sons vs their daughters.

Reference	Sample	Methodology/Methods	Results/Findings
13 Chen, M., Seipp, C. M., & Johnston, C. (2008). Mothers' and fathers' attributions and beliefs in families of girls and boys with attention-deficit/hyperactivity disorder. <i>Child Psychiatry and Human Development</i> , 39(1), 85-99.	$N = 36$ father/mother pairs	Descriptive design. ANOVA analyses of measures of beliefs and knowledge of ADHD of parents, descriptive data surveys of child behaviors (CBLC, Connor's)	Overall, mothers had a stronger belief in biological causes of ADHD. Fathers tended to attribute ADHD symptoms to psychological factors internal to the child. Parents generally held similar beliefs about wanting to focus first on behavioral interventions. Mothers leaned more toward medication overall than fathers. Fathers were less bothered by ADHD symptoms and less vigilant about future child symptoms.
14 Gerdes, A. C., Hoza, B., & Pelham, W. E. (2003). Attention-deficit/hyperactivity disorder boys' relationships with their mothers and fathers: Child, mother, and father perceptions. <i>Development and Psychopathology</i> , 15(2), 363-382.	fathers ($n = 61$), mothers ($n = 125$), sons ($n = 142$)	Descriptive design. Hierarchical regression analyses of data collected between two groups (ADHD and non-ADHD control) for descriptive purposes.	Fathers and mothers of ADHD children perceived more negativity in the relationship. However the children's perceptions of relationships were not different between ADHD and non-ADHD children.

Reference	Sample	Methodology/Methods	Results/Findings
15 Harvey, E., Danforth, J. S., Eberhardt McKee, T., Ulaszek, W. R., & Friedman, J. L. (2003). Parenting of children with attention-Deficit/Hyperactivity disorder (ADHD): The role of parental ADHD symptomatology. <i>Journal of Attention Disorders</i> , 7(1), 31-42.	fathers ($n = 26$), mothers ($n = 46$)	Multivariate analyses of pre-test, post-test parent training which focused upon measures of parenting styles and father self-reported ADHD symptoms	Fathers' ADHD symptoms were strongly correlated with lax parenting before and after parent training and overreactivity after parent training. Father impulsivity was associated with more arguing during observational data collection done in tandem with parent training intervention.
16 Hurt, E., Hoza., B., & Pelham, W. (2007). Parenting, family loneliness, and peer functioning in boys with attention deficit/hyperactivity disorder. <i>Journal of Abnormal Child Psychology</i> , 35, 543-555.	fathers ($n = 53$), mothers ($n = 108$) sons ($n = 110$)	Descriptive design. Multivariate analysis of data related to parenting style, peer functioning of ADHD children, and child perceptions of family loneliness.	Higher paternal warmth was associated with greater peer acceptance of children, less peer rejection, and less socially difficult behavior among families with low degrees of family loneliness. Maternal warmth and power assertion were not significant related to child peer functioning.

Reference	Sample	Methodology/Methods	Results/Findings
17 Kendall, J. (1998). Outlasting disruption: the process of reinvestment in families with ADHD children. <i>Qualitative Health Research</i> , 8(6), 839-857.	N = 15 families which included fathers	Grounded Theory study intended to explore how families lived “well” with child ADHD in the home.	Few father data were disaggregated from the whole, however fathers were noted to also experience guilt, grief, and loss in the process of reinvesting their energies from ADHD to other foci in their family lives.
18 Kendall, J., & Shelton, K. (2003). A typology of management styles in families with children with ADHD. <i>Journal of Family Nursing</i> , 9(3), 257-280.	N = 15 families (including fathers from 10 families)	Grounded Theory study. This publication was a secondary analysis of the Kendall (1998) work.	Families had distinct management styles. Fathers were at times at odds with their ADHD diagnosed children and spouses. Alliances sometimes formed between mothers and ADHD sons and fathers and non-ADHD siblings. Fathers tended to be under-involved in families displaying less functional management styles.

Reference	Sample	Methodology/Methods	Results/Findings
19 Keown, L. J. (2012). Predictors of boys' ADHD symptoms from early to middle childhood: The role of father-child and mother-child interactions. <i>Journal of Abnormal Child Psychology</i> , 40(4), 569-581.	Families ($n = 93$) including fathers and mothers over multiple time periods with declining participants	Prospective Longitudinal design (3 years) that involved home visit observational data collection and surveys collected from fathers and mothers.	Lower levels of father sensitivity predicted higher levels of inattentiveness in middle school and intrusive fathering styles predicted hyper-impulsive symptoms.
20 Maniadaki, K., Sonuga-Barke, E., & Kakouros, E. (2005). Parents' causal attributions about attention deficit/hyperactivity disorder: the effect of child and parent sex. <i>Child: Care, Health and Development</i> , 31(3), 331-340.	fathers ($n = 317$), mothers ($n = 317$)	Descriptive study using a questionnaire to explore parental attributions related to ADHD and child gender.	Fathers and mothers both attributed more intentionality to boys than girls with ADHD. Fathers felt more strongly that parental strictness and reduced child-control were preferable approaches to problems, mothers felt changing the environment and the approach were preferable.
21 Markel, C., & Wiener, J. (2014). Attribution processes in parent-adolescent conflict in families of adolescents with and without ADHD. <i>Canadian Journal of Behavioural Science</i> , 46(1), 40.	fathers ($n = 43$), mothers ($n = 51$)	Descriptive design using measures from fathers and mothers related to child symptoms, attributions, child-parent conflicts among families with adolescents with ADHD and without ADHD.	Fathers of children with ADHD reported more conflicts. Fathers who believed conflicts to be the responsibility of their children, and who believed that conflict was pervasive

Reference	Sample	Methodology/Methods	Results/Findings
22 Moen, Ø. L., Hall-Lord, M. L., & Hedelin, B. (2011). Contending and adapting every day Norwegian parents' lived experience of having a child with ADHD. <i>Journal of Family Nursing</i> , 17(4), 441-462.	fathers ($n = 4$), mothers ($n = 7$) (Norway)	Phenomenology study of the lived experiences of parenting a child with ADHD in Norway using Colaizzi's method.	and stable over time were more likely to report issues of conflict. Main Theme: "Contending and adapting every day—Windsurfing in unpredictable waters. Fathers and mothers expressed despair and sorrow as well as coping and hope in the context of daily life with the eyes of others upon them and trying to deal with those who are supposed to help."
23 Perry, C., Hatton, D., & Kendall, J. (2005). Latino parents' accounts of attention deficit hyperactivity disorder. <i>Journal of Transcultural Nursing</i> , 16(4), 312-321.	$N = 24$ families, including fathers. Participants identified as Latino and 16 families were interviewed in the Spanish language.	Grounded Theory methods used in this subsample of families.	Father data were rarely presented as disaggregated from the whole, however in one key instance, a father specifically voiced his concerns about the future by reflecting upon the work he and his wife were doing to assure that

Reference	Sample	Methodology/Methods	Results/Findings
24 Podolski, C., & Nigg, J. T. (2001). Parent stress and coping in relation to child ADHD severity and associated child disruptive behavior problems. <i>Journal of Clinical Child Psychology</i> , 30(4), 503-513.	fathers ($n = 57$), mothers ($n = 60$)	Descriptive design. Between groups analysis (3 groups: ADD, ADHD, Control) of parent distress in the face of ADHD symptoms or lack thereof	their son would be able to pursue a college degree. Fathers were bothered by oppositional child symptoms but not ADHD symptoms. ADD vs ADHD parents did not vary on measures of distress, but all had decreased levels of parent role satisfaction.
25 Psychogiou, L., Daley, D., Thompson, M., & Sonuga-Barke, E. (2007). Testing the interactive effect of parent and child ADHD on parenting in mothers and fathers: A further test of the similarity-fit hypothesis. <i>British Journal of Developmental Psychology</i> , 25(3), 419-433.	fathers ($n = 85$), mothers ($n = 278$)	Descriptive design examining the interaction of both parent and child ADHD symptoms. Population-based sample. Hierarchical regression analysis.	High levels of father ADHD symptoms exacerbated the effects of child ADHD symptoms while high levels of mother ADHD ameliorated child symptom effects.
26 Sollie, H., Larsson, B., & Mørch, W. T. (2013). Comparison of mother, father, and teacher reports of ADHD core symptoms in a sample of child psychiatric outpatients. <i>Journal of Attention Disorders</i> , 17(8), 699-710.	fathers ($n = 48$), mothers ($n = 48$)	Descriptive design. Exploration of the degree of correspondence between father and mother ratings of ADHD symptoms.	Fathers rated ADHD symptoms as lower than mothers and teachers.

Reference	Sample	Methodology/Methods	Results/Findings
27 Sommer, J. L. (2012). Informant gender differences in parental reports of attention-deficit/hyperactivity disorder behavior in boys and girls. [Dissertation]. <i>Dissertation Abstracts International: Section B: The Sciences and Engineering</i> . Vol.73(10-B(E))	fathers ($n = 50$), mothers ($n = 50$)	Descriptive design. Fathers and mothers of children with ADHD were shown standardized videos of child behaviors and asked to rate them and then responses were compared.	Fathers and mothers rated children's behaviors similarly and with no significant difference. Fathers and mothers rated the girl symptom video higher than the boy video, though both were standardized to be the same.
28 Thomassin, K., & Suveg, C. (2012). Parental autonomy support moderates the link between ADHD symptomatology and task perseverance. <i>Child Psychiatry & Human Development</i> , 43(6), 958-967.	fathers ($n = 51$), mothers ($n = 51$)	Descriptive design. RM-ANOVA analyses conducted looking at fathers and mothers displays of assistance with problem solving and autonomy support using videotaped interactions coded later. Child ADHD symptoms were measured using the CBCL.	High autonomy support moderated the relationship between ADHD symptom management and child task perseverance.
29 Williamson, D., & Johnston, C. (2015). Maternal and paternal attributions in the prediction of boys' behavior problems across time. <i>Journal of Clinical Child & Adolescent Psychology</i> , 44(4), 668-675.	fathers ($n = 64$), mothers ($n = 64$) of sons	Descriptive design. Longitudinal analysis of fathers and mothers attributions predict child behaviors over time.	Father and mother attributions were associated with problem behaviors, but fathers were less severe and different than mothers and spoke to

Reference	Sample	Methodology/Methods	Results/Findings
30 Williamson, D., Johnston, C., Noyes, A., Stewart, K., & Weiss, M. D. (2017). Attention-deficit/hyperactivity disorder symptoms in mothers and fathers: family level interactions in relation to parenting. <i>Journal of Abnormal Child Psychology</i> , 45(3), 485-500.	fathers ($n = 179$), mothers ($n = 179$)	Descriptive design. Father and mother ADHD symptoms were explored independently and interactively as they relate to negative parenting and childrearing disagreements using hierarchical regression.	<p>their different hypothesized roles in the child's daily life with fathers more involved in play and activity and mothers more involved in chores and task management of children.</p> <p>Father inattention was linked to parenting problems only when mother inattention was also present. Most troublesome parenting was observed when fathers had high impulsivity symptoms and mothers had lower levels.</p>

In-Depth Review of Past Father and ADHD Research Foci

Medication/treatment beliefs of fathers. Singh's (2003) report was the only study identified that focused exclusively on fathers' beliefs about and experiences with child ADHD. Singh described the use of a grounded theory methodology to explore the perceptions, beliefs, and experiences of fathers in relation to the diagnosis and pharmacotherapeutic treatment of their male children with stimulant medication. In her work, Singh discovered that fathers generally fell into two broad categories of "Reluctant Believers" and "Tolerant Non-Believers" when it came to their children's diagnosis and current treatment (p. 312). Though most fathers in the sample ($n=22$; 60%) felt relatively positive about the drug intervention outcomes, none of the fathers accepted a medical model construct to explain the behaviors and challenges of their children.

Fathers in the category of Reluctant Believers ($n=12$; 59%) tended to express profound levels of emotions and often projected their own life narratives and childhood experiences upon their children. Fathers often felt embarrassed and disappointed in their children's social and athletic performance. These fathers also uniformly expressed guilt and regret about having been disappointing to their own fathers in many of these same areas. While all of the fathers in this category observed benefits from medication for their children, all continued to question the need for it.

Fathers categorized as Tolerant Non-Believers ($n=6$; 27%) expressed extreme skepticism about the diagnosis and the use of drugs to treat their children; however none of them acted as barriers to prevent or encumber the process either. Fathers in this category interpreted their children's lives and behaviors using the common idiom "boys will be boys." These fathers also

endorsed more rigorous adherence to traditional gender roles within their families and were very distant, often completely absent, from tasks of health-focused caregiving.

Child gender, attribution, & ADHD treatment. Echoing the findings by Singh (2003) that fathers in her study rejected a medical explanation for their children's behaviors, Chen et al. (2008) reported that fathers endorsed more internal psychological factors (e.g. lack of effort) to their children's symptoms in her study. Mothers, on the other hand, generally endorsed a biological belief in ADHD etiology. Fathers tended to believe that their children's behaviors were more situational or episodic and thus preferred psychological interventions to medication. Kendall and Shelton (2003) reported similar attributional divergence between parents as well given that several fathers in the ADHD-Controlled management subtype shared their beliefs that their children's behaviors were related to lack of internal motivation and permissive mothering. Similarly, fathers who endorsed higher levels of adolescent conflict with their children with ADHD attributed the conflict as the responsibility of their children (Markel & Wiener, 2014).

Interestingly, Chen et al. (2008) found that child gender was not a significant variable for explaining differences in attributions between mothers and fathers. In contrast, later studies by Bernard-Brak, Schmidt, and Sulak (2012) and Bernard-Brak, Schmidt, Wei, Parker, and Attai (2014), found that fathers exhibited gender-based beliefs and preferences when it came to medication use with their children. Fathers viewed their daughters as more severely impacted by ADHD in behavior and academics, and subsequently more fathers preferred their daughters to not take medication 'vacations', a commonly applied practice of parents who feel their children need periodic breaks from pharmacotherapies. However, when it came to sons, fathers did not seem to consider ADHD to have the same negative academic and behavioral impact that was seen in their greater willingness to endorse such medication vacation periods.

Distress. One feature evident among nearly all of the studies reviewed was that of parental distress due to child ADHD symptoms. Even when fathers did not agree with mothers about the cause, diagnosis, or treatment of ADHD, fathers did endorse observed differences in their children that were stressful to them as parents (Chen et al, 2008; Kendall & Shelton, 2003; Podoloski & Nigg, 2001; Singh, 2003). Fathers reported more negatively and distressed feelings about their relationships with their children (Gerdes, Hoza & Pellham, 2003; Podoloski & Nigg, 2001) and expressed feelings of guilt, loss, fear, and embarrassment related to their children's behaviors or their own inability to engage in and support mothers in the work of managing everyday family life (Singh, 2003; Kendall & Shelton, 2003). Only Neff (2010) reported findings which conflict with these reports. In a secondary analysis of the 2005 National Health Interview Survey (Bloom, Dey, & Freeman, 2006), Neff used data from fathers of children with ADHD ($n = 145$) and fathers of children without ADHD ($n = 2,635$) to compare paternal well-being in relation to social support and child behavior. Neff discovered that fathers with children with ADHD had higher (better) scores than the comparison group in the categories of nervousness, hopelessness, worthlessness, and well-being. While those findings were statistically significant ($p = <.05$, using an ordinary least squares approach), the differences in means were exceptionally small and the methodological approach with atheoretically generated data and such imbalanced comparison group numbers is questionable at best. While this was not hypothesized in Neff's (2010) interpretation of data, if fathers who responded to the survey also had ADHD symptoms it may account for the slight inflation of perceptions of father well-being given that men with ADHD have been observed to have a heightened sense of competence and wellness that is not observed by others in their lives (Barkley, 2006). This inflation effect was noted in the data reported by Gerdes et al. (2003) who found that adolescent boys in their study had slightly higher

scores related to positivity in their relationships with their parents than did boys without ADHD used for comparison.

Discrepancy and mutuality. Following this specific concept of attribution, several reports specifically identified the themes of discrepancy and mutuality between mother and father experiences and viewpoints. Podoloski and Nigg (2001) found that fathers in their study were as equally distressed by defiant child behaviors as mothers but not by inattentive behaviors (p. 510). Unlike Chen et al (2008) who found that child gender was not a significant variable in attribution, Podoloski and Nigg (2001) reported that both mothers and fathers were more distressed by defiant or difficult behaviors from girl children than boy children.

Fathers and mothers often experienced relationship stresses that stemmed from different viewpoints about diagnosis, treatment and parenting approaches. Kendall and Shelton (2003) observed that in going beyond expressed beliefs, some father's and mother's discrepancies extended so far as to result in the development of alliances between mothers and their children with ADHD in an antagonistic relationship with fathers and child siblings unaffected by ADHD. However, this extremity of polarity was not reported elsewhere. Rather, more hesitancy and Laissez-faire attitudes of fathers tended to be more common (Singh, 2003; Moen, Hall-Lord & Hedelin, 2011).

Kendall and Shelton (2003), Singh (2003), and Podoloski and Nigg (2001) hypothesized that much of the discrepant beliefs and experiences were related to parents' situatedness in socially constructed gendered roles in childrearing; mothers typically provide much of the domestic, academic, social, and health-related management while fathers tended to take more peripheral roles with the children both outside and inside of the home. These findings reflected earlier work by Arnold, O'Leary and Edwards (1997) who found that fathers tended to display

more authoritarian parenting strategies when they had higher levels of belief in traditional gendered roles, and increased father involvement was correlated with increased mother over-reactivity when parents had more discrepant views of parenting strategies. Harvey et al. (2003) observed much more variability in father's approaches to parenting that was also hypothesized to be related to differences in gendered roles.

Child and family outcomes. While there were few studies that reported data on outcomes associated with fathering, there were some important findings that suggested both positive and negative child and family outcomes may be associated with father involvement and children with ADHD. Barnard-Brak, To, Davis and Thomson (2011) used data from the Early Childhood Longitudinal Study-Kindergarten (ECLS-K; West, Denton, & Germino-Hausken, 2000) cohort to analyze relationships between father residency, male presence, and children's symptoms of ADHD. The authors found a significant relationship between father absence and the future presence of ADHD symptoms of children in the data set ($n= 17,565$). Additionally and surprisingly, this relationship was mediated by the presence of other adult male figures in the daily life of the children. In other words, it seemed that there was a positive effect in the reduction of future ADHD symptoms when a child did have an adult male engaged in their lives.

In terms of larger family outcomes, fathers (like mothers) who used positive reframing (a construct from psychology related to parenting philosophy and finding new ways to think about their lives with their children and ADHD symptoms) as a coping mechanism reported feeling less distressed; there was also an association between this strategy and decreased child disruptive behaviors (Podolowski & Nigg, 2001). Positive or healthier father coping and engagement was also evident in dyadic relationships within the family structure. Families in which fathers had greater, positive emotional engagement with members and displayed higher degrees of mutuality

with mothers were typified as having the “Surviving” management style (Kendall & Shelton, 2003). Families with this management style displayed resilience such that ADHD, while a central experience in family life, was more manageable and overall more positive for all members.

Hurt et al (2007) reported that positive father engagement in their sample (n=53) had unique associations with the characteristics of peer functioning of adolescent boys. Boys who had low degrees of family loneliness (the operant for the concept of attachment) scored higher in measures of peer acceptance, lower in measures of peer rejection, and less overall problematic social behaviors when they reported higher degrees of paternal warmth. Interestingly, boys in this same category scored less in peer acceptance when fathers used a more power-assertive engagement style. In their study, maternal warmth and power assertion were not significantly related to the variables of their adolescent sons’ peer functioning. These findings were confirmed somewhat when Keown (2011) discovered in her longitudinal study that less paternal warmth toward children with ADHD was predictive of greater ADHD symptom expression in later childhood.

Fathers with ADHD. Given that ADHD is increasingly understood as having strong genetic etiology, the potential for children with ADHD to have parents with ADHD is well known. According to Barkley (2005), children with ADHD have a 60% likelihood of having at least one parent with ADHD. The implications of parent ADHD (specifically among fathers) on children and families has been of scientific and clinical interest. Four studies specifically reported quantitative data using father ADHD symptoms as an independent variable.

Arnold et al. (1997) reported that over-reactive parenting approaches and increased father involvement occurred when fathers reported higher levels of ADHD symptoms for themselves,

however the outcomes of this association went unexplored until very recently. Romirowsky and Chronis-Tuscano (2013) discovered a statistically significant positive relationship between paternal ADHD symptoms and increased child conduct problems, but this relationship was only apparent (moderated) when fathers had high levels of engagement in childrearing. There was no relationship between child conduct problems and father ADHD when fathers had low levels of child engagement.

Harvey et al. (2003) conducted research using a pre-test/post-test design to assess the relationship between both mother and father ADHD symptoms with parenting approaches (lax vs. over-reactive) in the context of a parent training class. They found that fathers and mothers with ADHD differed from each other somewhat. Fathers with inattention and impulsivity symptoms had strong correlations with lax parenting before the training and strong correlations with over-reactive parenting following training. Mothers with inattention symptoms, on the other hand, had strong correlations with lax parenting both before and after training. Fathers' impulsivity symptoms were highly correlated with more child-focused arguing before training while mothers' inattentive symptoms correlated with more arguing (Harvey, et al, 2003).

Psychogiou, Daley, Thompson and Sonuga-Barke (2007) conducted a correlational study (n = 363) to evaluate the role of parent ADHD symptoms as a moderator of the association between child ADHD symptoms and parenting practices. Their findings were somewhat confirmatory and partly contrary to Harvey et al (2003) given that when fathers had ADHD symptoms, there was an associated increase in negative parenting as related to child ADHD symptoms. Though for mothers, this was quite the opposite: mother ADHD symptoms decreased the negative effects of child symptoms upon parenting. It is worthy to note that in general,

mothers' symptoms of ADHD were associated with less positive and engaged parenting (Psychogiou et al., 2007).

Kendall and Shelton (2003) and Singh (2003) reported data that suggested parents with diagnosed or undiagnosed ADHD contributed uniquely to the negative family dynamic and challenges of raising children with ADHD. In Kendall and Shelton's work, parents with ADHD expressed greater frustration with family life and the management of child ADHD, while also tending to over-identify or even project their own life narratives related to failure and difficulty with some aspects of their own biographies onto the present situation. In Singh's work, she hypothesized that fathers who seemed aware of concerns that they themselves had with ADHD, expressed at times greater reluctance to ADHD treatment and also shame related to the performance of their sons in various areas of functional health such as athletics and social performance.

Interventions. Fabiano et al. (2009) and Fabiano, et al. (2012) conducted a series of two father-focused intervention studies using quasi-experimental designs to evaluate the effectiveness of Behavioral Parent Training (BPT) for fathers of children with ADHD. In the 2009 study, Fabiano and colleagues provided fathers with a specific experimental program called *Coaching Our Acting-Out Children: Heightening Essential Skills (COACHES)* in which fathers were provided behavior modification training to use with their children with ADHD which was enacted through the sport of soccer. The intervention group was compared with fathers receiving training in a conventional BPT program on the outcome variables of child ADHD symptoms and defiance symptoms as well as peer functioning as perceived by fathers. Father engagement was measured in terms of time of engagement, the number of treatment sessions attended on time, and the degree to which homework submission improved as measured by school assignments

turned in. There were no significant differences between groups on the ADHD and behavior related measures, however fathers in the COACHES intervention group noted improved father engagement using the proxies of session attendance and schoolwork completion. In the 2012 follow-up study, the intervention was repeated, this time using a wait-list approach to generate their comparison groups and also with several measurement changes, which included analyzing observational interactions of fathers and children, measures of child behavioral problems, and perceived attitudes about therapy. Results indicated that fathers in the intervention group increased their use of praise and decreased their use of negative talk in their ongoing father/child interactions as compared with fathers in the waitlist group.

Summary of Literature on Fathers and Child ADHD

The experience of fathering in the context of child ADHD has not been richly described from the perspectives of fathers. Data from father have been limited to exploration of beliefs about pharmacological treatments of ADHD, concordance or discordance with mothers and teachers regarding child ADHD behaviors and diagnosis, and some limited interpretations of ADHD attribution. Because of these limitations, men's personal descriptions and meanings of fathering in the context of child ADHD have failed to be articulated and interpreted, leaving researchers and clinicians alike to make largely uninformed, potentially biased decisions about fathers as individuals and as they relate to child and family health with ADHD. As a result, descriptive and interpretive understanding of men's experiences as fathers in this population is lacking. Overall, fathers have generally been characterized as reticent, antagonistic, grieving, unbelieving, reluctant, apathetic, and active barriers to child ADHD management for which the only potential explanation offered has been that some of the fathers have ADHD and struggle with childrearing tasks in this population. Given the near total absence of robust, rigorous,

father-focused phenomenological research, it stands to reason that the larger spectrum of fathers' lived experiences has gone undiscovered.

Historical Definitions of Fatherhood

Underlying the fabric of modern childrearing for men in present U.S. society are the complex assumptions and expectations for the role and responsibilities of fatherhood. Historians and social researchers have identified four distinct periods which represent sometimes dramatic shifts in what society has viewed as the primary role of men as fathers. It is unclear whether or not any of the previously determined periodic definitions have actually left the social discourse or if rather, there is something of an additive effect in which artifacts of past generations' values and beliefs influence men in contemporary society. This is because researchers continue to find evidence that these historical ideas persist in modern fathering beliefs, though inconsistently.

Fatherhood as patriarchy. Early colonial and post-Revolutionary War fathering has been characterized as the "Patriarchal" period, in which fathers' primary responsibility was overseeing the moral and religious education of their children (Lamb, 2000). Fathers were typically removed from everyday direct tasks of care that were viewed to best fit women in their roles as. Fathers were expected to be emotionally distant and generally authoritarian in their approach to matters of child discipline. In this era, fathers largely experienced their children in the context of a heavy day-labor, agrarian society, which kept men engaged in horticulture or animal husbandry outside of the home. Thus, these directives to men as fathers were in pragmatic harmony with their daily lives, as well as the generally ascribed Judeo-Christian religious viewpoints that dominated this time period (Lamb, 2000).

Fatherhood as provision. The Industrial Revolution and the post-Civil War Reconstruction era brought significant changes to the lived experiences of men and women and

to their family roles. As the need for agricultural workers declined in the growth of new technologies and the prevalence of factory work called more and more families to urban living, it became the primary role of men to function as “breadwinners” such that their success and contribution to childrearing was measured as a function of their economic earning abilities (Lamb 2000; Marsiglio et al., 2000). This father-as-provider script coincided with such explosive technological and economic growth in the U.S. that while men were simultaneously being assigned the primary role of financial provider, they were increasingly working beside their wives and children who also needed to work in factories and sweatshops in order to earn a subsistence life in the face of gross economic inequalities. As a long-term result, this father-as-provider role definition has continued to affect men in the U.S. today who often ascribe highly acute feelings of anxiety to act as a financial provider as they enter fatherhood, particularly for the first time, and also when confronted by the reality of children with chronic conditions who have greatly increased needs for financial resources (Lamb, 2000; Marsiglio et al., 2000).

Fatherhood as sex role modeling. The developing social science theories of gender identity as a product of socialization appeared in the U.S. in the post-WWII era, which was dominated by heightened conservatism, racism, sexism, homophobia, and a pervasive social fear of communism (Lamb, 2000). In this environment, men accepted the social script that their primary role was to act in the capacity of sex (gender) role models for their children. Fatherhood was often associated with the previously discussed ideals of masculinity as anti-femininity, emotional stoicism, power, and achievement (Lamb, 2000). As such, fathers worked to model gendered behaviors reflected by their stark adherence to standards of male dress, activities, interests, and relational roles within family and workplace. It was thought this behavior would affirm to children with clarity what it meant to be male versus female and thus prevent a host of “mental

illnesses” and “disordered behaviors” (Lamb, 2000; Lamb, 2010). This is a stark directional shift from the idea of father-as-provider; however, it is noteworthy that this, the shortest specific period of fatherhood definition spanning approximately 20 years, coincided with a time of unprecedented economic prosperity with a large expansion of the middle-class and a general move away from subsistence living to comfort living for many U.S. families (Lamb, 2000). Thus, more and more fathers experienced a sense of financial success and ease such that their perceived role work could be seen to focus upon other social priorities since they had both time and resources to invest in parenting in ways they had not previously experienced. (Lamb, 2000).

Fatherhood as nurturance. The short-lived period of father-as-sex-role-model shifted dramatically as the Civil Rights era made substantial headway, particularly as it related to the second great wave of feminism that took shape in the mid-1970’s. From its beginnings through the middle 1980’s, as women’s equality dialogues dominated the social scripting of the time, men received from their female partners a new definition of father-as-nurturer. Within families, fathers were expected to exhibit greater emotional openness and closeness with their partners and children. Men were also expected to engage in more role flexibility in the work of childrearing in all ways, including such things as the direct care tasks of diapering and basic hygiene, as well sick care including complex tasks such as those that came with managing children with chronic health conditions. Being a nurturing father also meant being a nurturing partner and ideals of men as cooks, doers of dishes, and launderers of clothes entered the social script. Interestingly, though men certainly did begin to participate in more domestic tasks of daily life, gender divisions of labor continued with men spending disproportionately less time engaged in domestic tasks often labeled as “traditionally” women’s work (Marsiglio et al., 2000).

Summary of History of Fathering in US Culture

In this limited review of the historical development of fathering beliefs and social conceptualization of fathering, I have identified four major historical periods that continue to exert influence upon fathers in the modern day. These beliefs about patriarchy, provision, sex-role modeling, and nurturance formed the basis for a broad conceptualization of fathering in this study, and allowed me to be open to numerous ways in which fathers may construct and experience the meaning of their roles. The indications by scholars that fathering continues to evolve while remaining linked to past historical belief systems underscored the need to utilize philosophical and theoretical frameworks that allow for inductive, open discovery rather than closed, deductive reasoning. To that end, I will next describe those frameworks.

Philosophical and Theoretical Frameworks for the Study of Fathers

This section begins with a succinct overview of the history and philosophical assumptions of Interpretive Phenomenology as the overarching methodology by which this study was conducted. Following this presentation of philosophy and methodology, I offer a brief conclusion.

Study Philosophy and Methodology

According to van Manen (2014), Phenomenology, as a practice of inquiry, is most often described as a meaning-giving methodology for developing scientific knowledge of human *being*. Being, in this sense, is a verb describing the active and passive awareness, events, and actions of humans in their lived experiences of environments and contexts (Benner, 1994). Also, van Manen observes that the historical distinctions between epistemology (what can be known about being) and methodology (how knowledge of being can be discovered) are not always clear when it comes to Phenomenology. Taking a more direct, pragmatic approach to the methodology

of Phenomenology than van Manen, Benner asserts that Interpretive Phenomenology has direct implications and overall utility for nursing science because the study of human being (verb) is a fundamentally interpretive act with a goal to understand the domains of world, self, and other, and it is within these three overlapping domains that the practice of nursing as a human caring science takes place (Benner). It is therefore, apropos that nurses develop knowledge about human *being* by means of Interpretive Phenomenology (Benner, 1994).

Interpretive Phenomenology: Precursors. Immanuel Kant, a German philosopher (1724-1804) sought to explore human consciousness questions raised by Descartes (1596-1650) by taking-for-granted the existence of consciousness, rather than debate the substance. Kant contributed greatly to thinking about the nature of consciousness and philosophical phenomenology (van Manen, 2014). He argued that objects within the world and universe-at-large are essentially unknowable in terms of their full, physical nature because human beings are limited by our own cognition, or rather, by the limits of our sensory abilities and our minds to label, describe, or articulate the object's fullness of existence.

It was these limited sensory perceptions of the world by humans that defined, in Kant's terms, the *phenomena* of the world. Kant distinguished the limited human perceptions of the physical world from the objects, or *noumena*, which could never be fully comprehended by the limited human consciousness and physical senses (van Manen, 2014). By stating these observations and assumptions, Kant effectively proposed that any human perception articulated by cognition, or the human consciousness, was thus a limited representation of that object in the world.

Following Kant's propositions, the humanities were faced with an inevitable problem: the problem or crisis of representation (Fjelland & Gjengedal, 1994). How could one attempt, with

limitations, differences, and inherent distance between human communicators, to assure that an absolute and “pure” representation or interpretation was even possible or plausible? Was there value to the goal of a singular representation of the so-called “truth” of any object or being in the universe?

These intellectual and culture frictions of interpretation were not new ideas to Western civilization, however they did find new life in the growing tradition of Interpretivism. Ancient Greeks used the word “hermeneutics” to describe the science of linguistic interpretation and accordingly, European philosophers began using the term commonly in this time of interpretive philosophical expansion (van Manen, 2014). By the 19th century, hermeneutics had become the primary method of humanistic inquiry in Western societies. The use of hermeneutic method and dialogues about truth and meaning led to a robust and prolonged intellectual debate that gave rise to the development of many diverse methodological approaches, including Interpretive Phenomenology (van Manen).

Husserl and the development of Phenomenology. A German philosopher, Edmund Husserl (1859-1938), formally defined and initially developed phenomenology as a distinct philosophy and methodology of scientific inquiry. Husserl was stimulated by the assumptions of objectivity and Cartesian duality of the empirical worldview that underlie scientific inquiry in his time. Across his prolific career he made a radical departure from what had become traditional scientific thinking (Fjelland & Gjengedal, 1998). By engaging and developing the ideas of Kant and others, Husserl eventually came to the conclusion that the hidden assumptions of humans in their approach to living everyday life were of great importance.

According to Husserl, all humans inherit and possess pre-knowledge that deeply influences the study of any phenomena. Husserl defined pre-knowledge as the taken-for-granted,

definitions, language, tools, events, and actions so embedded in everyday human life that we are largely unaware of them (Fjelland & Gjengedal, 1994). Because of this lack of awareness, scientists could not come to know a phenomenon by its own terms. This was seen as problematic because such a lack ultimately brings into question the findings about any given phenomenon in terms of both substance and meaning (van Manen, 2104).

According to van Manen (2014), Husserl reasoned that the goal of science should be to move beyond seeking objective *truths* about perceptible phenomena to doubtless *essences* of the human experience of these phenomena. These essences were the interpretations of phenomena in their own terms rather than by some imposed, external measure or language (Benner, 1994; van Manen, 2014). Accordingly, he rejected duality of subjectivity and objectivity as a fundamental Cartesian ideal (Fjelland & Gjengedal, 1994).

From the perspective of Phenomenology, to understand the essences of human experiences, one must come to an awareness of the taken-for-granted, pre-knowledge that humans use in the world to come to a more situated knowledge of the phenomenon itself (Benner, 1994; Fjelland & Gjengedal, 1994; van Manen, 2014). Husserl believed that all human understanding and knowing was an interpretation; a hermeneutic understanding grounded in the unacknowledged practicalities of daily life (Fjelland & Gjengedal). This idea came to be known as the “lifeworld”.

The Lifeworld. Martin Heidegger (1889-1976), also a German philosopher, continued the development of Husserl’s work on the lifeworld and those beings for whom being is an issue of awareness, interest, and concern (Heidegger, 1962). Heidegger was interested in exploring the meaning of being from the perspective of totality rather than separatism or reductionism. At the core of his philosophy was the concept of *Dasein*, which has as its focus the ability to question

and seek understanding about the nature of “being”, or as Dreyfus (1990) states, “to make sense of our ability to make sense of things. (pg. 10)”. Heidegger’s ideas embodied the following Interpretivist assumptions: 1) that truth is relative and subjectively perceived; 2) knowledge is co-created between beings and their environments and is influenced by the perception and experience of time and social expectations within cultures; and 3) beings can co-create interpretations of the world by engaging in dialogue, seeking understanding of multiple subjective perspectives that may reveal some of the truths of a phenomenon.

The Hermeneutic Circle. Heidegger proposed that discovering the meaning of human being-in-the-world was an interpretive act of reflection and dialogue between the researcher (self), research participant (other), and the social contexts and environment-at-large (world) (Dreyfus, 1991; Heidegger, 1962). These directed dialogues take place between human beings who have both common and unique understandings in the lifeworld. The ubiquitous act of sharing understanding between people was what Heidegger called the Circle of Understanding, or the *Hermeneutic Circle* (1962).

According to Heidegger (1962), all humans exist within a hermeneutic circle. Human development, family, and culture allow for each of us to be constantly in a dialogue with self and others about the meaning of objects, acts, and experiences in our shared social worlds. While in this circle, our shared meanings stem from our shared practices with others. Until there is some cause for which we become aware of these meanings, we remain largely in a state of *pre-reflection* about them. In the pursuit of uncovering and interpreting the meaning of a particular phenomenon, researchers initiate and develop an intentional, reflective dialogue with the specific persons who experience it; a purposeful engagement in the hermeneutic circle (Dreyfus, 1991; Heidegger).

Researchers seeking to interpret the meanings of specific phenomena experienced by humans also live within the shared lifeworlds of those around them. Heidegger (1962) named this shared social context of understanding a *local clearing*. As persons in this clearing, the researchers have their own understandings of the phenomena of their interest to a point, which facilitates understanding for interpretation (Benner, 1994; van Manen, 2014). Plager (1994) and van Manen instruct that the state of understanding and the act of interpretation are linked by what Heidegger described as *forestructure*. By engaging in self-reflection, researchers become aware of this forestructure, which is defined by three characteristics: *forehaving*, *foresight*, and *foreconception*.

According to Heidegger (1962), *forehaving* means that we come to any situation possessing some practical knowledge and familiarity that stems from our shared understanding-in-the-world. Interpretations are made possible by that shared understanding. *Foresight* refers to our personal point-of-view from which we make our interpretations, and *foreconception* refers to the ways in which our fore-having and fore-sight inform our expectations about an interpretation even before engaging in research dialogues with our participants. For some, a Heideggerian approach means that this inherent forestructure of phenomenological researchers is integral to interpretation and as such, we should engage in constant reflection about how forestructure informs and influences the interpretation that is constructed in the process of research (Plager, 1994; van Manen 2014).

Heidegger (1962) also proposed that phenomenological research in the clearing takes place not only in the context of the forestructure of the researcher, but also in the context of the state of the research participants. Of particular importance is the way in which humans engage

with any particular situation, which Heidegger described two of these ways as modes of human intentionality using the terms *ready-to-hand* and *present-at-hand*.

Ready-to-hand refers to that mode of the pre-reflective experience of life that comes naturally when objects, relationships, and activities are functioning as expected and with ease, flexibility, or fluency, but are not present in consciousness in the moment. For example, I pick up a pen. I use it, but it is somewhat subconscious. I am not acknowledging the existence of the pen or considering it, nor am I considering its meaning. At any time and for any reason, it could move into the mode of present-at-hand, but in this space and time, its nature (being/meaning) is out of my awareness. *Present-at-hand* is that mode of intentionality in which I become aware of the pen in my hand and consider its function and meaning; perhaps I think about the color of ink it produces, the shape and feel of the pen in my hand.

Conclusion

The purpose of this chapter was to present a review, evaluation, and synthesis of the body of scientific literature on fathers and their experiences with children with ADHD. First, the specific knowledge on fathering and ADHD was limited and narrowly focused, often including data from fathers, but only peripherally. Fathers in families with children with ADHD were described as having relational issues with their family members. Fathers did not seem to engage their children and spouses or co-parents in confirmatory and affirming ways, but rather were often skeptical or distant. Data directly from fathers was so limited that a fuller spectrum of fathers' experiences and the larger meaning of fatherhood in the context of child ADHD is unknown.

Research from men's studies scholars have identified historical beliefs and values that likely affect the socialization of men as fathers in ways men are both aware and unaware.

Research has also been influenced by evolving conceptualizations and measurements of fatherhood and fathering. Given these findings, I chose to approach the exploration of fathers by conducting an Interpretive Phenomenology study of fathers' experiences in their childrearing roles. Interpretive Phenomenology is ideally suited to explore gaps in understanding the experience of fathers in the midst of changing social expectations of fatherhood. Such understanding is needed prior to examining process and development of interventions to inform nurses who provide care for families with children with ADHD. I ended this chapter by presenting the underlying philosophical and methodological frameworks for this study. In the next chapter, I present the specific method applied in the conduct of the research.

Chapter Three: Research Design and Methods

Introduction

The purpose of this chapter is to present the research design, methods, and procedures I used to conduct the current study of the lived experiences of fathers of children with ADHD.

Being and time. In Heideggerian thought, Dasein (the being for whom being is an issue) was in this case, fathers in the study. For these men, making sense of their lives as fathers of children with ADHD was anticipated to be an experience that was lived by using the entirety of their present and past experiences and applying themselves to the tasks-at-hand raising their children with ADHD. Therefore, with this underlying philosophical background this major aim of the study was to describe and interpret men's lived experiences of rearing children with ADHD.

Method

The purpose of this section is to describe the specific procedures and activities of data collection and analysis used in this study. To that end, I will describe the instrumental use of Benner's (1994) approach to Interpretive Phenomenology. For a brief description of the study, see Appendix A and the specific research procedures followed, please see Appendix B.

Benner's Interpretive Phenomenological approach. Out of respect for the tradition of phenomenology, I offer the acknowledgment that no claim is made that the outcomes of this study provide a fullness of all potential understanding of the meaning of fathering children with ADHD (Benner, 1994; van Manen, 2014). I do however offer that this interpretation honors and respects the experiences of the participant fathers. As one fundamental assumption of phenomenology states that my own lived experiences-in-the-world (i.e. background) facilitates this process of interpretation (Benner; Plager, 1994: van Manen), I initiated this study by

composing a personal narrative of my own experience fathering of three children with ADHD as I knew and understood it at that time. Doing so established a context of the forestructure I brought to this study as “self” and provided a concrete reflective account of my own place in the hermeneutic circle to inform the process of interpreting the phenomenon as experienced by fathers in the study. I referred back to this narrative often to reflexively consider how my own experiences both facilitated and constrained my understanding.

According to Benner (1994), a hermeneutic interpretation consists of three interrelated processes: (a) *thematic analysis* of narrative, (b) selection and interpretation of *exemplars* of themes within narratives, and (b) identification and interpretation of *paradigm cases*. Throughout this process, the interpreter moves constantly between the foreground and background; from the text of the narratives and to developing written interpretation; between the narratives and interpretations themselves into prolonged and deep engagement (Benner). Thus, interpretation and analysis is inevitably a process of writing and rewriting (van Manen, 2014).

As I conducted this study, I applied these guidelines by:

1. Engaging participant fathers in interviews, creating opportunities to explore their present and recalled experiences of childrearing in the context of child ADHD, their own backgrounds and histories, social gender scripts, and social disability scripts (Benner, 1994; Plager, 1994).
2. Creating written interpretations of each transcribed interview text and seeking meaningful patterns, beliefs, and concerns in terms fathers expressed, initiating the process of *thematic analysis* (Benner, 1994).
3. Considering each identified pattern within a text in relation to the entire narrative in order to develop an understanding; to identify paradoxes in each father’s lived experiences and raise

new interpretive questions about the experiences and meanings in the narrative (Benner, 1994).

4. Writing and rewriting the interpretive texts, exploring different thematic ideas in the process (Benner, 1994; van Manen, 2014).
5. Moving between texts of participant fathers' different life experiences and narratives, continuing the process of interpreting essential themes which characterized the phenomenon; seeking the commonalities and contrasts through developing understanding, interpretation, and critique (Benner, 1994).
6. Interpreting *exemplars*; thematic examples in the terms of fathers that highlighted the commonalities and contrasts within the phenomenon of rearing children with ADHD and that would best inform the reader of the research about the distinctions of and within the experiences (Benner, 1994).
7. Conducting additional, secondary interviews as my interpretation developed, sharing the developing interpretation with fathers, and asking additional questions about interviewees' lived experiences; exploring the meanings of particular words or phrases, puzzling ideas within the texts, or contradictions until additional clarity was found (Benner, 1994).
8. Grouping and regrouping theme exemplars until a unifying, nuanced interpretation was produced which accounted for the commonalities and differences across all cases (Benner, 1994).
9. Identifying and interpreting *paradigm cases* that exemplified specific ways of being in the world for fathers of children with ADHD and which further supported the process of identifying the phenomenon in its own terms (Benner, 1994). Chelsa (1994) explains that these paradigm cases are "strong, concrete instances" (p. 173) of similar, whole patterns of

meaning among the participants. Paradigm cases may be articulated as interpretations of specific individuals' experiences or by composites of individuals. Three paradigm cases were determined to best represent these data, and they are presented in Chapter Four.

It is important to note that these steps and processes, though presented in a numeric order here for ease and clarity, are interrelated and not necessarily linear. Chesla (1994) for example, presents these steps and processes in one progression, while Benner (1994) offers a different strategy. Benner highlights that while there is certainly a logical need to obtain narratives before one can begin an interpretive analysis. But the choice of how and when to identify and write paradigm cases can be an intuitive one. It should be apparent to the researcher and that an understanding of following steps within the process may reveal itself in the conduct of the study.

Setting

This study was conducted in the Portland, Oregon metropolitan area. I made significant attempts to recruit in smaller Oregon communities, however they did not prove fruitful. The Portland metropolitan area is home to approximately 2.8 million persons in three counties, including the adjacent Clark County of SW Washington, which shall also be included in this study (U.S. Census Bureau, 2017). From the perspective of ethnicity in Oregon, the majority of residents (76.9%) identify as White and Non-Hispanic. The second largest group of persons identify as Hispanic or Latino (17.8%). Those who identify as Asian and African American make up 13.3% and 5.7% of the population respectively (U.S. Census Bureau, 2017).

Sample

According to Plager (1994), phenomenology in the context of family health seeks to understand the significance of health and to explore caring practices and lived experiential meanings of health within families. In these contexts, it was logical and appropriate that the

study participants be fathers with children with ADHD, as it was the meaning of this phenomenon to men who are fathers that is of interest and these men could share their stories from a firsthand perspective. In this section, I describe the concrete approaches for recruiting participants to create the final sample; the inclusion and exclusion criteria for participation in the study; and a description of and rationale for the final sample size.

Advertising, recruitment, and enrollment. After receiving approval by the OHSU Institutional Review Board to conduct this study, I implemented the following process for the recruitment of participants. I started with advertising the study by sending IRB-approved recruitment letters and flyers (see Appendices C and D) via email and hard copy to pediatric primary and specialty care practitioners who treat children with ADHD in the Portland, Oregon and Eugene, Oregon areas. At the same time, I posted study flyers (with express approval of practice managers) in the neurodevelopmental and general pediatric clinics at Doernbecher Children's Hospital in Portland and at the Child Development and Rehabilitation Centers in Portland and Eugene. Additionally, I posted an IRB-approved advertisement of the study using the social media platform of Facebook (see Appendix E). Consistent with my study protocol, I engaged in the process of snowball sampling, by inviting active study participants to share recruitment materials with other fathers they might have known in the community. The most beneficial recruitment efforts came from two local non-profit agencies serving children with ADHD who graciously emailed my electronic flyers directly to their list-serves subscribers, which resulted in finding 50% ($n = 5$) of the qualified fathers who participated in the study. On the distributed materials, I provided a direct contact, institutional email address and telephone number by which potential participants could contact me about the study.

When I received inquiries from potential participants, I screened each individual to determine if he met criteria for inclusion in the study. I then described the study in lay language, explained the process of ongoing, informed consent, and invited qualified individuals to participate in the study (see Appendix F). When a potential participant expressed interest in participating in the study, I set an appointment with him to meet in person, and continue with steps to enroll the participant in the study. At the in-person meeting, I offered a detailed description of the study, carefully reviewed the study protocol, and repeated the education about the nature of ongoing, informed consent. I then obtained each participant's written consent (see Appendix G) and commenced with data collection at that time.

Inclusion/exclusion criteria. To ensure that the study focused upon men's rearing of children with ADHD, the following inclusion criteria were implemented. A brief rationale is provided for each criterion:

1. Individuals who self-identify as men and are biological fathers of children with ADHD aged seven to 21 years. Rationale: Diagnostic criteria for ADHD include the presence of symptoms by age seven (APA, 2013) and in-home residence through early adulthood is somewhat common in ADHD (Barkley, 2006). Additionally, non-biological fathers have been shown to have unique lived experiences which affect their understandings of themselves and their roles with children that would add a highly complicating interpretive dimension that is outside of the present scope of this study (Pettigrew, 2013; Schwartz & Finley, 2006).
2. Fathers and children with ADHD must co-reside. Rationale: Fathers must be able to speak to questions about daily life with their children with ADHD as this is the focus of the study aims.

3. Children must have a primary diagnosis of ADHD from a licensed health care provider, though records will not be required for verification. Fathers of children with multiple co-occurring primary diagnoses (such as Autism Spectrum Disorder or Down Syndrome) will not be included in this study. Secondary conditions common to the experience of ADHD such as Anxiety Disorder, Specific Learning Disability, or a Behavioral Disorder (Disruptive Behavior Disorder, Oppositional Defiant Disorder, Conduct Disorder) will not preclude fathers from participating. Rationale: Other primary developmental diagnoses have unique features and patterns outside of the experience of ADHD. Therefore, the primary diagnosis of ADHD without such a complication allows for the most direct access to the phenomenon. Co-occurring conditions of behavior and learning (such as Oppositional Defiant Disorder, Anxiety, and Specific Learning Disability) are so frequently experienced with ADHD (a range of 22 – 65% depending on the diagnosis) that these secondary diagnoses are considered to be common features associated with the lived experience of ADHD (APA, 2013; Barkley, 2006).
4. Participants must be able to communicate verbally and in writing in the English language. Rationale: According to the OHSU IRB Human Research Protection Program Investigator Manual (2014), research participants with limited English language proficiency must be able to engage in the processes of consent and research, including all written materials, in a language of their own proficiency. As I am proficient only in English and there exist no resources appropriate for such translation services in this doctoral student project, this study will only be conducted among those with English proficiency.

Sample size. The sample size (i.e. the number of participants) in research studies using Interpretive Phenomenology is often limited by the volume of text generated and the human

resources available for analysis (Benner, 1994). Additionally, the number of participants projected at the beginning of a qualitative study will likely change, depending on the richness of the text generated through the data collection process. It is also important to consider the need for multiple interviews from the same participants, which adds to the volume and richness of text (Benner).

Maximum variation sampling (Patton, 2002) is often associated with qualitative approaches for its value in helping researchers seek and engage participants from a wide variety of backgrounds that inform their life experiences. Since interpretive phenomenology seeks to uncover patterns of similarities and differences of human meanings of experiences (Benner, 1994), I planned to seek sample variation in this study. I sought variability of participants from experiential, social, and demographic backgrounds and collected demographic data about participants to document and describe these sample characteristics (Appendix H). See Table 2 for a list of these planned variances in characteristics.

Table 2

Potential Variability of Participant Characteristics

Domain	Possible Variations
Father socioeconomic status	Level of education; occupational background; rural vs metropolitan residence
Child gender	Males, females, and other diverse gender identities
Child age/ developmental stage	Age 7 to 21 years. School-age children across early and late stages; early and late adolescence; early adulthood
Father relationship status	Married, partnered, divorced, single

Although the goal was to maximize variation in selected sample characteristics, this variability was not fully realized. Demographics of the sample are presented fully in Chapter Four. The text itself was the primary determinant of sample size, along with the limitations of diverse recruitment efforts in the given geographical settings, as well as the constraints of this dissertation timeframe. Precedents in the literature of various qualitative methods applied to family research indicated that a reasonable estimate for sample size ranged from five to twenty participants (Benner, 1994; Kendall, 1998; Patton, 2002). Keller, Ramisch, and Carolan (2014) published an interpretive phenomenological study of men's relationships with children with Autism in which the number of participants was seven fathers who engaged in single interviews. As I followed Benner's (1994) approach, which encouraged the use of multiple interviews, I estimated that this study was likely to include seven to ten participants with two interviews each that would result in approximately fourteen to twenty, 30 – 90 minute narrative interviews. Two interviews for each participant were needed to clarify the meanings of language within the transcribed text as the post-interview analysis began and the interpretation emerged. For maximum flexibility, I sought IRB approval to recruit as many as 20 participant fathers for the study to complete 40 interviews. In the end, the final sample for this study was composed of 10 fathers.

Moreover, I made significant efforts to identify more racially diverse fathers by accessing professional contacts specifically within the African-American and Latino communities. I met with several key informants from the communities and networked with nurse researcher colleagues who had worked with these populations successfully. However, I was unable to recruit any study participants from these diverse populations.

Ethical Care of Human Participants

In conducting this study, I followed the policies and procedures for ethical research at Oregon Health & Science University and by the human sciences community-at-large (OHSU, 2011; 2014).

Informed consent. When participants met with me to receive a full explanation of the research study, they received the following information: (a) a detailed description of the purpose, design, and nature of the study; (b) a verbal and written explanation of informed and ongoing consent; and (c) resources for psychological support, had they been needed as a result of participation in the study (Appendix I). Potential participants who elected to enroll in the study were also given the previously mentioned demographic questionnaire that was used to collect the demographic data I used to describe the final group of participants. Each informed consent was documented and archived according to the process outlined in this chapter.

Benefits, risks, and confidentiality. There were no direct benefits to the participants of this study. Study participants received a token gift card in the amount of \$25 for each interview they completed, as a means of thanking them for their participation. The participants were allowed to specify a gift card for either a Target or Fred Meyer retail stores. Participants were allowed to keep the gift card even if they choose to withdraw from the study, including any situation in which they began an interview and choose to end their participation in that interview. This circumstance, however, did not occur.

The potential risks to study participants were minimal and psychological in nature, related to the primary data collection method of semi-structured interviews about potentially sensitive personal life topics such as childrearing, marriage, or other intimate family relationships. Participants may have found some questions to be uncomfortable and possibly

experienced some negative emotions in response. It was frequently the case that fathers displayed some intensity to their emotions. This manifested through tearful moments, or occasions wherein fathers became “choked up”. I told all participants that they could decline to answer any question that caused them distress. They were also given the option to take breaks during the interviews to compose themselves as needed or, alternatively, to end the interview. Participants were reminded at the start of each interview that they had the right to withdraw from the study at any time as implementation of ongoing, informed consent. In only one case (Participant 9), did the father become so emotional that I considered ending the interview, however the father took advantage of the opportunity for breaks and my redirection toward other areas of interest. I inquired about his desire to press forward or not and he directed me to continue, which we did successfully and to his satisfaction. Participants were also informed of the confidential nature and processes by which their narratives were being collected and maintained to protect their identities. I assigned and used pseudonyms in place of participants’ names and places in all written materials of the study. A detailed description of confidentiality procedures will be described below.

This study made inquiries of participants in relation to, in many cases, minor, dependent children. However, children did not participate in this study directly. Participants were informed as part of the consent process of my status as a nurse and mandatory reporter of abuses against children. No instances of child abuse or neglect were uncovered in the course of this research; however, I was prepared to report any such knowledge to the state agency responsible for the protection of children according to Oregon state law (OAR 851-045-0090; ORS, 419B.010).

Data Collection Interviews

I engaged participants in audio-recorded, semi-structured interviews grounded in the framework of Benner (1994). All but one participant completed two interviews each, consistent with Benner's recommendation for conducting interpretive phenomenological research using multiple, ongoing interviews. As the nature of this research was to interpret the meanings of the lived experiences of fathers of children with ADHD, and as each participant had a unique story and journey, the interviews allowed for some freedom to explore each participant's experiences and perspectives. I developed an interview guide that featured examples of primary, open-ended questions, as well as related probes that were used to collect further explanation and details within the interview process (Appendix J). I estimated that each initial interview would last between 60 to 90 minutes and that follow-up interviews would be shorter in length, between 10 and 60 minutes. I also planned to conduct interviews one to four weeks apart. This timeframe was selected based on the time I estimated it would take to transcribe each recorded interview and begin narrative analyses of the transcribed text while not allowing too much time to pass such that participants felt disengaged. It was anticipated the entire study would be conducted in approximately six months and that the data collection phase will take three to four months. No participant would engage in data collection more than an estimated four-month period; most participants would complete engagement in the study in one month or less.

Interview settings. I followed recommendations from Robb (2004) and Schwalbe and Wolkomir (2003), who reported success in recruiting fathers as research participants and obtaining qualitatively rich descriptive narratives from men, when their research interviewing strategies attended to masculine social scripts of interaction. Specifically, they suggest offering choices in the context of the scripts of capability and power by doing such things as verbalizing

that the researchers were in a more submissive position (as learners) from fathers (as experts) and allowing fathers to choose the setting and circumstances of their interviews inasmuch as they allowed for privacy. In the context of ADHD, it was possible that fathers already felt a sense of incapability and frustration (Kendall & Shelton, 2003; Singh, 2003) that may have predisposed them to be self-protective through stoicism, distance, and emotional restriction. Additionally, it was anticipated that the men might feel threatened by talking about their challenging family relationships with a doctoral student and clinician, which may have implicitly been perceived as a threat to their authority or ability.

To address privacy, and increase the potential comfort and success of the interviews, Robb (2004) and Schwalbe and Wolkomir (2003) suggest offering men their choice of setting for their interviews. These settings could include participants' own homes or places of work, a neutral office location, or a setting in the public. Of course, the setting of choice must allow for adequate privacy, confidentiality, and accurate data collection. Additionally, the interviewer must be adept at reading the cues of the participants while themselves portraying verbal and non-verbal cues, which are sensitive to these scripts of ability and performance. Specifically, opening the interview by stating that the interviewer seeks counsel, advice, and consultation with men about their own expertise with the specific subject of interest can be useful (Schwalbe & Wolkomir, 2003). Robb (2004) stated that as a male fatherhood researcher, openly sharing his own status as a father was greatly beneficial in creating rich dialogue and placing his participants at ease. Benner (1994) generally advises active listening, questioning with prompts for understanding, and drawing on the clinical expertise of nursing practice as a researcher in order to engage in respectful and supportive conversation.

These strategies proved effective. Fathers chose to meet with me in my office ($n=4$), their homes ($n = 3$), their places of work ($n = 2$), and at a private conference room at a local library ($n = 1$). Additionally, fathers seemed to be very comfortable in their interactions, offering candid, insightful, and sometimes emotionally touching thoughts and experiences that appeared to demonstrate a state of ease and comfort during the interviews. These feelings of comfort directly impacted the quality of these data, as each interview resulted in robust and detailed narratives of their lives.

Sharing of Findings

Participants were invited to attend the dissertation defense to see a presentation of the findings. Additionally and alternatively, a written summary of the findings were sent via U.S. Postal service to an address and/or an email account designated by the participants if they elected this option (see Appendix K). Sharing the findings of the study honored their participation and stories and was viewed as validating and enlightening by the study participants. Participants were generally very enthusiastic about the opportunity to receive these findings and all participants opted in.

Transcription, Data Management, and Security

Participant interviews were recorded using a mobile digital audio system. Interviews were captured in an electronic (MP3) format, transferred to a secure encrypted drive for storage, and securely emailed to an OHSU contracted professional agent for transcription. All transcripts were de-identified to protect confidentiality and identity for each research participant. Upon completion of this entire dissertation defense process, the original audio files will be deleted to prevent the retention of any potentially identifying “voiceprints.” There is only one separate and distinct document created to link the specific participant to their pseudonym for data auditability

and confirmability. Demographic surveys were collected via paper and were likewise labeled with participant pseudonyms. All documents, electronic or otherwise, were kept in a locked drawer in a locked office and will continue to be stored in this manner for a period of three (3) years per OHSU archiving protocol for this type of study (OHSU, 2014b, 2.20.1). Electronic documents have been encrypted for safety and are not accessible by a networked computer.

Supervision

This study was completed as part of a doctoral dissertation in partial fulfillment of the requirements of the PhD degree program at Oregon Health & Science University, School of Nursing. As such, three qualified, PhD-prepared faculty who composed a chaired dissertation committee directly supervised my research. Participants were informed of the nature of study as a dissertation and contact information for the supervising faculty members, including the Dissertation Committee Chair, Dr. Kristin Lutz, was provided in the study materials for the participants.

Data Analysis Plan

I approached the analysis of these data using Benner's method for Interpretive Phenomenological research (1994) as described previously in this chapter.

Evaluation

Lincoln and Guba's (1985) evaluative criteria were used as a guide to conducting data collection and analysis to maintain and achieve scientific rigor in this study. These four criteria are credibility, transferability, dependability, and confirmability. Additionally, to ensure the emerging interpretation was grounded firmly in the underlying philosophy of Heidegger's Interpretive Phenomenology, I frequently reflected upon and directly incorporated Madison's

(1988) nine principles of evaluation, which are rooted in Heidegger's philosophical description of interpretive phenomenology:

1. *Coherence*: presenting a unified and clear interpretation that includes as sensible an explanation as possible from the text itself.
2. *Comprehensiveness*: presenting a whole view of the text from the situated perspectives of the participants.
3. *Penetration*: presenting a resolution of the central, problematic focus.
4. *Thoroughness*: presenting an account that addresses all of the posed questions or aims.
5. *Appropriateness*: presenting an interpretation that addresses the questions as uncovered in the text itself.
6. *Contextuality*: presenting an interpretation that is consistent with the social, historical, and temporal situatedness of the participants.
7. *Agreement*: presenting a whole interpretation that is consistent with the text itself.
8. *Suggestiveness*: presenting an interpretation that answers the questions of interest and suggests directions for new, further inquiry.
9. *Potential*: presenting an account wherein the insights and critical discussion are capable of illuminating future events and possibilities.

These criteria were used to guide the evaluation of the resulting, emergent interpretation of the transcribed text and the final interpretation. This was a collaborative process that involved me as the researcher, the participants themselves in hermeneutic dialogue with me, and guidance and insights from the faculty dissertation committee, doctoral peers, and the existing research and theoretical literature. These strategies facilitated research that produced a new interpretive understanding of fathers' meanings of rearing children with ADHD.

Summary

This chapter has provided a description of the philosophical and theoretical frameworks that guided this dissertation study of men's meanings of the lived experience of rearing children with ADHD. I began with a brief history and contextual understanding of the underlying principles and assumptions of Interpretive Phenomenology, the overarching framework for this study. I then provided a description of the techniques and methods used to accomplish the study's specific aim and the procedures followed to ensure the ethical treatment of research participants. In the next chapter, I present the findings from this study.

Chapter Four: Results

The purpose of this chapter is to present the results of my dissertation research study exploring the lived experience of fathers raising children with ADHD. I begin this chapter by revisiting the specific aims and the need to shift away from their initial focus as data were collected. This opening discussion is followed by a description of the study participants. Next, I present the interpretation that emerged during the iterative process of data collection and analysis, beginning with a paradigm case and description of the overarching theme. I then proceed to describe each constituent category, theme, and subtheme. To further illustrate the interpretation and bridge the findings to the discussion, I present two additional paradigm cases that illustrate key findings related to these fathers' experiences. The participants' own words are used throughout this chapter; each is identified by code that represents the participant's number, interview designation (first or second using the letters "a" and "b" respectively), and the line number(s) from the interview transcript. All names and places have been replaced with pseudonyms to protect identities.

Participants

Fathers. Participants were 10 fathers recruited from the Portland-Oregon metropolitan area. These fathers were largely homogenous in several characteristics: they all self-identified as White, non-Hispanic males; they were largely (90%) college-educated; they maintained heterosexual marriages or former marriages and co-parented with a female partner; they were all employed, with access to health care services and private insurance; they were all fathers to multiple children. Many participants (80%) also had daughters, but to the fathers' knowledge, their daughters were unaffected by ADHD, with one exception. Thus, the final group of participants was fathers of sons with ADHD, with the exception of one father who had a son and

a daughter with ADHD. Most fathers (80%) were in their forties, with one father in his late thirties and one father in his early fifties. In general, these fathers were in midlife and had successfully transitioned to adulthood, in terms of employment and education. Table 3 displays the key descriptive characteristics of the fathers, listed by pseudonyms.

Table 3

Fathers' Descriptive Characteristics (Using Pseudonyms)

Number	Father	Age	Occupation	Education	Relationship Status	Father ADHD Diagnosis*
1	Alex	50's	Construction	Bachelor's degree	Divorced	Yes
2	Jason	40's	Law Enforcement	Bachelor's degree	Married	Endorses
3	Derek	40's	Finance	Graduate degree	Married	Endorses
4	Adam	40's	Graduate Student	Bachelor's degree	Married	Endorses
5	Ben	40's	Health Care	Graduate degree	Married	No
6	Richard	40's	Health Care	Bachelor's degree	Married	Questioned
7	Simon	30's	Ecology	Graduate degree	Married	Yes
8	Ted	40's	Technology	Bachelor's degree	Married	Questioned
9	Vincent	40's	Warehouse	Diploma	Separated	Endorses
10	Michael	40's	Business	Bachelor's degree	Married	Questioned

Note: Father ADHD Diagnosis = Does the father have a formal diagnosis of ADHD? "Endorses" means the father did not have a formal diagnosis of ADHD but believed strongly that he does, in fact, live with ADHD. "Questioned" means the father rejected a diagnosis of ADHD for himself, but openly questioned this status at times.

Their children. Children did not participate in this study. However, as the focus of the study was the meaning fathers ascribed to raising these children, a limited set of descriptive details is included here. Children ranged in age from 8-20 years old ($M = 8.27$) and, except in one case, all children with ADHD were male. These children had one to five additional siblings living with them in their homes. Only one father reported having two children with ADHD (one male/one female). All other fathers spoke of their experiences raising one son with ADHD. The children's ages at diagnosis ranged from five to 16 years ($M = 8.7$). The number of years from

initial diagnosis to the present ranged from one to nine years ($M = 4.9$). Only one participant identified his children as Hispanic/Latino, while the remaining children in the study were identified as White, non-Hispanic. Seven children (~64%) had received a formal diagnosis of ADHD-Combined (ADHD-C) subtype. The remaining four children (~36%) were diagnosed with ADHD-Predominantly Inattentive (ADHD-PI) subtype. ADHD-C subtype is characterized by the presence of all three of the core symptoms of ADHD: inattention, impulsivity, and hyperactivity. ADHD-PI subtype is characterized by the primary symptom of inattention, with little or no presentation of the other two core symptoms. Some of the children also had co-occurring conditions, including anxiety disorders ($n = 2$), depression ($n = 1$), a sensory processing disorder ($n = 1$), a behavioral disorder ($n = 1$), and the common combination of asthma and eczema ($n = 1$). Of note is that all fathers talked at length about difficulties their children experienced with academics, which may indicate commonly co-occurring learning disorders or conditions not considered by or known to the fathers. Also, only four children were currently using pharmacologic therapy. Two additional children had used pharmacological therapy in the past; however, the remaining five children had never taken medication. This is notable, as pharmacological therapy is a mainstay of ADHD treatment. Table 4 displays descriptive details of the children, listed by their fathers' pseudonyms.

Table 4

Descriptive Details of Children (Using Pseudonyms)

Father	Child	Age	Gender	ADHD Subtype	Age at Dx	Current Use of Rx	Co-occurring Conditions
Alex (1)	Noah	11	M	P.I.	5	Yes	No
Jason (2)	Ryan	16	M	P.I.	15	No	No
Derek (3)	Collin	8	M	Comb.	5	Yes	No
Adam (4)	Taylor	9	M	Comb.	7	No	Anxiety Disorder
Ben (5)	Aidan	10	M	Comb.	6	No	Sensory Disorder
Richard (6)	Zachary	14	M	Comb.	7	No	Anxiety Disorder
Simon (7)	Ethan, Emma	12 9	M F	Comb. Comb.	5 4	Yes Yes	No No
Ted (8)	Micah	20	M	P.I.	16	No	Depression
Vincent (9)	Juan	19	M	P.I.	13	No	Asthma, Eczema
Michael (10)	Bradley	17	M	Comb.	8	No	Oppositional Defiance Disorder

Note: ADHD-P.I. = Predominantly Inattentive Subtype. ADHD-C = Combined Subtype

Data Collection and Analysis Process

During the period of March 2016 through January 2017, 10 fathers participated in two, in-depth, semi-structured interviews. The interval between the two interviews was between 2-12 weeks. The average length of the interviews was just under an hour ($M = 59.11$ minutes, $SD = 11.52$ minutes), with a range of 34 to 80 minutes. Interviews were audiorecorded, transcribed verbatim, and checked for accuracy prior to analysis. Each interview was read, annotated, and then used to refine the interview guide for the father's second interview. This process created an opportunity not only to explore specific ideas offered by fathers in greater depth, but also to share emerging interpretations with the participants as part of the iterative analytic process. In all, 10 fathers completed 19 interviews, as one participant did not participate in a second interview.

Data collection and analysis occurred simultaneously and iteratively. The data collection and analytic plan followed the method described by Benner (1994) as outlined in Chapter Three. This process included: multiple readings and annotations of the participant transcripts; exploration of each father's experiences as a paradigm case through the creation of interpretive summaries; subsequent re-readings of each interview transcript within and across father interviews through the creation of integrative summaries; and analytic consultation with both the dissertation committee members (who included method and content experts), and doctoral student peers. These processes of thematic discovery and exploration were formalized and refined through the data collection and analytic process, not only through written analytic memos, but also through visual analyses that resulted in thematic concept maps, a large-scale poster organization of themes, and various graphical explorations of categories, themes, and subthemes. These elements were developed and refined until a clear structure and final interpretation fully addressed and captured the experiences of all the participants.

As part of the final analytic phase, I engaged in a re-immersion in the underlying philosophy of interpretive phenomenology, with an emphasis on temporality. This exercise was deemed necessary as temporality, which is a key element in Heideggerian-influenced interpretive phenomenology, was identified as an essential part of these fathers' experiences and their own perceptions of their lived experiences. See Appendix L for a record of the process

Interpretive Findings

I begin this section by providing a visual display of the final interpretation, which includes the overarching theme - *The Anxiety of Looming Adulthood* - as well as the categories, themes, and subthemes that emerged during the analysis of data (Figure 1). The first paradigm case is then presented and discussed to inform the reader about the nature of the overarching

interpretive theme. Each of the categories, themes, and subthemes is then discussed and supported with participant exemplars. The organization of the themes and subthemes over time (categories) – past, present, future – reflects the concept of temporality, a key element of Heideggerian philosophy and interpretive phenomenology.

The Anxiety of Looming Adulthood		Themes			
		“The Good Father”	Connection	“The Good Child”	Navigating ADHD
Categories	My Past	My Father Before Me	Longing for Connection	The World Around Me	I Made My Way
	Their Present; My Present	Mentor, Teacher, Helper, Nurturer, and & Guide	Connection as Relationship & Tool	Superpowers & Kryptonite	Everyday Life of ADHD
	Their Future	<i>Fear of Perpetual Caregiving</i>	<i>Fear of Lost Connection</i>	<i>Fear of Unrealized Potential</i>	<i>Fear of Perpetual Adolescence</i>

Figure 1. Visual display of analytic categories, themes, and subthemes

Paradigm Case #1: “Adam”

I do see glimpses of who Taylor could be as an adult, but there’s definitely an anxiety– I mean, just in the very short term even, working on math at homeschool, and thinking, “How is he going to go and do a timed math test in fourth grade?” I don’t know. I don’t know how he will do, and I do feel some anxiety about that, and some fear about that, and it’s been a big part of my focus, is just trying to get him comfortable enough that somehow, I don’t know, that it’ll switch over in his head that he can cope with being in the fourth grade math environment. I think that if you wanna look at anxiety as a projection of the past onto the future, that we take the lessons that we’ve learned, and we try to extrapolate into the future while saying, “How is this kid who

doesn't even respond when you ask him a question, how is he gonna do when he gets into a job interview, for example? How is he going to live on his own and dress himself and do the things that he has to do?" We do have to live with other humans, and there are strictures [i.e. conventions, rules] that we have to abide by, I mean, socially...you can't show up to a restaurant and be in pajamas that smell like pee. He's gonna have to learn not to do that at some point; that he has to get dressed. He has to do things that we all have to do. I had this uncle –he's actually a step-uncle who had some sort of neurodiversity and it was always sort of explained that he did a lot of drugs when he was young or something. I don't know what it was, but basically he lived in his parents' house until they died and then he took the house and was never completely independent and sort of lived a life of perpetual adolescence. I fear that for Taylor sometimes. I fear that it could be that he never becomes completely independent, and we work so hard to give him some tools to do that but it's a struggle. Like, every single thing that we try, you know, has got to be like a huge amount of carrot and stick. (Participant #4 Interviews A and B. See Figure 2; Appendix M)

The Anxiety of Looming Adulthood		Themes			
		The “Good Father”	Connection	The “Good Child”	Navigating ADHD
Categories	My Past	My Father Before Me	Longing for Connection	“The World Around Me”	I Made My Way
	Their Present; My Present	Mentor, Teacher, Helper, Nurturer, and Guide	Connection as Relationship & Tool	Superpowers & Kryptonite	Everyday Life of ADHD
	Their Future	Fear of Perpetual Caregiving	The Fear of Lost Connection	The Fear of Unrealized Potential	The Fear of Perpetual Adolescence

Figure 2. A visual mapping of Adam’s specific areas of concern.

Note. Areas of strong concern are shaded in orange, areas of moderate concern in blue, and areas of mild or no concern in white. Adam did not have any areas that were of little or no concern in his experience.

Overarching Theme: The Anxiety of Looming Adulthood

The experience of fathers raising children with ADHD was characterized by an ever-present, and at times overwhelming, anxiety about their children being unprepared for independent adulthood. This anxiety was both tangible and intangible, meaning that fathers were aware of the sources of their anxiety in some instances and in others they were not. Sometimes fathers would paradoxically state that they didn’t have any concerns or fears related to a specific area and then would describe feeling symptoms of anxiety in detail later in the discussion. Overall, this ubiquitous anxiety was primarily expressed through a subset of four *future-oriented* fears that always seem to loom right around the corner: (a) the *fear* of perpetual caregiving, (b) the *fear* of lost connection, (c) the *fear* of unrealized potential, and (d) the *fear* of perpetual

adolescence. The fathers' past life experiences of becoming independent adults in the world, created a foundation of understanding about the expectations, challenges, and strategies required for success as independent adults. These past reflections deeply informed their perspectives of anticipated future outcomes and present struggles of raising children with ADHD. The simultaneous experiences of past, present, and future created a backdrop of anxiety for fathers. Not only did they live with great apprehension about the requirements of adulthood, but they also acknowledged that the future was approaching with inevitability. Further, as adulthood approached, fathers experienced an increasing awareness of the potential consequences, as their children continually showed signs that they were not prepared for adulthood and/or might not achieve adequate independence.

Fathers whose children had higher levels of ADHD-symptom severity expressed fears both vividly and with immediacy. High degrees of personal responsibility and concern were seen in their language (e.g. "*profoundly afraid*"). In contrast, fathers, whose children's ADHD symptoms were less numerous and severe, expressed these fears, but in gentler terms (e.g. "[having] *some concerns*"). However, all participants identified fears, worries, and anxieties related to their child's future. These emotions dominated their thoughts (i.e. loomed large) as the fathers simultaneously dealt with the everyday in-and-out disruptions and frustrations of raising children with ADHD in the present.

In the paradigm case, these fears can be seen with clarity. Adam looked toward the past by considering a family member who had some problems that resulted in a life of dependence. With those past visions in his mind, he considered the present challenges he experienced raising his son (Taylor), a nine-year-old boy with ADHD-Combined subtype and co-occurring anxiety disorder. The daily struggles trying to help Taylor achieve even the most basic requirements of

his academic work and activities of daily living, created fear about the future that was creeping inevitably nearer. These past and present difficulties contributed to Adam's fear that his son would not have the skills and abilities to live independently in the years to come. The threat and anxiety of looming adulthood was pervasive.

The interplay of past, present, and future was revealed in the narratives of the other fathers too, as they lived their everyday lives raising children with ADHD. The meaning, typified as anxiety about their children's abilities to become independent adults, was co-constructed at the intersection of time – past, present, and future – with fathers' personal and embedded societal role expectations as parents navigating their children through life with ADHD.

Categories, Themes, and Subthemes

The categories, themes, and subthemes that constitute this phenomenological interpretation are presented here, beginning with a brief description of the three categories that reflect the fathers' lived experience of time, followed by a brief description of each of the four themes that reflect the Interpretive Phenomenology concept of "being-in-the-world". The section ends with a deeper description of the definitions of the 12 subthemes found at the intersections of the categories and themes, along with participant exemplars. In addition, the visual display of the interpretation (Figure 2) is re-labeled to show which subthemes were most significant and pronounced in the experiences of the fathers by participant number, and which father's data are used as exemplars in the body of this chapter. A number of appendices are referenced that not only illustrate the processes undertaken to reach this final interpretation, but also provide transparency.

Categories. The concept of time (past, present, and future) was highly influential in the experiences of these fathers. They not only used their past and present experiences to make sense

of their own life journeys, but they also used their experiences to make sense of their children's present difficulties and obstacles. Using the past and present as a guide helped fathers make sense of what to do now in anticipation of the futures they imagined for their children. In essence, their discussions about the here and now, represents the dynamic interplay of future and past. Three distinct patterns of time emerged as major categories as the analysis proceeded; however, while distinct they also actively overlap, as each is interpreted in reference to the other(s).

My past. The first category ("My Past") refers to the many ways in which the participants' own experiences and histories influence their understanding of what it means to be a father, as well as what it means to live with ADHD into adulthood. All but one participant identified, endorsed, or at least had questioned that he had ADHD. The fact that they had children now living with ADHD provided the impetus for these fathers to experience time as something that they had "come through", as well as something that offered them the wisdom of prior lessons learned.

Their present; my present. The second category ("Their Present; My Present") is situated in today, as these participants shifted from reflecting on the past to seeing the immediate applicability of their own histories and life lessons as they currently engaged in parenting their children with ADHD. All fathers reflected on how far they had come in their own lives to achieve adult independence. Those with ADHD, suspected ADHD, or questioning status, spoke of themselves specifically as adults who were successful in achieving society's expectations, despite the difficulties involved. This projecting of their own successful paths and outcomes on their children's present, led to confusion and frustration as fathers tried to teach their children to use their own learned strategies to tackle the everyday nature of ADHD difficulties.

Their future. The third category (“Their Future”) relates to the ways in which the participants used their own struggles and successes and projected them upon their children’s possible futures. These future visions were also informed by their children’s present struggles. Fathers, at times, saw their children as noticeably and concernedly delayed in their movements toward adulthood. Therefore, the future and required independence of adulthood were both ambiguous and anxiety provoking.

These three distinct, but overlapping categories not only represent linear time, but introduce the concept of temporality, as these fathers’ interpretations of the present were informed by or arose out of other moments. Their lived experiences today are not isolated or defined by the present, but reflect a unity of possible futures with the processes of their past experiences.

Themes. Four themes were identified and interpreted within and across the categories: (a) “The Good Father”, (b) “Connection”, (c) “The Good Child”, and (d) “Navigating ADHD”. Collectively, these themes reflect what Heidegger considers the essential pursuit of human beings who find themselves in situations in which they consider their own identities and the meanings of their chosen life paths in the world around them. In the case of these fathers, the situation is one of active childrearing in the context of ADHD.

The Good Father. The first theme (“The Good Father”) relates to how fathers experienced their own childhoods and fathers, and how these past experiences inform the ways in which they were attempting to be good fathers to their own children in the present. This theme also refers to how these fathers ultimately would judge their own success or failure as a father going forward. Their beliefs and thoughts about what it means to be a “good” father were also

reinforced or reflected in the social worlds of these fathers, with input from the explicit and implicit values of the society.

Connection. The second theme (“Connection”) relates to the central emotional force that these fathers found meaningful. Fathers recounted their own experiences of connection with their fathers, children, and spouses across their lifespans. They also recounted the ways in which they longed for and valued connection. They experienced connection three ways: 1) as a definition of relationship; 2) as an instrument or tool that could be used to combat the difficulties of everyday life with ADHD; and 3) as a means of securing the desired future for their children, which included adult independence. Fathers felt that their ability to influence their children’s development toward independence hinged on their ability to secure and maintain connections with them. One of the greatest challenges influencing their ability to connect was ADHD itself, as ADHD symptoms, including distraction, are disruptive, interfering with forming and maintaining connection.

The good child. The third theme (“The Good Child”) refers to the ways in which fathers saw their children as human beings living with ADHD in a difficult and at times unfriendly world that defines good and/or successful children as achieving independence by adulthood. Fathers recounted their own histories of difficulty meeting the incremental expectations of development to a state of adult independence, and how they balanced the challenges of being “different” with their own abilities and challenges. These balancing acts continued into the fathers’ present lives as they attempted to assist their children to find ways and/or places in the world in which they too, could be seen as good and/or successful. Fathers noticed that, like themselves, their children had both gifts (“Superpowers”) and challenges (“Kryptonite”) as a result of ADHD. Their children were seen as inherently good and distinctly separate from their

ADHD, rather than defined by it. Fathers experienced a great deal of confusion and difficulty as they sought to help their children be successful, while simultaneously seeking to honor their children's uniqueness. Fathers chose to see their children realistically, just as they are - whole, diverse, non-pathological, and valuable beings in their own right. However, these fathers also lived with the fear that their children's challenges would overshadow their gifts and contribute to an unrealized potential. More than anything they wanted the world to see their children's gifts used as tools for independence

Navigating ADHD. The fourth theme ("Navigating ADHD") refers to the concern, work, and focus of fathers in relation to raising their children with ADHD. Fathers reflected on the ways in which they made their own ways in the world and considered the benefits they could offer their own sons from their personal life lessons. At the same time, fathers recounted the numerous ways in which everyday life living with a child with ADHD was exhausting, puzzling, and at times overwhelming. These daily experiences led fathers to experience conflicting feelings about what to do to help their children navigate toward adult independence. Fathers experienced their children as being developmentally "behind"; falling short of what they knew as signs indicating progress toward a successful adulthood. As such, fathers feared their children would live a life of perpetual adolescence.

Summary of Categories and Themes

"Being" a father of a child with ADHD is reflected in the wholeness and convergence of experiences as "lived" by these men. It is an experience in which present realities are created out of "taking up" the past (or oft-named "having been" experiences) and merging them with the anticipated future, whose looming presence creates a backdrop of anxiety of the demands of adulthood that were pressing upon them. These fathers understand that adulthood will come for

their children; creeping ever closer as these fathers work to guide or navigate their children toward the best possible futures, recognizing the larger context of ADHD provides both gifts and challenges.

Subthemes

In this section, I present each of the 12 subthemes created at the intersections of the three categories and four themes. I will begin by presenting a visual plot reflecting how each father (referenced by number) populated the different subthemes (Figure 3). The numbers on the visual plot indicate which fathers' narratives were the sources for exemplars within the written descriptions of the subthemes that follow. Appendix N contains all of the exemplars listed in Figure 3, which are included for completeness and transparency. Following the presentation of the 12 subthemes, I share two additional paradigm cases that illustrate important patterns of experiences among the fathers. The chapter ends with a summary.

The Anxiety of Looming Adulthood		Themes			
		“The Good Father”	Connection	“The Good Child”	Navigating ADHD
Categories	My Past	My Father Before Me 4, 6, 9, 10	Longing for Connection 3, 4	The World Around Me 1, 3, 4, 5, 7, 8	I Made My Way 1, 2, 3, 7
	Their Present; My Present	Mentor, Teacher, Helper, Nurturer, and Guide 3, 4, 6, 7, 9, 10	Connection as Relationship & Tool 2, 3, 4, 6, 7, 10	Superpowers & Kryptonite 1, 3, 4, 7	Everyday Life of ADHD 1, 2, 3, 4, 6, 7, 9, 10
	Their Future	<i>Fear of Perpetual Caregiving</i> 1, 3, 4, 6, 8, 9	<i>Fear of Lost Connection</i> 3, 4, 5, 9	<i>Fear of Unrealized Potential</i> 1, 2, 4, 5, 9	<i>Fear of Perpetual Adolescence</i> 1, 4, 6, 9, 10

Figure 3. All study participants plotted by themes of greatest significance to their individual lived experience.

Note. Fathers are plotted by their participant numbers rather than names for ease. Fathers also had concerns in other domains, but to lesser degrees than their predominant (most significant) experiences of these themes. Highlighted fathers indicate exemplars that appear in the manuscript of this chapter.

The “Good Father” subthemes. “The Good Father” refers to the ways in which fathers define their roles in the context of their own fathers’ expectations, society’s expectations, their own ideals applied to meet the work of everyday childrearing, and the standard by which they hold themselves accountable for judging their own success as a father in the future. The three subthemes are: “My Father before Me” (My past); “Mentor, Teacher, Helper, Nurturer, and Guide” (My present/Their present); and “Fear of Perpetual Caregiving” (Their future).

My father before me. All fathers in this study talked about their own childhoods and their experiences with their own fathers. They made a point to share the “good” things they took from

their fathers and how they rejected the “bad” things or practices. Fathers shared the impact of those earlier experiences and how the experiences drove them to be both engaged and nurturing with their children.

The fathers’ childhood experiences with their own fathers were categorized along a spectrum, which included fathers who were loving and supportive, to fathers who were distant, neglectful, and abusive, or even completely absent, having abandoned the family. The participants would sometimes explain these differences as an artifact of a different era and social expectations. Regardless, these early experiences influenced the ways in which these fathers constructed their meanings of being a good father to their own children. Richard recounted a childhood with an abusive father, attributing much of his current fathering to looking back at the negative examples he experienced:

I kind of attribute my learning where to be a father from examples of what not to do that I had in my life from my stepdad and my dad. I would never do these things that they did and so that’s kind of changed the way I look at my family. I’ve had some good role models but I think my primary motivation has come from poor role models, knowing that that’s not how I wanna be. My father-in-law has been great. I’ve talked to him quite a bit about several things and then I’ve had some friends that have been influential, but I think my primary motivation was my dad and my stepdad. Doing things differently was my primary motivation. (6a: 98-121)

As fathers reflected on their own childhoods and fathers, they linked the ways in which those experiences in the past were shaping their focus in the present. Through their stories, patterns of ways of being ‘good’ fathers in the present emerged. Adam used language to describe how hard

he worked to partner with his son and to be an advocate for his needs, which he ultimately attributed to his own past:

One of the things I could say about my own father, for all of his faults, and there are many, is that when there was something - we had a problem at school, or with a teacher, or whatever, he was on our side. He always came in to a teacher conference or whatever, and he was ready to go to bat for us... I think that that's an important thing... letting him know that I am also on his side. (4a:902-908; 914-918)

Mentor, teacher, helper, nurturer, and guide. In the present, fathers saw themselves as mentors, teachers, helpers, nurturers, and guides. These “good” father dimensions were not only rooted in their past experiences, but also in what they perceived to be society’s expectations for fathers. They recounted many stories of ways in which they used shared activities, play, homework assistance, and nature escapes as ways to create opportunities to be good fathers, by providing opportunities for mentorship, teaching, helping, nurturance, and moral guidance. Fathers also pointed out in each instance the ways in which ADHD impacted the need to provide this kind of fathering along with the difficulties that arose. Michael shared what he felt was key to being a good father in the present circumstances of raising his children:

Leading by example...being loving, but also forgiving - the ability to forgive. And I guess demonstrating that. I guess probably...leading by example. Providing for the family. I guess I feel that is kind of a baseline idea...that would be just inherent to the role of a father is providing for the family. [And] participating I think, in the kids' lives; not like too much - not over-participating. Just being engaged. (10a: 9-16)

These sentiments were echoed and expanded upon by Simon who made direct links between his efforts to provide mentorship, teaching, helping, and nurturing with the intended and beneficial outcomes to his children:

[I try] to be supportive of children of my kids - to kind of encourage their interests...to give [them] freedom within the structure...sometimes that means stepping in and correcting behavior, or directly mentoring. Maybe it's not misbehavior, maybe it's just mentoring, and sometimes that means letting your kids fail... and just be loving. When kids feel love they feel safe. When kids feel loved and feel safe and that opens their mind up to a lot more stuff and they can really kinda achieve their potential. (7a:55-75)

The fear of perpetual caregiving. In describing the ways in which they sought to be the kind of fathers to their children that they valued, fathers' also offered examples of how their children's ADHD symptoms created challenges and concerns, contributing to the potential failure to achieve their "good father" goals. Several fathers provided concrete examples of individuals they knew and identified as likely having ADHD who had not been able to achieve independence and still required extended assistance from their parents. As fathers wrestled with what they could be doing in the present, they also wrestled with the future fear that they might need to be perpetual providers, caregiving for longer than was typical. Derek was the most articulate when it came to anticipating the need to be a much longer-term caregiver. He saw a future where his son, who struggled with academics and behavior, would need an extended safety net of support, perhaps throughout his entire life. Derek described how he focused all of his efforts on his own career and financial planning, such that he could, if needed "de-risk" the future for Collin:

[My fear is] that he will not be successful ...whether it's education or trade or [that] he will not be successful at gaining a skill or capability that will enable him to take care of himself and his own family in the long term...that is the fear. And so my way of combatting the fear is always to try and think ahead and say, "Well, what advantage can I give him?"...Whether it's building up my own nest egg that he can inherit; [or] whether it's creating an asset base that will continue to earn for him, rentals or whatever financial instruments, that will continue to provide income for him. (3a:867-875)

Vincent felt perhaps the most urgent sense of this fear among the fathers, as his son, Juan (19) had only been able to complete high school with great modification, support, and parental effort. Additionally, Juan had become chronically under- or unemployed in the preceding year-and-a-half, creating a sense that perpetual caregiving was a very clear reality. For Vincent, adulthood had already arrived for Juan who continued to be dependent, with no immediate signs that things were going to change:

Well, the consequence will be to me ...he'll basically be a burden upon me for the rest of his life. I mean, we all, when we grow up, we have to start figuring out for ourselves what we wanna do and how we're gonna get there. And I don't think that he will really fully get everything until he has his own responsibilities. (9b:280-285)

Fathers experienced the theme of "the good father" by: Looking backward to their own childhoods and fathers; applying their distilled definitions and values of successful fathering to the present difficulties of their children's lives with ADHD; and by looking to the future with fear of extended or perpetual roles as providers and/or caregivers. While participants' ideas about what made a good father were diverse, the idea of needing to be a good father was universally felt among the participants. As such, the internal and external pressure of being a good father,

coupled with the fear of failure, or creating an ever-dependent adult child, was foundational to the overarching theme of anxiety in the face of looming adulthood.

The “Connection” subthemes. “Connection” refers to the primary ways in which fathers sought to enact their fathering and was a product of their past father/child experiences and their personal desires for fulfilling and influential relationships with their children. The subthemes are: “Longing for Connection” (past); “Connection as Relationship and Tool” (present), and “Fear of Lost Connection” (future).

Longing for connection. Fathers looked to the past, recalling the many ways in which their own fathers connected to them through sharing activities, offering support in terms of school or their personal achievements, and role-modeling their values through their behaviors. Half of the fathers ($n=5$) looked back and noted the ways in which connections with their own fathers were distant, absent, or harmful, resolving to do better by their own children. For this group of fathers, connection was manifested as a desire to “be with” their children through the ups and downs as they had often wished had been the case for them as children. As Derek reflected:

I’ve attributed [the need for close connection] to having the opposite experience growing up... once my sister – was diagnosed with an eating disorder... And the dysfunction that was involved with that bled over to the rest of the family... caused me to pretty much partition myself from my family from that point on. And that, I believe, slowly led into really driving this need and want inside me of having a large, close family [because] emotional closeness and support and family functions; fun as a family... was limited to specific vacations a year. And that was about it. (3a:801-824)

Adam elaborated on this need by specifically connecting his past experiences (longing for connection with his parents) to his relationship with his son:

I just never felt like I connected... I never felt like I connected or could even have a connection with [my parents and brother]. I could never have this conversation with them. Not that I would expect them to have this conversation but never like a deep heartfelt conversation between us and so maybe that is the thing that I'm longing to recreate with Taylor and hoping to get from Taylor. (4b:723-732)

Connection as relationship and tool. Longing for connection drove fathers' actions.

Connection was a primary focus of intention as well as a source of joy and satisfaction in fathers' relationships with their children. Jason described how he seeks to develop his relationship through shared activities and sequestered time together:

... Thankfully he enjoys doing stuff outdoors. And so, anytime we can go outdoors and do something, that's by far my favorite time. And it's just unstructured time where whatever comes up comes up. ... Our best times... Ryan and I... would be camping. Whether we're camping for a hunting trip or fishing trip or just to be camping.... that's just "Ryan Time". Or that's just "our time". (2a:482-506; 2b:695-697)

All fathers in the study recounted examples of how they worked to create and maintain connection with their children by partnering with them, finding ways to explore their children's unique interests, and sharing their own in return. This intentional focus on activities, often described as creating "fun" with them, was not only enjoyable to the fathers, but also had an instrumental function. Derek explained the purpose of these fun activities:

It's connecting with your child, having a strong relationship, which then leads back also to helping them feel secure about themselves, but then *it also gives you that ability to*

influence them (emphasis added). So, when the time comes and there's choices to be made, you have the relationship and the ability to steer them or at least sensitize them to the fact that there are bad choices and good choices. Or at least there are choices that are going to have consequences, which may be bad or good. So, that fun component helps in that. I think it is a useful tool for certain...(3a: 656-669)

The fear of lost connection. Fathers felt that their children's ADHD symptoms made sustained connection difficult at best, and impossible at times, at worst. At one point, Adam captured this intermittent nature of connection through the use of a "carousel" metaphor. He imagined his son on a busy carousel (ADHD) that was moving so quickly and with so many distractions, that he rarely was able to make eye contact (connection) but for brief and unpredictable moments. He recounted the carousel metaphor at our second interview:

So, we're having fewer and fewer of the times that I actually get a wave from him, you know. It's more – the carousel has gotten much larger and more extravagant and it's much more difficult to pick him out from the crowd because he's gone so far into this sort of imaginary world [of "Solfel"]. And so I think that a big part of it is that he wants to find some comfort in having something that he can control and that's part of his imagination and that a big part of his play is going out and playing in the yard by himself pretending that he is a soldier in "Solfel", or whatever. But I'm finding it more and more difficult to connect with him....(4b: 115-126)

As Adam considered his intermittent connection with Taylor, he recalled another key relationship with his own brother who had become estranged to him. For Adam, this lost connection provided a cautionary tale and emphasized his fears related to his son:

I think my brother is relatively happy and he seems relatively successful but, you know, I haven't seen him in ten years. I talk to him maybe a couple times a year on the phone. He smokes a lot of weed. I never feel like I completely connect with him. (4b: 718-22)

For fathers of older children (16-20 years) in the study (n= 4), the fears of lost connection took on additional meaning, as the future adulthood was closer and more tangible to them in their daily experiences. Vincent, for example, was facing the reality that the only tool he felt he had left to help his son Juan toward independence was that of withdrawing the support of housing, effectively creating a loss of this primary connection in daily life. He shared with great emotion: "He's almost like my man child. I might have to force his [independence]. I've been thinking about it for a while...tell him he has to move out (becomes tearful)." (9a: 735-750)

Fathers' past experiences as children and even as adults longing for connection, created in them an expectation that they would be able to satisfy some of their connection needs through their relationships with their children. As fathers considered how to make sense of the challenges of ADHD, they felt that connection was not only a key to a good and satisfying relationship, but that it was also a vital tool for influence. However, in the present moments of their lives, they found that connection was very challenging to achieve in the context of ADHD and related symptoms that acted as barriers. As adulthood loomed closer, fathers experienced fear that their connections would be inadequate and would thus result in contributing to or creating a situation of prolonged dependence or worse, a complete loss or severance of their connection.

The "Good Child" subthemes. The theme of "The Good Child" relates to the underlying expectations that children become independent, socially contributing persons situated in the social world, as the fathers themselves know it. The subthemes are: "The World Around Me" (past); "Superpowers & Kryptonite" (present); and "Fear of Unrealized Potential" (future).

The world around me. Fathers repeatedly framed their work to help their children to gain skills and progress toward independence within the context of a world they perceived as difficult and inflexible due to their own past experiences. Simon is a married father of two, and one of two participants in the study to have been formally diagnosed with ADHD himself, and the only one diagnosed in childhood. As someone who had personally lived with a self-knowledge of ADHD across his lifespan, Simon observed:

The world [is] set up in a certain way. So, there are problems on the one half, but on the other half, the world is structured in a certain way to not help - and that way is not helping you...the world, the way it's set up is not set up to be ADHD friendly. (7a:173-176)

Like Simon, other fathers frequently pointed out that the world (meaning schools, employers, and even family members and relationships) was ultimately indifferent to persons with ADHD. They shared examples from their own pasts that illustrated the reality that those things that their children were most challenged with, such as sustained attention, socially acceptable behavior, self-care and management, and orientation to timelines and deadlines, were necessary for achieving an independent life. Fathers pointed out that while they might have success with obtaining helpful accommodations and interventions in present situations, their past experiences had taught them that these were unrealistic expectations for the future. Ben articulated the connection with his past experiences in the world and his disconcerted view of what it could mean for his son in a way that represented the collective views of the fathers when he stated:

[The world's] not really a safe place. It is a place that has a lot of beauty and wonderment in it and there's a lot of empathy in the people around us, but there's also a hardness to it. There's a harsh quality that I've seen. It's gonna be harder for them [children with

ADHD]. Perhaps they won't achieve certain things that they might have if they were expressing different qualities, like the opposite of attention, concentration, a certain stillness of mind. I worry that not having those skills will put him at a severe disadvantage. (5a:309-315;340-345)

Superpowers and Kryptonite. As fathers considered the meaning of their past experiences growing into independent adults living the indifferent world around them, they came to believe that the key to helping their children in the present, was to find those authentic strengths upon which they could build a probable path of success for them. They also reflected upon the duality of those very strengths and their associated difficulties in working with them. Alex described his son's abilities in grand and vast terms, which was a pattern among the fathers in the study:

He's extremely intelligent. He's got a photographic memory. ...he can hear something and almost verbatim repeat it. Dialogue from movies and things he saw when he was three are still somehow imprinted up in his head. He's also just an extremely talented artist. He's unbelievably creative and [you know] a skilled drawer...he'll take chunks of recycling or wood and just make something. (1a:677-683)

As fathers recounted the many talents and abilities their children possessed, they often attributed them to the very ADHD that was simultaneously so challenging for their sons. Fathers experienced this pairing of great ability with great liability as a paradox they needed to solve. Solving this challenge meant that fathers would indeed help their children find pathways to adult success. Occasionally, fathers would reference a celebrity figure known for unusual personality and ability that had become incredibly successful as adults, such as Steve Jobs or Bill Gates. Derek offered this same perspective using the metaphor of superheroes:

Who knows? Maybe [ADHD] is a “*Superpower*”? I mean, he can hyper focus and do things that other kids cannot...[“*Kryptonite*” is] the lack of control, the impulsivity... it pushes people away, ...whether you're talking about socially, or not being able to control yourself when there's an expectation, or intellectually, because you can't control it and focus on absorbing particular content you're trying to learn or something you're trying to achieve, or even physically [you know] putting yourself in harms' way because you're not thinking through it. All three ...that is like his Achilles heel: The lack of impulse control. (3b: 159-177)

All of the fathers in the study (with the exception of Ben, who valued his son’s diversity but could see no specific giftedness), viewed ADHD from this perspective of the “superpowers” they could see in their sons. They gave examples of their children’s imaginations and creative problem solving abilities such as: Charismatic storytelling; adult-like verbosity and complex worldly thinking; courageous actions that led to discoveries; abilities to hyperfocus in ways most people cannot; musical and graphic artistry; and many other gifts. Fathers recalled specific ways in which they foresaw these abilities being valued, such as Adam envisioned Taylor doing the work of a bench scientist who hyperfocused for long hours on laboratory experiments; or who could create and write extensively about fictional worlds as did J.R.R. Tolkien.

Fathers present foci and actions were greatly informed by their abilities to see incredible and unusual gifts in their children. They often told the stories of these gifts with a tone of awe and wonder. Fathers felt it made sense that their strategies should focus upon those strengths of their children; to stay connected and maintain influential relationships with their children. They worked to assist in helping their children discover paths of passionate interest that built upon

those abilities, mitigating the challenges of ADHD. Fathers took upon themselves a great deal of responsibility to achieve this, such that it deeply informed their self-appraisals and fears.

The fear of unrealized potential. Fathers often invoked images of the future that suggested their children's abilities could be leveraged with great success. However, the frequent difficulties and failures they experienced repeatedly over time also created in fathers a fear that if they were not successful in helping their children find and exploit their passions and gifts, they would be forever dependent. And if their children indeed became incapable of adult independence, it would be, they feared, due to their own failures to help. Alex shared:

So my oldest and second oldest [sisters] closest in age to me have sons that all struggled with umm, ADHD and giftedness and finding help with medication and then the medication would tail off in its effectiveness...leading to disengagement from school, leading to kids living in mom's basement, you know, mom and dad's basement until they're 30 years old and everybody's going "what has happened with you know, so-and-so?" So (laughs) I still see those kids, they're still in my family. And in one case, [a nephews is] still living in mom's basement and he's you know, he's 30. You know, it's, it's frightening. And there were really super bright kids that still can't quite get off the...can't figure it out. That scares me. You know...there has to be a parenting component in there that can be helpful. I'm hoping that what umm, their mom and I do will be helpful to Noah [son with ADHD]. But it's, it's kinda lingering out there as "what's gonna happen?" (1a: 246-258)

Jason offered a similar future projection wherein he foresaw that his son was unlikely to find the transition to adulthood easy, and if he did, that it was likely to be characterized by a lack of direction and motivation:

I'm realistic.... He doesn't seem like he has real high aspirations...he doesn't want to be an astronaut. He just wants to be happy, be around his friends.... He doesn't seem like he has real lofty aspirations [but] my best guess is he'll end up going to community college and living really close to [us]. [Because] there's no impetus for him to move anywhere. He doesn't have that vision; he doesn't have the drive.... So he'll end up taking the path of least resistance, I guess is the best way to put it. (2a: 772-783)

Fathers in this study widely expressed this fear of unrealized potential, relating it often to the paradox of their children's ADHD gifts and liabilities, the roles and obligations they had to help their children find a productive pathway, and the anticipated outcome of adult dependence should they fail. Looking back at the past, making their own ways in the unfriendly world as persons with or susceptible to the challenges of ADHD created a foundation upon which fathers created their actions as parents to identify and build upon the strengths of their children in any way possible. And as fathers observed the disruptions of ADHD symptoms to these efforts, they experienced fear that their children's potentials – their gifts – would go unrealized.

The “Navigating ADHD” subthemes. The theme of “Navigating ADHD” relates to the ways in which fathers experienced moving through their own childhoods successfully with ADHD or at least some of the symptoms and experiences of ADHD, and how they used that knowledge in the present to direct their children toward the best outcomes in the future. The subthemes are: “I Made My Way”; “Everyday Life of ADHD”; and “Fear of Perpetual Adolescence”.

I made my way. Looking into the past, fathers told the stories of how they themselves made their way in life, eventually gaining enough insight and practical strategy to become successful as independent adults. For all of the fathers, recognizing and building upon their

strengths was key, while for most, recognizing their weaknesses and challenges was equally important. Fathers told stories that emphasized their own authentic humanity as people with their own struggles and how they applied themselves to meet the expectations of their families and society. As Jason talked about his son's recent diagnosis and his school challenges, I asked Jason to share with me about his own past experience:

I know I struggled with certain aspects of school. I ended up going to college and getting a degree. I found some passion and I think that when he finds his passion it'll be fine. To me [ADHD] didn't matter as much because I knew he was just like me (laughs) and I knew I turned out fine. (2a:92-95; 109-110)

Jason shared the viewpoint common among the fathers that in looking back, they could see that while becoming capable of independence was difficult, it wasn't insurmountable. Using their present as a touchstone, fathers saw their children as figurative echoes of their own pasts and possible futures. Fathers had become resilient to the difficulties of their own childhoods and were able to navigate those challenges successfully, largely by identifying their strengths and self-selecting ways to use them to an advantage. As Derek reflected: "I knew myself that I had attention problems all through my childhood and still haven't really grown out of, but I've learned coping mechanisms." (3a:58-60) By finding places in which their own abilities or gifts had fit when they were young, the fathers were better able to cope with the challenges of ADHD, daily life, and the indifferent world around them. With that past experience and present success in mind, they worked diligently to help their own children discover these same principles and strategies in daily life.

Everyday life of ADHD. Derek, as other fathers in the study, seamlessly reflected on past failures and the success of becoming an independent adult, distilling navigational strategies for

use in the present. However, the present was unrelentingly difficult for the fathers. While they sought to build upon their children's strengths, the fathers found that the symptoms of ADHD made for great difficulties and produced confusion, frustration, and exhaustion on a daily basis.

Fathers often went to great lengths to help their sons navigate daily life, acting as mentors and guides and teachers, only to feel that there was too little success or even awareness of the efforts on the part of their sons. Nearly every father in the study ($n=8$) elaborated about the struggles of daily life of ADHD at length. Fathers identified difficulties with a wide array of issues including personal hygiene battles, school attendance, social relationships, family and household chores, extracurricular and family activities, and personal safety in public spaces. As fathers in this study took a primary role in the parenting related to these challenges, they often shared the magnitude and burden of the work. Alex observed and wondered:

It is very hard to get him to plug in and do something...I mean that's probably his biggest challenge is...working his way backwards...so that he makes that deadline by Thursday....

A lot of parents who don't have a kid who's this way; I'm just kind of in awe at how much free time they must have. (1a: 505-523)

Fathers often spent a great deal of time and effort to try and cue, remind, and help their children with ADHD, to the point of frustration and exhaustion. Jason described one typical daily scene related to home and schoolwork:

He is disorganized, he has a messy room and he can't remember when assignments are due and stuff like that, right? So, I made him buy a planner and he has to write down his homework at the end of every class he has and have his teacher sign it and agree, yes, that's the homework you have for tomorrow. So that I know instead of trusting him or just asking him "hey, what homework do you have tonight?"... so then I at least know

...at 7 o'clock at night I can say, "you have Spanish. Are you going to study your Spanish?" (2a:446-454)

Vincent offered a similar story of the daily difficulties of managing his son, Juan:

I think the hardest thing with him right now is when I tell him to do something and then it doesn't get done... I mean, I don't know how many times I've told him to take out the garbage and the next morning I'm putting the garbage out. (9a:202-218)

While the fathers spoke at large about their frustrations with the daily life of ADHD, it was the chronic and relentless nature of these challenges that eventually planted seeds of concern for the long-term implications of these problems. Fathers identified that no matter how hard they and their spouses or co-parents seemed to work, very little progress seemed to occur. Michael shared:

It's frustrating in the sense that sometimes I feel like there's no recollection of what we learned the day before. ...it's like this movie "Groundhog Day" where they start out over and over, every day and ...just erase everything and we start over because we repeat that behavior and that's probably what the most frustrating thing is...is how to make progress versus just feeling like I'm a broken record. (10a:320-327)

The fear of perpetual adolescence. Michael, Adam, and Simon all referred to this inability of their children to make progress toward independence as "Groundhog Day", referring to the 1993 American film wherein the main character lives the same day over and over hundreds of times unsuccessfully, until he has a personal transformation and improves the path of his life. For fathers, small steps of progress toward independence affirmed a sense of hope, but often it was not enough to assuage the fears that they were not adequately navigating their children forward; that they were not achieving the goal of being a "good father". As Richard observed,

and most fathers echoed: "...the hard part is for me, I see more often where I don't...I don't reach up to that picture. Like that I'm not doing enough." (6b: 202-204)

This self-appraisal that they were generally failing to realize a significant difference in moving their children further along toward independence increased fathers concerns about the future. Fathers pondered that if their children were not capable of managing the less weighty tasks of homework,chores, and personal hygiene in the present, how would they ever manage college, employment, finances, and relationships in the future? These concerns hearken back to the paradigm case of Adam who described this as a fear of "*Perpetual Adolescence*". Alex recounted this same fear using a family member as an example:

[My nephew] earned a scholarship for [you know] engineering...full ride...great...went up there and couldn't make it to class. Couldn't wake himself up. Couldn't do any of the things that are important for a freshman ...this guy is almost a mirror of [my son] Noah. But really a lot of it has been kind of a scary model that we hope that Noah doesn't fall into. (1a:246-273)

Richard considered the difficulties of daily life with his son and projected this fear of perpetual adolescence into the future when he stated:

I think about [his future] quite a bit and we've had some pretty serious discussions over the past six months to a year... So one of the things he wants to be is a video game programmer and I'm trying to help him understand that video game programmers *don't mean that you get to sit around and play video games all day*. But he might not ever get that. And then *what will it look like?* (6a:375-381)

Fathers saw their roles as central to navigating life with ADHD for their children. They looked to their own past experiences with failure and success and determined with intention to

pass on the wisdom they had learned. They worked to apply those lessons in the daily management of symptoms, tasks, and challenges. As they did so, fathers saw first hand examples of the ways in which their children were failing to progress with even the mundane tasks of daily living. These examples led them to envision a future of perpetual adolescence, wherein their children lacked the ability and ambition to become fully independent of them.

Appendix O contains individual participant profiles for each father in the study similar to Figures 1, 2, and 3, allowing the reader to make comparisons among the fathers and their unique, yet shared experiences.

Paradigm Case #2: “Jason”

My Father Before Me	Longing for Connection	“The World Around Me”	I Made My Way
Mentor, Teacher, Helper, Nurturer, and Guide	Connection as Relationship & Tool	Superpowers & Kryptonite	Everyday Life of ADHD
The Fear of Perpetual Caregiving	The Fear of Lost Connection	The Fear of Unrealized Potential	The Fear of Perpetual Adolescence

Figure 4. A visual depiction of Jason’s experiences.

Note. Areas of strong concern are shaded in orange, areas of moderate concern in blue, and areas of mild or no concern in white.

[Jason] I didn’t care if he was diagnosed ADHD, I accepted that was him the way God made him. That was just personality and, and it was worth it for us to spend time trying to umm, you know, help him do better in life considering he’s just wired differently than some people. He’s distractible and doesn’t have a long attention span, so to get him to do

well in school you know, it takes some extra effort and some very structured. And some helping and some help with his deadlines and scheduling stuff and handholding for lack of a better word. But at the same time recognizing that not everybody is going to be a good math student or a good English student or, that everybody has different gifts and abilities and they end up being, you know, so like I've always fallen back on like, you know, Bill Gates has umm, Asperger's and you know lots of famous people have dyslexia and umm, and that just makes you better suited for different avenues than maybe the traditional go-to-school-get-Bs-and-As and become a chemist or an attorney. (2a: 55-69)

Jason's experience as a father of a child with ADHD – Predominantly Inattentive subtype was similar in character to that of the other fathers ($n = 4$; 40%) of similarly diagnosed children. Along with Jason, Ted, Alex, and Vincent expressed fears about the future; however, they tended to feel somewhat optimistic that their children would find and create adequate lives, even if it was different than what they imagined or hoped for them. While these fathers saw the potential for prolonged dependence, they felt that delayed independence or partial independence was more likely. Further, while these fathers looked toward the future with reticence, they expressed fewer feelings of guilt and/or their potential contributions to their children's ADHD-related problems. They also did not express concerns about physical or social safety. This may be because they were not dealing with impulsivity and hyperactivity, but the single symptom of inattention. In short, these fathers experienced the anxiety of looming adulthood, but with less acuity and/or pessimism than those fathers of children with Combined Subtype.

Paradigm Case #3: “Ben”

My Father Before Me	Longing for Connection	“The World Around Me”	I Made My Way
Mentor, Teacher, Helper, Nurturer, and Guide	Connection as Relationship & Tool	Superpowers & Kryptonite	Everyday Life of ADHD
The Fear of Perpetual Caregiving	The Fear of Lost Connection	The Fear of Unrealized Potential	The Fear of Perpetual Adolescence

Figure 5. A visual depiction of Ben’s experiences.

Note. Areas of strong concern are shaded in orange, areas of moderate concern in blue, and areas of mild or no concern in white.

[Ben] Connection is definitely difficult...I think that probably the biggest problem is that it's hard to find things that we have ... a shared interest in. If we were to do something like physical out in the world, like, say, take a hike, or something like this he's not able to...we're not on the same page there, very easily. And, that's hard. And [looking to the future] well [it's] all fears. I mean it's – I'm profoundly afraid for him...I guess I'm afraid mostly that the ways in which we make our way, both I would say materially and also I don't know maybe intellectually or spiritually or emotionally—that's a better word—take certain skills. It takes certain things and that's gonna be hard for him.

Ben represents a unique case in that he was the only father in the study who could not identify with his child’s ADHD in any way or form. All other fathers had some way to identify with ADHD. They had either been diagnosed with ADHD themselves formally ($n=2$), fully endorsed they had ADHD ($n=4$), or had at the very least seen enough similarities between themselves and others with ADHD that they had periods in their lives in which they had

questioned their ADHD status ($n = 3$). As a contrasting case, Ben highlights the potential importance of this shared window of understanding for fathers' coping and considering the future of their children with ADHD. Ben's interviews lacked content reflecting the subthemes "I Made My Way" (detailing the fathers own past journeys struggling to find a way to be successfully independent in the light of ADHD or ADHD-like symptoms) and "Superpowers & Kryptonite" as Ben did not view his son as possessing any gifts of significance that would open a pathway in terms of a future career or life pursuit. In fact, Ben shared a very bleak view of his son's life:

I think a judgey way to think about it. It seems like if I'm not thoughtful about it, it feels like *his world is impoverished*...in the sense that an idea gains nuance and subtlety only by continuing to hold onto it and interact with it say and to constantly have only shorter spans of time with any particular idea then leaves each of those less fully formed, so then in some sense that meaning diminishes. (5a: 246-255)

With such a viewpoint, Ben stands out as a unique case among fathers in the study. Ultimately, Ben expressed feeling very little ability to make any connection of influence with his son, saw no great gifts that would hint at future possibilities for success, and felt no optimism about the future, only fear. Thus for him, there was no clear means of exerting himself to assist his son and push back against the anxiety of looming adulthood. This stood in contrast to Adam, Jason, and the other fathers who could identify means to exert themselves and push back against the anxiety of looming adulthood.

Chapter Summary

In this chapter, I presented the findings from exploring the lived experiences of fathers raising children with ADHD. For the fathers in this study, the primary meaning that was ever

present was an anxiety related to looming adulthood. This anxiety was the overarching theme for the interpretation. This anxiety emerged at the intersections of their own pasts in the context of their daily work striving to be “good fathers”. They mostly felt they needed to connect meaningfully with their children and this connection would help to navigate them toward the expectation of independence in adulthood. Fathers spoke of barriers and challenges, even with their individual variations of beliefs and values and the differing presentations of their sons’ ADHD symptoms. Most attempted to confront barriers and challenges by leaning into their own past experiences and bringing that wisdom to bear on their present actions in everyday life with children with ADHD. Fathers exhibited variations in their experiences living with the anxiety of looming adulthood across a spectrum from mild concern and apprehension to profound confusion and fear.

Chapter Five: Discussion

The purpose of this chapter is to discuss the findings of this dissertation study focused on the experiences of fathers raising children with ADHD. I begin the chapter with a short summary of the key findings and continue by placing these findings in the context of the extant literature on fathers of children with ADHD, highlighting how the findings contribute as well as offering some scholarly discussion points about potential subplots within these data and lived experiences. I then describe efforts taken to achieve scientific rigor in the conduct of the study. The chapter ends with a discussion of the strengths and limitations of this study and recommendations for further research aimed at advancing the science.

Situating the Findings within the Extant Literature

In this study, the dominant experience for fathers raising children with ADHD was an almost pervasive anxiety about their children nearing adulthood and the fears they had about their children's abilities to become independent. Accordingly, the overarching theme was identified as "The anxiety of looming adulthood". Their experiences did vary from mild concern and apprehension to profound confusion and fear, with fathers of older children nearer to adulthood more astutely aware of the impending nature and urgency that comes with societal expectations. Fathers of children with combined subtype ADHD also articulated greater degrees of anxiety and fear about "looming adulthood" than fathers of children with predominantly inattentive subtype ADHD.

The fathers' narrated experiences were further characterized through the four themes: "The Good Father"; "Connection"; "The Good Child"; and "Navigating ADHD". Each father expressed all four themes, but some themes were stronger or more central, while others were present, but clearly not dominant themes. Also of note, was that the themes were experienced

temporally, appearing in the father's past experiences, present parenting situations, and in their future worries. Equally important were the fathers' own lived experiences with ADHD, or suspected ADHD, which offered windows of insight into potential positive parenting actions in the present, learned directly or indirectly from their past. These insights helped some fathers push back against "The anxiety of looming adulthood", by recognizing potential pathways for their children.

Contributions to theory. The findings in this study provide a wonderful example of the importance of understanding situated fathering. Brotherson and White (2006), along with the earlier work of Lamb (2000) and Marsiglio and colleagues (2000), called attention to the need to explore fathering within varied situated contexts. They highlighted that attempts to generate generalized theories of fathering had failed to result in meaningful research, primarily because fathering situations and contexts can vary greatly, especially in modern U.S. society. In the current study, fathering roles and values anchored the study, providing direct insight into the specific challenges for these fathers in the context of fathering a child with ADHD.

While many theories of fathering have been developed, informed by data that has measured and explored father engagement (defined as time spent with children daily) and different parenting styles such as lax, authoritarian, accommodating, and authoritative (Arnold, O'Leary & Edwards, 1997; Hurt et al., 2007), this study produced rich descriptions of the meanings and actions that fathers associate with the nature of their role in relationship with their children. In particular, rather than quantifying the amount of time spent with their children, they focused on the variety of methods they used to develop and maintain meaningful connections with their children that would sustain their children over time. Their focus was on establishing a substantive connection in their father/child relationships that would be influential and enduring.

In short, as in past studies, engagement was seen as important. Accordingly, this study's findings offer some confirmation of the need for ensuring shared activities with children as intentional means by which fathers can foster social, moral, spiritual, and emotional competencies in their children as they move toward adulthood and independence (Allen & Daly, 2007; Carlson, 2006; Lamb, 2010). The other insight gained through the use of an interpretive phenomenological lens is the impact of temporality. These fathers' descriptions of fathering children with ADHD involved the simultaneous looking backward across their own experiences and looking forward toward multiple future possibilities, all the while trying to make sense of their own present actions .

In considering why this was the natural inclination of these fathers, I hypothesize that much of this temporal experience and projecting of self onto their children came from the unique experiences of these fathers who predominantly lived with or suspected they lived with ADHD themselves. While previous research has attempted to explore the impact of father ADHD on other variables such as child behavior and family coping (Arnold, O'Leary, & Edwards, 1997; Brown, 2015; Harvey et al., 2003), this research offers the unique experiences of a group of men who, by most economic and social responsibility standards within US culture, were quite successful in spite of their ADHD. While this was not an intentional outcome of the sampling strategy for this study, it has provided new insight and knowledge about how these men found their way and place in society as independent adults, contributing to the world and meeting what family theorists describe as the function of families in modern U.S. society. As such, this research offers previously unarticulated insights into lived experiences of ADHD when those with it grow up and achieve the important milestones and functions expected of adults in the world and then, in turn, raise children with the same health condition.

Contributions to research. Previous research presented a picture of fathers as the reluctant, parent, who did not believe in the diagnosis of ADHD, and was largely divested of daily care tasks and/or upbringing related to their children with ADHD. These previously described fathers were presented as generally unsupportive of ADHD interventions, such as pharmacotherapy, a mainstay of primary ADHD treatment (Kendall & Shelton, 2003; Singh, 2003). However, the current research uncovered a profoundly different picture of these fathers. In this study, fathers described ADHD as a biological fact and viewed their children as whole, healthy, and diverse beings with unique contributions to make to the world. Additionally, the fathers portrayed ADHD as creating great difficulties for their children and families. They also viewed their role as fathers as integral in helping to navigate their children toward a place in the world in which the children would fit. The role of medication and hesitancy about it did surface in some interviews; however, the fathers' focus was not necessarily against using medication. Rather, medication was not the preferred choice or only answer. Fathers were less interested in finding ways for their children to fit into standard expectations of the world and more interested in capitalizing on their children's gifts and helping them to find a place where their gifts were helpful and would allow them to attain independence. These values are reflected in the current "neurodiversity" model, which is more often seen in parents of children with Autism Spectrum Disorder (ASD; Baron-Cohen, 2017). The neurodiversity model has its root as a "pride" movement within the Autism Spectrum community and, to date has largely been confined to advocates of Autistic individuals. However, all of the fathers in this study reflected on acceptance and celebration of the gifts they associated with ADHD, taking pride in their children, seeing ADHD as a naturally, organically occurring phenomenon, and not a disability. Yet only one of them used the term "neurodiversity". This has not been previously articulated in

the research. What has been described is fathers' belief in the biological origins of ADHD, which has been identified as a key element of successful family coping and resilience (Kendall, 1998; Kendall & Shelton, 2003).

In short, the fathers in this study offered a strong counter-balance to the current focus on ADHD as a *deficit* disorder (Barkley, 2005; 2006). These fathers suggested that ADHD could be viewed, not through a deficit lens, but as providing their children with unique and powerful gifts or strengths. These gifts, in turn, should be considered as providing new insights for interventions that facilitate children's achievement of adult independence, in spite of ADHD symptom-related difficulties. These fathers' future-oriented visions of possible strengths-based successes inspired them to remain engaged, building relationships of strong connection through shared activities, and providing daily support for their children with ADHD. This focus on the positive was not, however, in the absence of attention to the *everyday-ness* of ADHD-related difficulties. These difficulties were also front and center, creating significant tension for these fathers who consequently lived with a pervasive anxiety about the onset of adulthood. What is most notable was that while the anxiety of looming adulthood dominated, it did not overshadow these fathers' ability to see the gifts their children had in most cases. However, they did struggle, mostly because the world did not see their children the same way.

Some past literature about fathers has focused on fathers with ADHD. This literature suggested that fathers' ADHD symptoms were possible moderators of children's ADHD symptoms and poor behavioral outcomes (Harvey, Danforth, Eberhard, Ulaszek, & Friedman, 2003). Recent research has called this suggestion into question, as such associations were either not replicated, or other variables were significant predictors instead (Brown, 2016; Mintz, 2013; Sommer, 2013). An interesting finding from the current study is that those fathers who reported

they had or suspected they had ADHD viewed their own ability to achieve adult independence as inspiring and reassuring and hoped that their children would achieve that same independence for themselves. Fathers shared their parenting beliefs and the strategies they intentionally used in their efforts to guide their children toward those same successes. In this way, this study further reinforces the concept of situated parenting, or in this case situated fathering, as an ideal approach to in depth understanding of how fathers' beliefs and values shape their parenting when their children have ADHD.

Along these lines, one of the unique characteristics of this research is that it captured the experiences of fathers with ADHD raising children with ADHD which is rare among health care literature and offers unique insight into the multi-generation experience and transmission of specific health beliefs. These fathers offer unique insight into living with their children with ADHD across time as they navigate past, present, and future challenges. Nurses who practice using family theories and evidence such as presented here, will be better equipped to innovate multi-generational approaches to family nursing interventions.

In terms of gender, this study predominantly described the experiences of fathers raising sons. Interestingly, all fathers in this study also did have daughters, though according to the fathers their daughters did not have ADHD, with one exception. When fathers described their daughters, it was interesting to note that occasionally, fathers would in fact describe ADHD-like symptoms or behaviors. However, they did not explicitly link those symptoms to an ADHD diagnosis as the fathers interpreted their daughters not to have any "problems". For fathers, "problems" seemed to largely be contextualized as academic and/or social performance. More research into fathers of daughters with ADHD is indicated to explore what those potential differences may be. Given that some literature has pointed out there seem to be attributional

differences related to gender and ADHD, it may follow that future fears such as those articulated by fathers in this study, may be different for daughters due to differing expectations for adult daughters compared to adult sons.

Contributions to practice. Nurses working with families with children with ADHD can benefit from this expanded knowledge about the lived experiences of fathers. One of the benefits of interpretive phenomenology research is that it produces findings that can, in turn, sensitize nurses to the lived experiences and meanings of living with and navigating health problems (Benner, 1994). Of primary concern to pediatric and family practice is the question, “how do we put fathers into family nursing?” This question certainly has implications for researchers as well, as fathers are often not the subjects or focus of family research given the long-standing historical trend of mothers bearing primary responsibility for their children’s health care decisions and care coordination.. However, as clearly demonstrated in this sample, fathers shared equally or at least partially in accomplishing these ADHD health-related decision-making and direct care tasks. As such, it is clear that the emerging trend toward more parity and shared roles among parenting couples that began emerging in the 1980’s has continued and, at least in some segment of society, has become standard. Thus researchers and practitioners alike have need to first answer the questions about how to put fathers back into family nursing by simply acknowledging father presence in families and by directing nursing care that both focuses on and includes fathers.

Nurses working with families with children with ADHD need to remember to include fathers within their assessments. In particular, the findings in this study suggest that focused assessments upon fathers should explore the ways in which they are working to connect with their children and how they see themselves or their roles as parents. All parents need support and attention, no matter which parent is the one bringing the child to the provider. While this study

did not focus on mothers or dual father households, it did bring to light that these fathers had real fears that left unchecked could impact their own health and the health of their child and family. In cases where such anxieties exist, nurses can work with fathers to offer encouragement as well as to provide them with cognitive tools that help them direct their energies by staying fully in the present moments.

This study also highlights the need for nurses to examine their own beliefs and biases related to the roles, beliefs, and concerns of fathers of children with ADHD. Fathers in this study articulated an overall acceptance and even celebration of their children's unique minds, talents, and gifts. These fathers were deeply committed to being nurturing role models and hands-on supporters of the everyday activities of their children's life experiences and their symptom-related needs. They used shared activities, often child-directed and "fun", as ways to build, maintain, and strengthen connections with their children. With this connection, fathers hoped to have influence and they worked to have and use their influence to realize the best possible outcomes for their children, even as they simultaneously dealt with the difficulties of daily life with ADHD. When nurses encounter fathers, particularly those who seem resistant to ADHD medication therapies, this study uncovered that such expressions may actually be evidence of deeper, affirming thoughts about child ADHD than might be assumed. Nurses can instead seek to explore ways in which they can partner with fathers to discover and build upon individual child strengths over time.

Rigor

In designing and conducting this study, I utilized the methodology of Benner (1994) as the underlying analytic process framework, guided by the philosophical descriptions of interpretive phenomenology by Heidegger (1962). To hold the analytic process and resulting

interpretation to a high standard of conduct and scholarship, I used the four evaluative criteria of Lincoln and Guba (1985) as a guide to data collection and analytic conduct. The four criteria are: credibility, transferability, dependability, and confirmability. While the criteria of Lincoln and Guba are well-established and widely utilized by qualitative researchers employing diverse methods, they are by no means specific to any particular philosophy, methodology, or method. These criteria were useful in assisting me to structure and document my approach to achieve scientific rigor. However, they address the specific philosophical assumptions of interpretive phenomenology in the tradition of Heidegger, as prescribed by Benner (1996). To ensure the interpretation was grounded in the data from these fathers, I frequently reflected upon and directly incorporated Madison's (1988) nine principles of evaluation (Table 5). These nine principles are specifically rooted in Heidegger's philosophical description of interpretive phenomenology.

I begin this presentation by first describing how I applied the four Lincoln and Guba criteria. Then, I briefly describe how I applied the nine principles of Madison in this work, with the use of a table for ease of understanding.

Credibility. Credibility refers to the character of the interpretive claims of the research findings. The goal of generating a credible interpretation is to ensure the voices, experiences, and meanings relayed by the participants are grounded in their own stories, thoughts, and feelings. Credibility actions also ensure the role of the researcher as a co-creator of the interpretation, is well informed and honest in taking the participants' experiences and perspectives into account. I met the criteria of credibility through the use of a number of techniques in the conduct of this study. I experienced prolonged engagement with the ten participants through two extensive interviews conducted weeks to months apart. I offered interpretive ideas to the participants

themselves throughout the process of the analysis and ongoing collection of data as a means of member-checking the meanings I interpreted from their experiences. I engaged in triangulating this ongoing interpretation by sharing and developing interpretive ideas with doctoral student peers, the dissertation committee members, and the participants themselves. The resulting interpretation took on a distinct trajectory and went through numerous phases that were extensively documented to ensure this credibility was maintained throughout the study.

Transferability. Transferability relates to the utility of the interpretation to inform other contexts of care such as among different populations, diagnostic circumstances, or even different demographic characteristics within in the same population. In this study, transferability was achieved through thick description of participants' experiences, largely in their own words. The interpretive process resulted in numerous readings and interpretive writings related to each participant interview and across participant interviews. Descriptive detail was explored through three versions of the interpretive work that resulted in the final product of chapter four and required hundreds of pages of description related to the emerging categories, themes, and subthemes in various structures, supported by rich and detailed exemplars from the data. In this way, the readers of this work have sufficient detail about the interpretation as grounded in these data to make clear determinations about the transferability of the work. Additionally, the characteristics of the father participants and their associated children are clearly described such that readers of the work can determine the degree to which these findings may be transferable.

Dependability. Dependability refers to the means by which the interpretive findings could be explored for confirmation in additional contexts and that they would be consistently understood potentially replicated. Dependability in this study was achieved through the process of offering raw data in the form of complete transcripts to each of three dissertation committee

members who would independently review them, compose interpretive thoughts about the thematic patterns in these data, and then engage in interpretive dialogue with this researcher until a consistent, reliable, clear, and resonant interpretation was received and affirmed by each committee member and myself.

Confirmability. Confirmability refers to the means by which readers can determine that the resulting interpretation holds true to the participants' voices and is grounded in the data. Confirmability also refers to the ways in which I have accounted for my own experiences and biases in the process of the research so as to maintain clarity about the inductive process that supports the participants' views. I achieved confirmability in this study by meticulously documenting the process of data collection and analysis; by ensuring that all ongoing interpretive assumptions were linked directly to data by specific references to each participant, transcript, and line number. This extensive documentation supports that the interpretation is easily and efficiently auditable. Additionally, as is true to the interpretive phenomenological tradition of inquiry, I began the process of this data collection and analysis through the composition of an extensive reflexive journal of my own experiences as a father of children with ADHD, which I referred to often in process of the study. This allowed me to review the ways in which my experiences were both similar and different to those of my participants, and to expand and facilitate the opening to new viewpoints and understandings. Through this meticulous documentation and reflexive process, I achieved confirmability of the study interpretation.

Madison's nine principles. I used the nine principles of Madison (1988), as described and expounded upon by Plager (1994) to further guide the character of my interpretive work. The application of the principles as evidenced in this study are described in Table 5.

Table 5. *Madison's Principles for Evaluating Interpretive Phenomenology Grounded in Heidegger's Philosophy as Evidenced in the Study.*

Principle	Definition	Evidence in this Study
Coherence	A unified and clear interpretation that includes as sensible an explanation as possible from the text itself.	The overarching theme of The Anxiety of Looming Adulthood offers a succinct, unifying clarity of the fathers' experiences and was derived from prolonged engagement with the texts, drawing upon the fathers' own words and ideas.
Comprehensiveness	A whole view of the text from the situated perspectives of the participants.	The emergence of the Heideggerian structures of temporality and being from the texts themselves offers the fathers' perspectives from their own situations actively rearing children with ADHD.
Penetration	A resolution of the central, problematic focus.	The overarching theme was derived as the fifth interpretive approach and emerged from the data itself over time until a central clarity was articulated that spoke to each fathers' experiences.
Thoroughness	An account that addresses all of the posed questions or aims.	The central aim of this research was to explore the meaning father's ascribed to rearing children with ADHD. The resulting interpretation, took over one year, nineteen interviews, and involved

an iterative and inductive process that progressed through five interpretations respective to the aim.

Appropriateness	An interpretation that addresses the questions as uncovered in the text itself.	Each first and second interview was informed by those that preceded them. As interpretive questions were raised, the interviews evolved as well, so the interpretation that resulted was grounded in the experiences of the fathers' concerns and meanings.
Contextuality	An interpretation that is consistent with the social, historical, and temporal situatedness of the participants.	The interpretation emerged as grounded in the past histories, present concerns, and future-focused projections of the fathers. Fathers' experiences of society's expectations and values were considered as essential in the analytic process and provided foundational touchstones for understanding and interpreting these data.
Agreement	A whole interpretation that is consistent with the text itself.	Categories, themes, and subthemes arose directly from prolonged engagement with the transcripts, involving a process of moving from the whole emergent interpretation and back to the individual and collective transcripts in a five-iteration process until agreement was achieved. Each

father was visually plotted using the final interpretation matrix and exemplars were chosen to highlight with clarity the agreement between the texts and interpretation.

Suggestiveness	An interpretation that answers the questions of interest and suggests directions for new, further inquiry.	The interpretation of the Anxiety of Looming Adulthood speaks clearly to the way fathers in this study made sense of the present, by building on their past experiences and projecting possible outcomes in the future. These findings can be used to inform future studies that seek to assist families as they make sense of child ADHD and push back against this backdrop of anxiety in helpful and healthy ways.
Potential	An account wherein the insights and critical discussion are capable of illuminating future events and possibilities.	With this interpretation of fathers' experiences meeting the other criteria presented, there is clear evidence to suggest that fathers' interests, values, beliefs, and actions can be utilized in such a way as to make them both effective targets of as well as agents of child and family-focused interventions aimed to improve family functioning and maximize positive child outcomes.

Study Strengths and Limitations

Strengths. There were a number of strengths related to the data collection and analysis and the resulting interpretation. Interpretive Phenomenology was well suited to uncovering the lived experiences of these fathers of children with ADHD, and the associated meaning. This approach required extended, in-depth interviews with fathers that resulted in thick, rich descriptions of fathers' past experiences, present lives, and future fears, as they revealed them. The Heideggerian focus upon beings that are engaged in the concerns of life, and who find themselves seeking to create meaning from understanding, was uniquely suited to exploring fathering and ADHD, as fathers were actively engaged in the everyday difficulties of working with a child with ADHD and trying to make sense of the experiences. The open-ended, semi-structured interviews coupled with the analytic strategy of emergent design allowed the concerns of fathers' to be explored in such a way that the interpretation was inductively created rather than deductively assumed. The willingness of fathers to engage me as a researcher resulted in very candid and often emotionally profound experiences for fathers who often shared that they really enjoyed the process of the interviews as it was very rare that they had anyone to talk to about such important topics and on such intimate terms. These methodological choices allowed fathers to feel comfortable sharing their hopes and fears, opening up about their own pasts and future visions with honesty and candor. The fact that fathers saw me, the researcher, as a father of children with ADHD helped them to assess me as relatable. My reflexive commitment to the tenets of inductive, phenomenological research helped me to ensure that the trust fathers placed in me did not allow me to project my own lived experiences and interpretations upon them, while

at the same time, facilitating some insight into their lives and experiences as a co-creator of the resulting interpretation.

In terms of participants, this group of fathers was predominantly characterized by those with ADHD, those who endorsed they had ADHD, or those who had questioned themselves as having ADHD over the course of their lives thus far. While this was not an intention of this study, this predominance of fathers with ADHD or suspected ADHD offers a highly descriptive exploration of how such men perceive and make sense of ADHD in the context of their parenting roles. Additionally, this group of men shared many characteristics in terms of their education, employment and career status, and income that allowed for access to supportive health care. Again, while this was not the intention of the study, the cross-section of these characteristics of socioeconomic status and predominant ADHD status allowed for the exploration and description of adults with ADHD who feel successful and demonstrate the very success as independent adults that they sought for their children. To date, most ADHD-related research has focused upon deficit and risk-based models. Thus, a strength of this research is that it offers insight into those who have come to achieve the cultural expectations of adult independence and the ways in which they have developed skills and tools to facilitate these outcomes.

Children of these fathers represented a spectrum of ages, ADHD subtypes, and commonly occurring co-occurring conditions. As such, this study captures the experiences of fathers at different times across the developmental lifespan of children with ADHD. Additionally, all fathers' children had siblings, the majority of whom were typically developing, which gave fathers in this study insight into both ADHD and typical child development upon which they reflected.

Limitations. Contrasting the strengths of this study are some noteworthy limitations. For example, the lack of variability of the characteristics of the study participants does limit transferability of these findings to other groups of fathers with children with ADHD, different populations, and different contexts. Fathers in this study all self-identified as White, middle-class, and predominantly college educated. They had established careers and long-term employment, were heterosexual, and parenting with a female co-parent in their marriages or were cooperative and amicably parted from their former female partner. All fathers in this study were biological fathers to their children. As previously discussed, fathers in this study were largely men with ADHD or suspected ADHD, thus the experiences and perspectives of fathers without ADHD were nearly absent from this study.

In terms of the children's characteristics, all fathers in the study had sons with ADHD. One father had two children with ADHD; a son and a daughter. Therefore, the experiences of fathers of daughters with ADHD are clearly underrepresented. Children of fathers in the study were, like their fathers, relatively homogenous in some characteristics. Fathers identified children as predominantly White, who were living in middle-class families with siblings, and were parented by two parents. One child was identified by his father as Latino. While attempts were made to recruit diverse fathers and children, they were not fruitful in assisting to achieve all of the intentional variables proposed for maximum variation sampling.

In terms of the setting of this study, all fathers lived in a large, metropolitan area that is rich in pediatric and family healthcare and supportive services for ADHD. Fathers in rural settings or those with limited access to diagnostic and supportive services are not represented in this study. Also of note was that the majority of children were not currently or had not ever taken ADHD medications, which remain the mainstay of ADHD treatment. While this is an interesting

finding and may provide additional insight into the fathers who chose to participate, it would be important to follow this finding up in future studies.

Recruiting fathers for this study was difficult and those that were recruited were largely fathers well-connected to supportive resources. This may be due, in part, to the modes of recruitment which followed very traditional pathways of advertisement such as through clinicians, flyers posted in areas related to child health, and through community support groups. From these experiences, I have considered alternative ways to reach more diverse fathers that go beyond the traditional mindset for recruitment. Intra-sector research partnerships that were strategically created and maintained could be useful in reaching fathers across broader socioeconomic characteristics. One example of such a strategy would be to approach various businesses, facilities, and agencies that employ men from different walks of life such as those in manufacturing, construction, trade, professional disciplines, and government work to create worksite based outreach and recruitment plans to reach fathers who might not otherwise be aware of such research or have easy access to the researcher. As it was, three of fathers asked to meet with me at their places of work to conduct the interviews as they had private spaces available to them. This potential recruitment strategy bridging the public service, private business, and health care sectors and creating research partnerships could greatly enhance the abilities to reach more diverse fathers for research studies.

In sum, this study includes the experiences of a relatively specific group of fathers. I was not able to access the experiences of fathers with greater ethnic or cultural diversity, socioeconomic status, education, or who lived in both rural and metropolitan settings. The experiences of more diverse fathers may be similar or different, but this study does not include

those voices. As such, we cannot answer the question about what cannot be known from this study because of those voices which are absent.

Future Research

Future research can build upon these findings in a number of important ways. First, similar studies conducted with more diverse fathers could yield important similarities and differences in these experiences that have not yet been identified. Fathers with lower levels of education, health literacy, access to care, and from completely different cultural backgrounds may have very different experiences and beliefs than did this group of fathers. Kendall and Hatton (2002) for example, discovered that the experience of racism for Latino and African American parents and children added unique dimensions to the experience of raising children with ADHD compared with White families. In the present cultural context of the Black Lives Matter movement which advocates for social change in the face of disproportionate numbers of police-related deaths among Black youth and adults, it would not be surprising if African American fathers' experiences of child ADHD were characterized by increased fears in the present and more immediate future, given the difficult symptoms of impulsivity and hyperactivity that place their children in greater danger. Until such studies are performed, we will not know the specific meanings fathers of color ascribe to their experiences, or if they are indeed different at all. Thus, future studies should aim to use Interpretive Phenomenology to explore these meanings among more ethnically diverse fathers.

These same caveats about transferability are also true in the case of socioeconomic factors and even geography. Fathers in this study all had relatively high and stable incomes compared to the national poverty level standard. They had access to primary and specialty health care practices focused upon child development. And they had an abundance of possible

intervention and support resources in their urban community. These qualities may explain, in part, why fathers in this study had a universal understanding and acceptance of ADHD as a biological difference. Future research should aim to recruit more diverse fathers across the socioeconomic and geographic spectrum to explore for similarities and differences that may characterize father experiences when access to quality ADHD education is diminished.

As this interpretive research primarily involved fathers of boys, future research should aim to explore more fathers of girls. Girls with ADHD often present with ADHD differently than their boy counterparts. Additionally, many social expectations for gendered behaviors continue to persist in the current culture, such that fathers of daughters with ADHD may express different experiences than fathers of sons.

Measurement studies should be constructed and conducted that would allow for researchers to explore future-focused anxieties in terms of quality and quantity. The development of such measures would facilitate the explorations of these fears in relation to mothers as well as fathers and explore for patterns of correlation between mothers, fathers, children, and ADHD symptoms. Such knowledge would help in creating and evaluating interventions aimed upon ameliorating the power of future-directed fears that result in a pervasive backdrop of anxiety.

Finally, future qualitative and quantitative designs that include fathers should be conducted that explore family-level relationships in the context of future-directed fears and present situated anxieties. Father and family approaches, for example, should be explored by focusing upon the findings from this study about fathers' intentional use of connection as both relationship and tool for influence and the outcomes of this thinking at the level of the larger family system. Mothers have been noted in previous literature, for example, to observe that they spend a great deal of time and effort on a daily basis working to maneuver their children with

ADHD across the daily routine with great difficulty. Only to watch fathers focus on activity and play, which they have been noted to both value and resent, as they see this as fun that fathers get to experience and mothers do not (Kendall, 1998; Kendall & Shelton, 2003). This study adds fathers' insights that play and fun are intentional tools they use in order to maintain relationships of influence that allow them to assist at other times and in other, less enjoyable circumstances of parenting. From a family perspective, this knowledge could be used by nurses to help mothers, older siblings, and other key family members working with children with ADHD to legitimize and use play and shared activities with intention and freedom. Family studies of this nature would allow for the discovery of more concrete knowledge about the role of connection, the qualities of connection, the effects of connection, and the consequences of lost connections. Nurses with such information would be able to better create interventions and target fathers as both the focus and agent of connection-based interventions aimed at improving child functioning as a means of achieving successful adult independence.

Summary

The purpose of this chapter was to present a discussion of the Interpretive Phenomenology study findings described in Chapter Four, which were interpreted as the Looming Anxiety of Adulthood. I presented a discussion of the findings in the context of the established scientific literature on fathers of children with ADHD, highlighting how these findings might contribute to theory development, research knowledge, and nursing practice. I then presented a description of the efforts to achieve scientific rigor in the conduct of the study, using the criteria described in Chapter Three, namely: the criteria of Lincoln and Guba (1985) and Madison's Nine Principles (1988). Finally, I presented a discussion of the strengths and

limitations of this study and made recommendations for further research aimed at advancing the science of fathers and families with children with ADHD.

References

- Allen, S. & Daly, K. (2007). *The effects of father involvement: an updated research summary of the evidence inventory*. Center for Families, Work & Well-Being, University of Guelph: Authors.
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author.
- Arnold, E., O'Leary, S., & Edwards, G. (1997). Father involvement and self-reported parenting of children with attention deficit-hyperactivity disorder. *Journal of Counseling and Clinical Psychology, 65*(2), 337-342.
- Bandura, A. (1977). *Social learning theory*. Englewood Cliffs, NJ: Prentice Hall
- Barkley, R. (2005). *ADHD and the nature of self-control*. New York, NY: Guilford.
- Barkley, R. (2006). *Attention-deficit hyperactivity disorder: A handbook for diagnosis and treatment* (3rd ed.). New York, NY: Guilford.
- Barnard-Brak, L., Schmidt, M., & Sulak, T. (2013). ADHD medication vacations and parent-child interactions by gender. *Journal of Attention Disorders, 17*(6), 506-509.
- Barnard-Brak, L., Schmidt, M., Wei, T., Parker, S. L., & Attai, S. L. (2013). Parental perceptions of academic performance and attainment of children diagnosed with attention deficit hyperactivity disorder. *The Journal of Nervous and Mental Disease, 201*(7), 598-601.
- Barnard-Brak, L., To, Y. M., Davis, T. N., & Thomson, D. (2011). Father residency and symptoms of ADHD: Adult male involvement as a mediator. *Early Child Development and Care, 181*(5), 649-663.

- Baron-Cohen, S. (2017). Editorial Perspective: Neurodiversity—a revolutionary concept for autism and psychiatry. *Journal of Child Psychology and Psychiatry*, 58(6), 744-747.
- Benner, P. (1994). The tradition and skill of interpretive phenomenology in studying health, illness, and caring practices. In P. Benner (Ed.), *Interpretive Phenomenology: Embodiment, Caring, and Ethics in Health and Illness* (pp. 99-127). Thousand Oaks, CA: Sage.
- Benner, P. & Wrubbe, J. (1989). *The primacy of caring*. Reading, MA: Addison-Wesley.
- Bloom, B., Dey, A.N., & Freeman, G. (2006). Summary health statistics for U.S. children: National Health Interview Survey, 2005. National Center for Health Statistics. *Vital Health Statistics 10*(231),1–84.
- Brotherson, S. & White, J. (2006). *Why fathers count: The importance of fathers and their involvement with children*. Harriman, TN: Men’s Studies Press.
- Brown, R. (2016). ADHD severity and fathers parental involvement [Dissertation Abstract]. *Dissertation Abstracts International: Section B: The Sciences and Engineering*. Vol.77(5-B(E)
- Carlson, M. (2006). Family structure, father involvement, and adolescent behavioral outcomes. *Journal of Marriage and Family*, 68, 137-154.
- Chen, M., Seipp, C. M., & Johnston, C. (2008). Mothers' and fathers' attributions and beliefs in families of girls and boys with attention-deficit/hyperactivity disorder. *Child Psychiatry and Human Development*, 39(1), 85-99.
- Chesla, C. (1994). Parents’ caring practices with schizophrenic offspring. In P. Benner (Ed.), *Interpretive Phenomenology: Embodiment, Caring, and Ethics in Health and Illness* (pp. 167-184). Thousand Oaks, CA: Sage.

- Dreyfus, H. L. (1990). *Being-in-the-world: A commentary on Heidegger's Being and Time, Division I*. Cambridge, MA: MIT Press.
- Erikson, E. (1963). *Childhood and society*. New York, NY: W.W. Norton.
- Fabiano, G. A., Chacko, A., Pelham, W. E. J., Robb, J., Walker, K. S., Wymbs, F., et al. (2009). A comparison of behavioral parent training programs for fathers of children with attention-deficit/hyperactivity disorder. *Behavior Therapy, 40*(2), 190-204.
- Fjelland, R., & Gjengedal, E. (1994). A theoretical foundation for nursing as a science. In P. Benner (Ed.), *Interpretive Phenomenology: Embodiment, Caring, and Ethics in Health and Illness* (pp. 3-25). Thousand Oaks, CA: Sage.
- Gerdes, A. C., Hoza, B., & Pelham, W. E. (2003). Attention-deficit/hyperactivity disordered boys' relationships with their mothers and fathers: Child, mother, and father perceptions. *Development and Psychopathology, 15*(2), 363-382.
- Harvey, E., Danforth, J. S., Eberhardt McKee, T., Ulaszek, W. R., & Friedman, J. L. (2003). Parenting of children with attention-Deficit/Hyperactivity disorder (ADHD): The role of parental ADHD symptomatology. *Journal of Attention Disorders, 7*(1), 31-42.
- Heidegger, M. (1962). *Being and time*. New York, NY: Harper and Row.
- Hofferth, S. L., Pleck, J. H., & Vesely, C. K. (2012). The transmission of parenting from fathers to sons. *Parenting, 12*(4), 282–305.
- Hurt, E., Hoza., B., & Pelham, W. (2007). Parenting, family loneliness, and peer functioning in boys with attention deficit/hyperactivity disorder. *Journal of Abnormal Child Psychology, 35*, 543-555.
- Kendall, J. (1998). Outlasting disruption: the process of reinvestment in families with ADHD children. *Qualitative Health Research, 8*(6), 839-857.

- Kendall, J. (1999). Sibling accounts of attention deficit hyperactivity disorder (ADHD). *Family Processes, 38*, 117-136.
- Kendall, J., & Hatton, D. (2002). Racism as a source of health disparity in families with children with attention deficit hyperactivity disorder. *Advances in Nursing Science, 25*(2), 22-39.
- Kendall, J., Hatton, D., Beckett, A., & Leo, M. (2003). Children's accounts of attention deficit/hyperactivity disorder. *Advances in Nursing Science, 26*(2), 114-129.
- Kendall, J., Leo, M., Perrin, N., & Hatton, D. (2005). Modeling ADHD child and family relationships. *Western Journal of Nursing Research, 27*(4), 500-518.
- Kendall, J., & Shelton, K. (2003). A typology of management styles in families with children with ADHD. *Journal of Family Nursing, 9*(3), 257-280.
- Keller, T., Ramisch, J., & Carolan, M. (2014). Relationships of children with autism spectrum disorders and their fathers. *The Qualitative Report, 19*(33), 1-15.
- Keown, L. J. (2012). Predictors of boys' ADHD symptoms from early to middle childhood: The role of father-child and mother-child interactions. *Journal of Abnormal Child Psychology, 40*(4), 569-581.
- Lamb, M. (2000). The history of research on father involvement: an overview. *Marriage and Family Review, 29*(2/3):23-42.
- Lamb, M. E. (2010). *The role of the father in child development* (5th ed.). Hoboken, NJ: John Wiley & Sons, Inc.
- Lincoln, Y.S. & Guba, E.G. (1985). *Naturalistic inquiry*. Newbury Park, CA: Sage Publications.
- Madison, G.B. (1988). *The hermeneutics of postmodernity*. Indianapolis, IN: Indiana University Press.


- Markel, C., & Wiener, J. (2014). Attribution processes in parent–adolescent conflict in families of adolescents with and without ADHD. *Canadian Journal of Behavioural Science, 46*(1), 40.
- Marsiglio, W., Amato, P., Day, R., & Lamb, M. (2000). Scholarship on fatherhood in the 1990's and beyond. *Journal of Marriage and the Family, 62*(4):1173-1191.
- Merleau-Ponty, M. (2014). *Phenomenology of perception*. Translated by D. Landes. New York, NY: Routledge.
- Mikami, A., & Pfiffner, L. (2008). Sibling relationships among children with ADHD. *Journal of Attention Disorders, 11*(4), 482-492.
- Mintz, A. (2013). Paternal ADHD, parenting, and child conduct problems: potential mechanisms [Dissertation Abstract]. *Dissertation Abstracts International: Section B: The Sciences and Engineering, Vol.74*(3-B(E))
- Moen, Ø. L., Hall-Lord, M. L., & Hedelin, B. (2011). Contending and adapting every day Norwegian parents' lived experience of having a child with ADHD. *Journal of Family Nursing, 17*(4), 441-462.
- Neff, P. E. (2010). Fathering an ADHD child: An examination of paternal well-being and social support. *Sociological Inquiry, 80*(4), 531-553.
- Oregon Health & Science University (2011). *Roles and Responsibilities in the Conduct of Research*. Portland, OR: Author.
- Oregon Health & Science University (2014). *Human Research Protection Program Investigator Manual*. Portland, OR: Author.
- Oregon Health & Science University (2014b). Investigator Guidance: Investigator Obligations. Document number HRP-800. Portland, OR: Author.

- Patton, M.Q. (2002). *Qualitative research & evaluation methods* (3rd ed.). Thousand Oaks, CA: Sage.
- Perry, C., Hatton, D., & Kendall, J. (2005). Latino parents' accounts of attention deficit hyperactivity disorder. *Journal of Transcultural Nursing, 16*(4), 312-321.
- Pettigrew, J. (2013). "I'll take what I can get": Identity development in the case of a stepfather. *Journal of Divorce & Remarriage, 54*(1), 25-42.
- Plager, K. (1994). Hermeneutic phenomenology. In P. Benner (Ed.), *Interpretive Phenomenology: Embodiment, Caring, and Ethics in Health and Illness* (pp. 65-84). Thousand Oaks, CA: Sage.
- Podolski, C., & Nigg, J. T. (2001). Parent stress and coping in relation to child ADHD severity and associated child disruptive behavior problems. *Journal of Clinical Child Psychology, 30*(4), 503-513.
- Psychogiou, L., Daley, D., Thompson, M., & Sonuga-Barke, E. (2007). Testing the interactive effect of parent and child ADHD on parenting in mothers and fathers: A further test of the similarity-fit hypothesis. *British Journal of Developmental Psychology, 25*(3), 419-433.
- Robb, M. (2006). Exploring fatherhood: masculinity and intersubjectivity in the research process. *Journal of Social Work Practice 18*(3), 395-406.
- Romirowsky, A. M., & Chronis-Tuscano, A. (2013). Paternal ADHD symptoms and child conduct problems: Is father involvement always beneficial? *Child: Care, Health and Development.*
- Sarkadi, A., Krisiansson, R., Oberklaid, F., & Bremberg, S. (2008). Father' involvement and children's developmental outcomes: a systematic review of longitudinal studies. *Acta Paediatrica, 97*,158-158.

- Singh, I. (2003). Boys will be boys: Fathers' perspectives on ADHD symptoms, diagnosis, and drug treatment. *Harvard Review of Psychiatry, 11*(6), 308-316.
- Schwartz, S. J., & Finley, G. E. (2006). Father involvement, nurturant fathering, and young adult psychosocial functioning differences among adoptive, adoptive stepfather, and nonadoptive stepfamilies. *Journal of Family Issues, 27*(5), 712-731.
- Schwalbe, M. & Wolkomir, M., (2003). Interviewing men. In J.A. Holstein & J.F. Gubrium (Eds.), *Inside interviewing: new lenses, new concerns* (pp. 203-219). Thousand Oaks, CA: Sage.
- Sommer, J. (2013). Informant gender differences in parental reports of attention-deficit/hyperactivity disorder behavior in boys and girls [Dissertation Abstract]. *Dissertation Abstracts International: Section B: The Sciences and Engineering. Vol.73(10-B(E))*
- Swallow, V., Macfadyen, A., Santacroce, S. J., & Lambert, H. (2012). Fathers' contributions to the management of their child's long-term medical condition: A narrative review of the literature. *Health Expectations, 15*(2), 157-175.
- U.S. Department of Health and Human Services. (2011). Health Resources and Services Administration, Maternal and Child Health Bureau. The National Survey of Children's Health 2007. Rockville, Maryland: Author. Retrieved from: <https://mchb.hrsa.gov/nsch/07cshcn/national/1chhc/2iaqc/pages/07mh.html>
- U.S. Census Bureau (2017). *Quick facts: population of Portland, Oregon; Oregon State*. Retrieved from <https://www.census.gov/quickfacts/fact/table/US/PST045217>
- Van Manen, M. (2014). *Phenomenology of practice: Meaning-giving methods in phenomenological research and writing*. Walnut Creek, CA: Left Coast Press.

- Visser, S. N., Danielson, M. L., Bitsko, R. H., Holbrook, J. R., Kogan, M. D., Ghandour, R. M., ... & Blumberg, S. J. (2014). Trends in the parent-report of health care provider-diagnosed and medicated attention-deficit/hyperactivity disorder: United States, 2003–2011. *Journal of the American Academy of Child & Adolescent Psychiatry*, 53(1), 34-46.
- West, J., Denton, K., & Germino-Hausken, E. (2000). *America's Kindergartners: Findings from the Early Childhood Longitudinal Study, Kindergarten Class of 1998-99, Fall 1998*. National Center for Education Statistics. Washington, DC.

Appendix A: Brief Study Description

	<p>OREGON HEALTH & SCIENCE UNIVERSITY</p>	<p>Brief Project Description</p>
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Principal Investigator: **Aaron Tabacco, Doctoral Student** IRB#: **00011756**
Kristin Lutz, PhD, Supervisor, PI

Protocol Title: **Men's Lived Experiences as Fathers of Children with ADHD at the Intersection of Disability and Gender**

Note: This is a PhD Dissertation Proposal by a student at the School of Nursing

Background: 2-11% of children live with ADHD and apx. 77% live with a resident father. Men's experiences as fathers of children with ADHD have not been fully explored. A few limited studies of fathers seem to indicate negative feelings about ADHD diagnosis and treatment as well as conflict with parenting partners. But no research exists to describe and interpret the larger experience of personal and family life among men who live with this experience. This lack of knowledge about fathers' beliefs, ideas, feelings results in 1) an incomplete understanding of the diversity of father experiences 2) a lack of understanding of the social forces that influence fathers' experiences and beliefs and 3) a lack of direction in clinically helping fathers and families better support each other in the challenges of this chronic issue. A comprehensive literature review suggests that fathers' experiences may be influenced by social messages about gender and disability.

Study Aims: 1) Describe men's lived experiences of rearing children with ADHD. 2) Explore the influence of society's ideas of gender roles upon fathering in ADHD 3). Explore the influences of social ideals of disability upon fathering in ADHD.

Methods: A qualitative method will be used to describe and interpret fathers' experiences. This type of method requires in-depth interviews with fathers to hear their stories in response to open questions about their lives with their children with ADHD. These interviews are recorded and the transcribed for reading. Approximately 10 to 20 fathers will need to be interviewed for approximately one (1) hour each. Fathers will be interviewed twice for clarifications and to aid in developing an understanding in the research findings. These stories will be analyzed to discover the experiences and beliefs that are common to all of the fathers in the study, as well as those experiences and beliefs that are unique to each.

Timeline: The data collection and analysis phases will take approximately 6 to 9 months. Fathers who participate in the study will meet with the researcher to obtain written consent and to conduct

two (2) interviews of about one (1) hour each. These meetings will take place over a timespan of 2 to 6 weeks.

Benefits/Costs/Risks: There will be no direct benefit to fathers in this study. There will be not cost to participants in this study. A small token gift card (\$20) to a retailer of participant choice will be provided to them as a thank you for their participation in each interview. There is little anticipated risk to fathers. Some fathers may feel uncomfortable or become emotional talking about their experiences. A list of supportive resources will be provided should a need arise. The researcher may become aware of child abuse and need to make a report to the appropriate authorities. It is unlikely that either of these things will occur.

Appendix B: Protocol

1) **Protocol Title:** Men's Lived Experiences as Fathers of Children with ADHD at the Intersection of Disability and Gender.

2) **Objectives: Specific Aims**

- a) Describe men's lived experiences of rearing children with ADHD.
- b) Explore the influence of gender upon men who are rearing children with ADHD.
- c) Explore the intersection of child disability, gender, and men's experiences rearing children with ADHD.

3) **Background**

Attention Deficit Hyperactivity Disorder (ADHD) affects 2-11% of children in the USA and similarly abroad (Barkley, 2006; CDC, 2014). In Oregon, an estimated 6.7% of children live with ADHD and 77% of them live in a household that includes a father (National Survey of Children's Health, 2011/2012). Men's experiences as fathers of children with ADHD have not been fully explored. A few limited studies of fathers seem to indicate negative feelings about ADHD diagnosis and treatment as well as relationships characterized by conflict with children and parenting partners (Arnold, et al., 1997; Kendall, 1998; Kendall & Shelton, 2003; Singh, 2003). But no research exists to describe and interpret the larger experience of personal and family life among men who live with this experience. Paradoxically, it is known that positive father engagement with children is correlated with enhanced child self esteem, academic performance, social confidence, and in the case of chronic health conditions, increased treatment adherence in adolescence (Brotherson, et al., 2003; Marsiglio, et al., 2000; Wysocki & Gavin, 2006). This discrepancy between fathers experiences and contributions in the context of ADHD vs other chronic conditions is puzzling. The current lack of knowledge about fathers' beliefs, ideas, feelings results in 1) and incomplete understanding of the diversity of father experiences, 2) a lack of understanding about the social influences that help to shape father perceptions and experiences and 3) a lack of direction in clinically helping fathers and families better support each other in the challenges of this chronic issue. Additionally, theoretical and empirical literature suggests that fathers' experiences of child ADHD may be influenced by social messaging about gender and disability (Brannen, 1985; Coleman, 1997; Davis, 1997; Goffman, 1997; Kivel, 2007; Lamb, 2000; Shakespeare, 2006).

4) **Study Design**

This **qualitative study** of fathers' lived experiences of child ADHD will be conducted using an **Interpretive Phenomenology methodology** approach described by Benner (1994). Interpretive Phenomenology is useful when seeking to understand the meaning of human experiences and articulate the commonalities and differences of people who experience a particular health-related phenomenon. Interpretive phenomenology aims to uncover the hidden influences in meaning that underlie ordinary daily life. In the case of this study, the influences of social beliefs about gender and disability will be explored as they influence men's experiences. This study design is accomplished by conducting in-depth,

qualitative interviews and engaging the resulting transcript texts with a methodical approach to interpretation.

5) Study Population

- a. **Number of Subjects.** As is common with inductive, qualitative methods, the exact number of participants who will be needed to achieve a high-quality study is unknown, but can be estimated. Precedents in the literature indicate that the number of participants in this study will be between ten (10) and twenty (20) participants who will engage in one to two interviews each over no more than a 6-week period.
- b. **Inclusion and Exclusion Criteria**
 - i. Individuals who self-identify as men and are biological fathers of children with ADHD aged seven to 21 years (*Diagnostic criteria for ADHD include the presence of symptoms by age seven (APA, 2013) and in-home residence through early adulthood is somewhat common in ADHD (Barkley, 2006).*
 - ii. Participants must be biological fathers and must have some custodial rights and residential relationship with their children with ADHD in that they must have legal access to their children and they must reside with their children. (*In order to access the meaning of the lived experiences of childrearing, fathers must have present, prolonged and engaged contact with their children in this role from which they can experientially speak; Some literature suggest that non-biological fathers experience additional relational dynamics that may confound the analysis and are better suited to future studies).*
 - iii. Children must have a primary diagnosis of ADHD from an appropriate health care provider, though records **will not** be required for verification. Fathers of children with multiple co-occurring primary diagnoses (such as Autism Spectrum Disorder or Down Syndrome) will not be included in this study. Secondary conditions common to the experience of ADHD such as Anxiety Disorder, Specific Learning Disability, or a Behavioral Disorder (DBD, ODD, CD) will not preclude fathers from participating. (*Other primary developmental diagnoses have unique features and patterns outside of the experience of ADHD. Therefore, the primary diagnosis of ADHD without such a complication allows for the most direct access to the phenomenon. Co-occurring conditions of behavior and learning are so frequently experienced with ADHD (a range of 22 – 65% depending on the diagnosis) that these secondary diagnoses are considered to be common features associated with the lived experience of ADHD (APA, 2013; Barkley, 2006).*)
 - iv. Participants must be able to communicate verbally and in writing in the English Language. However every effort will be made to locate and recruit men of diverse educational, cultural and ethnic backgrounds that reside in the geographical settings proposed. (*According to the OHSU IRB Human Research Protection Program Investigator Manual (2014), research participants with limited English language proficiency must be able to*

engage in the processes of consent and research, including all written materials, in a language of their own proficiency. As I am proficient only in English and there exist no resources appropriate for such translation services in this doctoral student project, this study will only be conducted among those with English proficiency.)

c. **Vulnerable Populations**

While this study aims to look at men's lived experiences in the context of their children with ADHD, **children will not be enrolled** in this study.

6) Setting (Single Institution Study)

- a. **Geographic settings.** The proposed study will be conducted in the **Portland, Oregon** metropolitan area and the **Eugene, Oregon** municipality.
- b. **Interview settings.** Participants will be offered their choice of setting in which to engage the researcher; settings such as their own homes or places of work, or a neutral office location. Of course, the setting of choice must allow for adequate privacy, confidentiality, and accurate data collection with, in this case, an audio recording device.

7) Recruitment Methods

A number of strategies will be used to create participants for this study. Examples have been uploaded through the eIRB website for review and approval:

- a. A **recruitment letter/email** sent to pediatric primary and specialty care providers who engage in the treatment of child ADHD in the Portland, Oregon and Eugene, Oregon areas.
- b. **Flyers** (with approval from Practice or Business Managers) in the following places: the neurodevelopmental and general pediatric clinical spaces at Doernbecher Children's Hospital and the Child Development and Rehabilitation Centers (Portland and Eugene locations); and public places such as the libraries, community centers, and retail centers.
- c. The **social media** platform of Facebook in the form of an autonomous "Page" with a brief description of the study and contact information listed.
- d. **Enrolled participants** will be invited to share recruitment materials with other fathers they may know in the community. The researcher will **not** be seeking names or contact information from participants for their friends or associates for direct contact.

8) Screening and Consent Process

- a. When receiving inquiries from potential participants, each potential contact will be appraised through telephone conversation to determine if they meet criteria for inclusion in the study using a standardized script (Example uploaded to eIRB for review and approval).
- b. Participants will be given a description of the study in accessible language, education about the process of informed ongoing consent, and an invitation to participate should they meet inclusion criteria.
- c. When a potential participant indicates their positive interest in being included in the study, an appointment will be set to meet and continue with steps to enroll the

participant in the study, including offering a detailed description of the study, carefully reviewing the study protocol, and repeating the education about the nature of ongoing, informed consent. I will then obtain written consent (example uploaded to eIRB for review and approval) and continue with data collection at the time or by making a follow-up appointment convenient for the participant per his choice and schedule.

- d. Participants will be reminded of their choice to continue or discontinue with their participation in the study upon each contact with the researcher.

9) Procedures

The following table summarizes the procedural steps that each participant will experience within the process of this study.

Step	Day 1	Month 1	Month 1-2	Month 6-9
Contacts researcher about participation; screened for exclusion	X			
Meets with researcher to enroll in study, consent to participation		X		
Receives instruction about ongoing consent and asked for permission to continue; may withdraw at any time.		X	X	X
Meets with researcher for data collection interview (apx. 60 min.)		X	X	
Meets with researcher for second data collection interview (apx. 60 minutes)		X	X	
Study Concludes				X

Receives invitation to attend dissertation defense (public meeting)			X	X
Receives written summary of research findings (if Opted-In)				X

10) Data and Specimens

- a. **Sharing of Results with Subjects.** Upon completion of this study, participants will be invited to attend the dissertation defense to see a presentation of the findings inasmuch as they feel comfortable or interested. Additionally, a written study summary of the findings will be sent via U.S. Postal service to an address designated by the participants should they elect these options (example of an **Opt-In form** to receive written results of the study uploaded to eIRB for review and approval).

11) Data Analysis

- a. Engage participant fathers in audio-recorded interviews, creating reflective opportunities to explore their present and recalled experiences of childrearing in the context of child ADHD, their own backgrounds and histories, social gender scripts, and social disability scripts.
- b. Conduct written interpretations of each de-identified, transcribed interview text seeking meaningful patterns, beliefs, and concerns in terms fathers express, initiating the process of thematic analysis.
- c. Consider each identified pattern within a text in relation to the entire narrative to develop an understanding; to identify paradoxes in each father's lived experiences and raise new interpretive questions about the experiences and meanings in the narrative.
- d. Write and rewrite the interpretive texts in the context of gender and disability through interpretation.
- e. Move between texts of the different life experience narratives of participant fathers, continuing the process of interpreting essential themes which characterize the phenomenon; seeking the commonalities and contrasts through developing understanding, interpretation, and critique.
- f. Interpret exemplars; thematic examples in the terms of fathers that highlight the commonalities and contrasts within the phenomenon of

rearing children with ADHD and that inform the reader of the research about the distinctions of and within the experiences.

- g. Identify and interpret paradigm cases which exemplify specific ways of being in the world for fathers of children with ADHD and which further support the process of identifying the phenomenon in its own terms. These paradigm cases are strong, concrete instances of similar, whole patterns of meaning among the participants.
- h. Conduct additional, secondary interviews as the interpretation develops, offering the developing interpretation and asking additional questions about their lived experiences; exploring the meanings of particular words or phrases, puzzling ideas within the texts, or contradictions until additional clarity is found.
- i. Group and regroup theme exemplars until a unifying, nuanced interpretation is produced which accounts for the commonalities and differences across all cases.
- j. A demographic questionnaire will be collected from participants to facilitate a description of the sample characteristics as part of the process of this study (example form uploaded to eIRB for review and approval).

12) Privacy, Confidentiality and Data Security.

- a. Participant interviews will be recorded using a digital audio device. Interviews will be collected in an electronic (MP3) format, transferred to a secure encrypted drive for storage, and given to a contracted professional agent for transcription.
- b. All transcripts will be de-identified to protect confidentiality and identity for each research participant. Upon confirmation of the transcript quality and accuracy, the original audio files will be deleted to prevent the retention of any potentially identifying “voiceprints.”
- c. There will be only one separate and distinct document created to link the specific participant to their pseudonym for data auditability and confirmability. This document will be kept in a secure drawer in a secure office.
- d. Demographic questionnaires will be collected via paper and will be likewise labeled with participant pseudonyms. All documents, electronic or otherwise, will kept in a locked drawer in a locked office for storage for a period of three (3) years per OHSU archiving protocol for this type of study (OHSU, 2014b, 2.20.1). Electronic documents will be kept encrypted for safety.
- e. Supervision. This study will be completed as part of a doctoral dissertation in partial fulfillment of the requirements of the PhD degree program at Oregon Health & Science University, School of Nursing. Participants will be informed of the nature of this proposed study as a dissertation and

provided the contact information for the supervising Dissertation Committee Chair, Dr. Kristin Lutz (503-494-5010).

13) Risks and Benefits

- a. **Risks to Participants.** The potential risks to study participants will be minimal and limited to in scope to emotional responses related to the primary data collection method of engaging in semi-structured interviews with the researcher about potentially sensitive personal life topics such as childrearing, marriage, or other intimate family relationships. Participants may find some questions uncomfortable and there will be a potential to experience some negative emotions in response. Participants will be provided clear instruction that they need not answer such questions or continue to participate in the interview. Participants will be reminded that they have the right to withdraw from the study at any time. In the case of undue, severe distress, participants will be encouraged to access supportive resources (**example handout** uploaded to eIRB for review and approval). It is not anticipated that such occurrences will be frequent or severe given the relatively benign nature of the anticipated interviews. Additionally, participants will be clearly informed of the confidential nature and process by which their narratives will be maintained including the protection of their identities. In this research, all transcripts and result publications will use pseudonyms in place of actual participants' names. This proposed study will make inquiries of participants in relation to, in many cases, minor, dependent children. **Children will not participate in this study directly.** However, as is true of all family focused research, it is possible that the researcher may unwittingly uncover descriptions of child abuse or neglect. Participants will be informed as part of the consent process of the researcher status as a nurse and mandatory reporter of abuses against children. Should such abuse be suspected or uncovered I will make an appropriate report to the state agency responsible for the protection of children according to the law (OAR 851-045-0090; ORS, 419B.010).
- b. **Potential Benefits to Participants.** There will be no direct benefit to the participants of this study.
- c. **Costs:** There will be no cost to the participant for this study.
- d. **Gift of Appreciation.** A small, token gift card of \$20 to a local area retailer of participant choice (Fred Meyer or Target) will be provided as a "thank you" for each interview in which they participate. They will keep the gift card for any interview they begin, even if they choose to end the interview early or withdraw from the study.

Appendix C: Recruitment Letter to Clinicians

APPROVED: Feb 10, 2016

**Brief Study Title: Father Experiences of Child ADHD
IRB# 00011756**

Recruitment Letter/Email to Clinicians

Aaron Tabacco, RN, BSN, PhD Candidate
Oregon Health & Science University
School of Nursing
tabaccoa@ohsu.edu
(503) 308-2496
Faculty Supervisor: Dr. Kristin Lutz
lutzk@ohsu.edu
503-494-5010

Dear Colleagues:

The purpose of this letter is to inform you about a new qualitative research study focused upon fathers of children with ADHD and their lived experiences. I would like to invite you to become familiar with the study. If you feel this opportunity is appropriate to share with your patient population, I have also attached/enclosed a flyer that you may post in your office or clinical spaces. This brief study overview is provided to explain the focus and methods of this study.

Note: This is a PhD Dissertation study by a student at the School of Nursing

Background: Men's experiences as fathers of children with ADHD have not been fully explored. A few limited studies of fathers indicate that some men have negative feelings about ADHD diagnosis and treatment as well as conflict with parenting partners. But no research exists to describe and interpret the larger experience of personal and family life among men who live with this experience. This lack of knowledge about fathers' beliefs, ideas and experiences of child ADHD results in 1) an incomplete understanding of the diversity of father experiences and 2) a lack of direction in clinically helping fathers and families better support each other in the challenges of this chronic issue. A comprehensive literature review suggests that fathers' experiences may be influenced by social messages about gender and disability.

Study Aims: 1) Describe men's lived experiences of rearing children with ADHD. 2) Explore the influence of social ideas of gender roles upon fathering in ADHD. 3) Explore the influence of social ideas of disability upon fathering in ADHD.

Methods: A qualitative method will be used to describe and interpret fathers' experiences. This type of method requires in-depth interviews with fathers to hear their stories in response to open questions about their lives with their children with ADHD. These interviews are recorded and the transcribed for reading. Approximately 10 to 20 fathers will need to be interviewed. Fathers will be interviewed twice for clarifications and to aid in developing an understanding in the research findings. These stories will be analyzed to discover the experiences and beliefs that are common to all of the fathers in the study, as well as those experiences and beliefs that are unique to each. Each interview will last approximately 1 hour.

Timeline: The data collection and analysis phases will take approximately 6 to 9 months. Fathers who participate in the study will meet with the researcher 2 to 3 times for the enrollment and interview process. These meetings will take place over a timespan of 2 to 6 weeks.

Benefits/Costs/Risks: There will be no direct benefit to fathers in this study. There will be no cost to participate. A small gift card (\$20) to a local retailer will be provided to them as a thank you for their participation in the study. There is little anticipated risk to fathers. Some fathers may feel uncomfortable or become emotional talking about their experiences. A list of supportive resources will be provided should a need arise. The researcher may become aware of child abuse and need to make a report to the appropriate authorities. It is unlikely that either of these things will occur.

Thank you for taking time to review the study and flyer. Your assistance in recruiting participants for this important study is very much appreciated. Should you have further questions about the study, please contact me using the telephone or email address provided.

Very kind regards,

Aaron Tabacco, RN, BSN
PhD Candidate
OHSU School of Nursing
(503) 308-2496
tabaccoa@ohsu.edu

Appendix E: Social Media Advertisement

APPROVED: Feb 10, 2016

IRB# 00011756

Recruitment – Social Media (i.e. Facebook)

Note: This material will be used to create a resource page known as an “Page” on Facebook. This is a stand-alone page open to the public that allows persons to review and contact the investigator for more information. It will be administered and promoted by the doctoral student (Aaron Tabacco) but will be separate from his personal Facebook page such that it is autonomous. Posting to the page “wall” by the public will be disabled such that no person could publicly disclose their interest, enrollment, or questions and as such it is much more like a static advertisement.

Page Title: Research Study: Fathers and Children with ADHD in Oregon

Photograph (free domain)



Page Description

Event: Father Experiences of Child ADHD in Oregon: A Research Study

When: At the present time

Where: The Portland, Oregon and Eugene, Oregon Areas

Who: Open to fathers of children with ADHD (ages 7-21 yrs) who live in the Portland, OR and Eugene, OR areas.

Pinned Post: Seeking to interview fathers of kids with ADHD in a one-on-one conversation format. The goal is to understand better what it is like to be a father of child diagnosed with ADHD. We are seeking fathers with many different backgrounds who would be open to talking to a researcher up to two times over a few weeks. You will receive a \$20 gift card to a local retailer (Target or Fred Meyer) for each interview. Conversations will be audio recorded and your identity will be kept strictly CONFIDENTIAL. Interviews will last about an hour each. There is no obligation to answer any question you don't wish to and you can withdraw from the study at any time. This study is being conducted as part of a doctoral dissertation at Oregon Health & Science University and has been approved by the Institutional Review Board (IRB) as study #11756

Contact: If you are interested in learning more about the study and if you would qualify to participate, please contact me directly at: tabaccoa@ohsu.edu or 503-308-2496.

Appendix F: Telephone Screening Script

Short Study Title: Father Experiences of Child ADHD

IRB# 00011756

Telephone Screening Script

Hello, my name is Aaron Tabacco, a doctoral student at Oregon Health & Science University. I'm calling in response to your (phone call/email) about participating in our research study of fathers with children with ADHD. Am I speaking to _____ (name of recruit)?

If "no," wait for recruit to pick up, arrange to leave a message, or ask for a time to call back.

If "yes":

Thank you for contacting me about the study. Is this a good time to talk? I expect this phone call will take about five to ten minutes.

Arrange to call at another time, if appropriate.

I'm calling to explain more about the study and see and if you might be eligible to participate. If you agree, I will ask you some questions to see if you can be in the study. If it looks like you might be eligible, I will set an appointment with you to meet at a private place of your choosing, such as your home or an office space here at OHSU. In that appointment, I will explain all of the details of the study in full and also your rights and protections as a participant.

Briefly, this study is about fathers and children with ADHD. We want to learn about what life is like for men with this experience. We want to know about how social ideas about things like gender and abilities affect these experiences. To help us discover this knowledge, we seek to interview men and hear their stories of being fathers in this situation. To do this work, we will interview participants two times over a few weeks for about an hour each. We will also ask participants to complete a brief form about themselves and their families. All information will be kept confidential and all names will be changed to protect identities.

Before we go on to some questions that will help us determine if you are eligible, let me tell you a little bit about your rights as a research subject.

The main risk of answering my questions today is loss of confidentiality. However, I will do my best to keep your information confidential. If you are not eligible or do not wish to participate, the record of this phone call will be destroyed. If you are eligible and choose to participate, the record of this call will be kept in one documented form, encrypted and password protected.

You don't have to answer these questions, and you can choose to stop at any time without penalty. If you have questions about the study, you can call me at 503-308-2496. You may also call the faculty supervisor of this research, Dr. Kristin Lutz, at 503-494-5010. If you have questions about your rights as a research subject or research-related injuries, you can call the OHSU Research Integrity Office at 503-494-7887.

May I go ahead with the eligibility questions?

If no, thank the individual and end the call.

If yes:

I'm going to give a list of things that would PROHIBIT you from being in the study. Please do not indicate if these things apply to you until the end of the list. When I'm finished with the list, feel free to ask questions or tell me if you do NOT have any of the following. (**Note:** listing exclusion criteria this way is preferable because it limits the personal information you collect to the minimum necessary for determining eligibility. It may not be appropriate for all studies. If necessary, you may be more specific or ask the subject to confirm that they meet certain criteria).

- You are not the biological father of a child with ADHD.
- You do not live with your child.
- Your child also has a diagnosis of Autism Spectrum Disorder, Down syndrome, Intellectual Disability, or Asperger's Syndrome.
- Your child is less than 7 years old or is older than 21 years old.
- You do not speak and write fluently in the English language.
- You live outside of the Portland, Oregon metro area or the Eugene, Oregon area.

If any of those things are true for you, you cannot participate in the study. Does it look like you might still be eligible?

If yes: Document eligibility response and make appointment, if appropriate.

If no:

I would like to answer any questions you have about the study. Do you have any questions about the study for me at the present time?

Thank you for your time.

Appendix G: Consent Form-Approved



IRB#: 0001175600011756

Short Study Title: Father Experiences of Child ADHD Research Consent Summary

You are being asked to join a research study. You do not have to join the study. Even if you decide to join now, you can change your mind later.

1. The purpose of this study is to learn more about fathers with children who have Attention Deficit Hyperactivity Disorder (ADHD).
2. We want to learn
 - a. How fathers describe life with children with ADHD.
 - b. How gender affects fathers' thinking about their child and ADHD.
 - c. How social ideas like disability and gender influence fathers' experiences.
3. If you join the study, you will be interviewed two different times about your thoughts and feelings by a study investigator.
 - a. The first interview will take about one hour.
 - b. The second interview will happen 1 to 4 weeks later. The second interview will be shorter; less than one hour.
 - c. Your interviews will take place within 2 to 6 weeks from the time you decide to join the study.
 - d. Your interviews will be private.
 - e. The interviews will be recorded and turned into written records.
 - f. Your interview record will have your name and any other personal identifying information removed.
 - g. You will also be asked to complete a form that describes you and your family. The form will not have your name(s) or any other personal identifying information.
4. There are some risks to you by participating in this study:
 - a. You may feel uncomfortable, sad, or upset sharing your personal stories.
 - b. The researcher may learn about reportable child abuse or neglect.
 - c. There is a small risk of breach of confidentiality.



IRB#: 0001175600011756

Research Consent and Authorization Form

TITLE: Men's Lived Experiences as Fathers of Children with ADHD at the Intersection of Disability and Gender.

PRINCIPAL INVESTIGATOR: Kristin Lutz, PhD, Dissertation Chair, Study Supervisor
(503) 494-5010

CO-INVESTIGATORS: Aaron Tabacco, RN, BSN, PhD Candidate
(503) 308-2496
Dena Hassouneh, PhD, Dissertation Committee Member
(503) 494-2714
Martha Driessnack, PhD, Dissertation Committee Member
(503) 418-1271

PURPOSE: You have been invited to be in this research study because you have identified yourself as a father to a child with Attention Deficit Hyperactivity Disorder (ADHD). The purpose of this study is to learn about how men, in their role as fathers, experience life when raising a child with Attention Deficit Hyperactivity Disorder (ADHD). An additional purpose of this study is to better understand the influence of social ideas about gender and disability on fathers' experiences.

This study requires two (2) interviews at a private location that will each last about an hour. The interviews will take place between 2 and 6 weeks of time.

Approximately 20 people will participate in this study. Participants will be from the Portland and Eugene, Oregon regions.

PROCEDURES: This study will require you to participate by doing the following:

1. Meet with an investigator to fully learn about the study and sign a consent form.
2. Complete a “Demographic Form”. This form asks you to answer several questions (mostly by checking boxes) that describe you and your family in basic ways such as your gender, education background, and the number of people in your family. This form should take about 15 minutes to complete.
3. Complete a verbal interview with an investigator who will ask some general and specific questions about your experiences and family life. You will have the opportunity to schedule a convenient time for you to complete the interview. You will have the opportunity to choose from a small number of locations to complete your interview. Your interview will be private. This interview will last approximately 1 hour.
4. Complete a second interview with an investigator who will ask questions to clear up any thoughts or meanings you expressed in the first interview. You will have the opportunity to schedule a time convenient for you to complete the interview. You will have the opportunity to choose from a small number of locations to complete your interview. Your interview will be private. This interview will last less than an hour.

Timeline of Events	Visit 1 Day 1	Visit 2 Week 1-2	Visit 3 Week 2 - 6
Consent Discussion, Demographic Form	X		
First Interview		X	
Second Interview			X
Total time	30 min to 1 hour	About 1 hour	Less than 1 hour

During this study your interviews will be digitally, audio-recorded. The audio recording will be used to make a written record, or transcript, of the interview. A study identification pseudonym (false name) will be used for this record, not your actual name or identifying information. In the written record, all identifying information, such as your name and the names of your family members will be removed. The pseudonym identifiers will be assigned in place of your names. Once the transcript is compared to the audio recording for accuracy, the audio recording will be destroyed. There will be no way to identify you by your voice in relation to this study. Quotes from your interview may become part of printed publications related to this research. However, you will not be identifiable if these quotes are used.

When this study is complete, you will have the option to attend a public meeting in which the investigators share the results of the study. You will not in any way be identified by the investigator as a participant in the research at this public meeting. You will also have the option to receive a written report of the research findings. It is important to know that receiving results in either manner is totally optional. If you wish to receive these results in either way, you will be asked to sign a form to “opt-in”. You do not need to do so and your participation in the study will not be at risk based upon your decision.

RISKS AND DISCOMFORTS: There is very little risk associated with participating in this study. However, there are some:

1. You will be asked questions about your thoughts, feelings, family, parenting, and personal experiences. Some of these questions may be upsetting or cause you to feel embarrassed, sad, angry, or otherwise emotional. You may refuse to answer any question you do not wish to answer. You are welcome to take breaks during the interview as you wish. If you become very upset, you will be provided with a list of resources for emotional support and counseling and the investigator will help you find assistance. You may end the interview at any time and/or request to reschedule an interview for a future date.
2. There is a chance that you may reveal information of child abuse or neglect in your interview. The investigator is required to report incidents of child abuse or neglect to the State of Oregon by law. In the event that this occurs, the investigator will stop the interview and will assist you to understand how such a report will be made and how to access appropriate resources to help your family.
3. Though we will take every precaution, there is a small chance that your personal information may be revealed, known as a breach of confidentiality.

BENEFITS:

You may or may not personally benefit from being in this study. However, by serving as a participant, you may help us learn how to benefit people in the future.

ALTERNATIVES:

You may choose not to be in this study.

CONFIDENTIALITY:

We will take steps to keep your personal information confidential, but we cannot guarantee total privacy. The following procedures are in place to protect you:

1. Interviews will be recorded using a digital audio device. Interviews will be collected in an electronic (MP3) format, transferred to a secure encrypted drive for storage, and given to a contracted professional agent for transcription.
2. Any identifying information in transcripts will be removed, such as names. Upon confirmation of the transcript quality and accuracy, the original audio files will be deleted to prevent the retention of any potentially identifying “voiceprints.”
3. There will be only one separate and distinct document created to link your identity with the study identifier or pseudonym (false name). This document will be kept in a secure drawer in a secure office.
4. Demographic questionnaires will be collected on paper and will be also be labeled with participant pseudonyms, not actual names. All documents, electronic or otherwise, will kept in a locked drawer in a locked office for storage for a period of three (3) years per OHSU archiving protocol for this type of study (OHSU, 2014b, 2.20.1). Electronic documents will be kept encrypted for safety.

The investigators, study staff, and others at OHSU may use the information we collect and create about you in order to conduct and oversee this research study.

Under Oregon law, suspected child or elder abuse must be reported to appropriate authorities.

COMMERCIAL DEVELOPMENT:

Information about you or obtained from you in this research may be used for commercial purposes, such as making a discovery that could, in the future, be patented or licensed to a company, which could result in a possible financial benefit to that company, OHSU, and its researchers. There are no plans to pay you if this happens. You will not have any property rights or ownership or financial interest in or arising from products or data that may result from your participation in this study. Further, you will have no responsibility or liability for any use that may be made of your samples or information.

COSTS: There will be no cost to you or your insurance company to participate in this study.

You will receive one (1) \$20 gift card for the retailer of your choice (Target or Fred Meyer) as a token of gratitude for your time for each interview in which you participate. Even if you choose to end an interview early for any reason, you may keep the gift card for that interview to thank you for your time.

PARTICIPATION:

If you have any questions, concerns, or complaints regarding this study now or in the future, contact: Aaron Tabacco, RN, BSN, Primary Investigator at (503) 308-2496; or Kristin Lutz, PhD, Supervisor at (503) 494-5010.

This research is being overseen by an Institutional Review Board (“IRB”). You may talk to the IRB at (503) 494-7887 or irb@ohsu.edu if:

- Your questions, concerns, or complaints are not being answered by the research team.
- You want to talk to someone besides the research team.
- You have questions about your rights as a research subject.
- You want to get more information or provide input about this research.

You may also submit a report to the OHSU Integrity Hotline online at <https://secure.ethicspoint.com/domain/media/en/gui/18915/index.html> or by calling toll-free (877) 733-8313 (anonymous and available 24 hours a day, 7 days a week).

Your participation in this study is voluntary. You do not have to join this or any research study.

If you do join the study and later change your mind, you have the right to quit at any time. Talk to the investigator if you want to withdraw from the study.

Aaron Tabacco, RN, BSN, PhD Candidate, Investigator
(503) 308-2496
tabaccoa@ohsu.edu
Mailcode: SN-5S
OHSU School of Nursing
3455 SW US Veterans Hospital Rd.
Portland, OR 97239

Your request will be effective as of the date we receive it. However, information collected before your request is received may continue to be used and disclosed to the extent that we have already acted based on your authorization.

You may be removed from the study if you experience severe emotional or psychological distress such that your health is at risk, stemming from your participation.

SIGNATURES:

Your signature below indicates that you have read this entire form and that you agree to be in this study.

We will give you a copy of this signed form.



Subject Printed Name

Subject Signature

Date

Person Obtaining Consent Printed Name

Person Obtaining Consent Signature

Date

Appendix H: Demographic Survey

**Short Study Title: Father Experiences of Child ADHD
IRB# 00011756**

Confidential Demographic Survey

Participant Pseudonym: _____ **Today's date:** _____

Child Pseudonym: _____

Please answer the following questions about the members of your household:

Your Child with ADHD

General Background

1. Age: (Years and months) _____
2. Sex: Male Female Other
3. Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino

Race (Please check all that apply):

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- Other _____

ADHD Background

- 4 Age your child was diagnosed with ADHD: _____ years
5. Type of ADHD your child has?
- Primarily inattentive Primarily hyperactive/impulsive
- Combined Don't know
6. Does your child have any diagnoses other than ADHD?
- Yes No (If no, go to question 8)
7. List other diagnoses.
- A. _____ C. _____
- B. _____ D. _____

8. Is your child currently taking medication for ADHD or diagnoses?

- Yes No Don't know

School

9. What type of school does your child attend?

- Elementary school
 Middle school/junior high school
 High school
 Community college or vocational school
 Four-year college or university
 Not enrolled in school
 Other _____

10. Is your child's school a public, private, or home school?

- Public Private Home school

Family and Living Arrangements

11. What best describes your child's living arrangements (choose all that apply)?

- Full time in one home
 Shared time in more than one home (# _____% _____; # _____% _____)
 % of time spent living with you (father) : _____

12. Please list the initials of the people in the primary home, their gender, age, and their relationship to you (continue on a blank sheet as needed):

Initials	Gender	Age	Relationship to you

13. Total number of persons living in the primary home _____

General Background for You (Father)

14. Age:

15. Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino

Race: (Please check all that apply)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- Other _____

16. What is your highest level of education completed?

- Less than high school diploma
- High school diploma or GED
- One or two years of college
- Three or more years of college
- Four-year college degree
- Graduate degree

17. What best describes your current relationship status?

- Married
- Divorced
- Partnership
- Separated
- Never Married
- Other _____

18. What best describes your current employment status?

- Unemployed
- Working part-time (less than 30 hours per week)
- Working full-time (30 or more hours per week)
- Student/Intern

19. What is the job title of your primary job, that is, the job at which you spend the most hours per week?

Health Background

20. Have you ever been diagnosed with ADHD?

- Yes No Don't know

21. Have you or someone close to you ever suspected you have ADHD even if it has not been diagnosed?

- Yes No Don't know

General Background for the Other Adult Caretaker in the Home (If Applicable)

22. Age:

23. Sex: Male Female Other

24. Ethnicity:

- Hispanic or Latino
 Not Hispanic or Latino

Race: (Please check all that apply)

- American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 Other _____

25. What is the highest level of education completed?

- Less than high school diploma
 High school diploma or GED
 One or two years of college
 Three or more years of college
 Four-year college degree
 Graduate degree

26. What best describes the relationship to the child with ADHD?

- _____

27. What best describes the current employment status?

- Unemployed
 Working part-time (less than 30 hours per week)
 Working full-time (30 or more hours per week)
 Student/Intern

28. What is the job title of the primary job, that is, the job at which is spent the most hours per week?

29. What best describes the current relationship status?

- Married
- Divorced
- Living as married
- Separated
- Never Married
- Other _____

Health Background

30. Has he/she ever been diagnosed with ADHD?

- Yes
- No
- Don't know

31. Has he/she or another close to them ever suspected you have ADHD even if it has not been diagnosed?

- Yes
- No
- Don't know

Household Income

32. What is your total annual household income (include child support and supplemental income)?

- \$0 - \$10,000
- \$10,001 - \$20,000
- \$20,001 - \$40,000
- \$40,001 - \$60,000
- \$60,001 - \$80,000
- \$80,001 - \$100,000
- \$100,001 - \$120,000
- \$120,001 - \$140,000
- \$140,001 or more
- Prefer not to answer

Health Insurance and Access to Care

33. Have you had health insurance now or any time during the last 12 months?

- Yes
- No

34. Do you currently have health insurance?

- Yes (GO TO 35)
- No (End of Survey)

35. Which type(s) of health insurance do you currently have? (Check all that apply).

- Employment based plan (for example, Blue Cross/Blue Shield or Kaiser)
- Direct purchase plan (Private insurance)
- Healthcare Exchange (aka ObamaCare)
- Veterans Administration
- Medicare TRICARE/CHAMPUS Indian Health Service
- Medicaid CHAMPVA Other _____

36. Does your child currently have a primary care provider?

- Yes
- No
- Don't Know

37. Is your child currently being seen by health providers for their ADHD?

- Yes
- No
- Don't Know

38. If yes, what kind(s) of providers is (are) your child seeing for ADHD related care?

END OF SURVEY

Thank you for your time!

If you have any comments, clarifications, or additional observations about this survey, kindly write them in this space provided:

Appendix I: Supportive Resources

Short Study Title: Father Experiences of Child ADHD

IRB# 00011756

Supportive Resources for Emotional Distress

It is possible that by participating in these research interviews, you may experience a question or conversation that creates emotional distress for you. In some cases, this emotional distress could be troubling enough that you may find a need for additional help. If so, you may find these free resources to be helpful:

In the Portland, Oregon area

Oregon Warmline (**Non-crisis**, limited daily hours support): 800-698-2392
Family Action Coalition Team (FACT) (offering family-to-family support in **non-crisis** situations for families with children with special health care needs): 888-988-3228

Multnomah County Mental Health: (503) 988-4888 avail 24/7
Washington County Mental Health: (503) 291-9111 avail 24/7
Clackamas County Mental Health: (503) 655-8585 avail 24/7
Clark County (SW Washington) Mental Health: (360) 696-9560 avail 24/7

In the Eugene, Oregon area

Oregon Warmline (**Non-crisis**, limited daily hours support): 800-698-2392
Family Action Coalition Team (FACT) (offering family-to-family support in **non-crisis** situations for families with children with special health care needs): 888-988-3228

Lane County Mental Health (via White Bird Clinic): (541) 687-4000 avail 24/7

Appendix J: Interview Guide

Semi-Structured Interview Guide

Fathers will be interviewed by the investigator. The investigator will ask broad, open-ended questions according to the study aims. Probe questions will be used to explore information shared by participants. The interviews will be recorded by digital audio device and transcribed using a pseudonym. These questions are examples of the types of questions that fathers will be asked. As part of the methodology of interpretive phenomenology, the questions may change and develop as part of the interview process to uncover the meanings and stories specific to each participant. Follow up interview questions will be determined during the reading and analysis process.

Initial Interview Guide – Example Questions

- 1) What do you think makes a man a “good” father?
 - a) Tell me the story of how you have learned to be a father.
 - b) How do you continue to learn?
- 2) Tell me the story of your child’s diagnosis with ADHD.
- 3) Tell me the story of what it is like being a dad to a child with ADHD.
 - a) What is a typical day like for you as a father?
 - b) What does it mean to you to raise a (son or daughter) with ADHD?
- 4) What do you think it means for a person to have a “disability” in life?
 - a) What comes to mind when you hear ADHD referred to as a disability?
- 5) What is the most difficult thing about being a father?
- 6) What is the best thing about being a father?
- 7) Describe your relationship with your co-parent.
 - a) How are your viewpoints and experiences similar?
 - b) How are they different?
- 8) What advice would you give a father who has a child with ADHD?

Follow-Up Interview Guide – Example Questions

- 1) When last we spoke you used the phrase “_____”. I’ve been thinking a lot about that and wanted to ask you to tell me more about what that means to you.
- 2) One participant father shared the idea that “_____” described his experience best. What does that idea mean to you?
 - a) How is your experience similar or different?
 - b) Why do you believe this other participant used this phrase or word?

Appendix K: Opt-In To Receive Results**Short Study Title: Father Experiences of Child ADHD****IRB# 00011756**Opt-In Form to Receive an Invitation to Dissertation Defense / Written Summary of Study Findings

I understand that by signing this form, I am requesting (check all that apply)

to receive an invitation to the public portion of the dissertation defense at which the study findings will be shared.

to receive a print copy of a summary of the findings of this research at the following mailing address:

Signed by: _____

Printed name: _____

Date: _____

Witnessed by: _____

Title: _____

Date: _____

Appendix L: Developmental History of the Interpretation/Analysis

This appendix provides an overview of the processes that guided the analytic plan, as well as the processing that occurred throughout. The analytic plan is shared upfront, followed with documentation of my foreknowledge. The discussion that follows provides insight and descriptions of how I progressed through this process. For transparency and completeness, exemplars for each step are included.

Foreknowledge

Analytic Plan

- 1) Engage participant fathers in interviews, creating opportunities to explore and reflect on their present and recalled experiences of childrearing in the context of child ADHD, their own backgrounds and histories, social gender scripts, and social disability scripts (Benner, 1994; Plager, 1994).
- 2) Create written interpretations of each transcribed interview text, seeking meaningful patterns, beliefs, and concerns and focusing on terms fathers express - initiating the process of thematic analysis (Benner, 1994).
- 3) Consider each identified pattern within a text in relation to the entire narrative to develop an understanding, identify paradoxes in each father's lived experiences, and raise new interpretive questions about the experiences and meanings (Benner, 1994).
- 4) Examine the interpretive texts using the lenses of gender and disability (Benner, 1994; van Manen, 2014).
- 5) Move between texts of participant fathers, continuing the process of interpreting essential themes, which characterize the phenomenon; seeking the commonalities and contrasts, continued understanding, , and critique (Benner, 1994).

- 6) Identify exemplars and/or key thematic examples that highlight the commonalities and/or contrasts within the phenomenon that have the potential to inform the reader about the distinctions within and across these fathers' lived experiences (Benner, 1994).
- 7) Identify paradigm case(s), which not only exemplify specific ways of being in the world for fathers of children with ADHD, but also support the phenomenon in its own terms (Benner, 1994). Chesla (1994) explains that paradigm case(s) are "strong, concrete instances" (pg. 173) of similar, whole patterns of meaning within/among participants. Paradigm case(s) may be articulated as interpretations of a specific individual's experience or by composites of individuals' experiences.
- 8) Conduct additional interviews, returning to previous participants as the interpretation develops, offering the evolving interpretation, and probing further into their lived experiences; exploring the meanings of particular words or phrases, puzzling ideas within the texts or contradictions - until additional clarity is found (Benner, 1994).
- 9) Group and regroup exemplars until a unifying, nuanced thematic interpretation is produced which accounts for the commonalities and differences across all cases (Benner, 1994).

It is important to note that these processes, though proposed in a particular order here are not necessarily linear. Chesla (1994) for example, presents these ideas in one progression while Benner (1994) offers a variation of order, which highlights that while there is certainly a logical need to obtain narratives before one can begin an interpretive analysis, the choice of articulating paradigm case(s) can be grounded in the global readings and familiarity with the texts; and that an understanding of those choices may reveal itself to the researcher in the process (Benner, 1994).

Processing steps

Initial Interviews. I began interviewing the first few fathers, listening to the audio recordings of the conversations, and then reading the resulting transcripts. An example of a complete transcript is found in Appendix D.

Interpretive Summaries. I created a process of writing up interpretive summaries. These summaries were initially organized by specific aims, and included a listing of each participant's words and phrases that would, in turn, be used to inform initial coding strategies. The first few interpretive summaries subsequently informed focused interview guides for subsequent interviews. As more fathers joined the study, I also used the initial interpretive summaries to begin exploring words, phrases, ideas, and themes that occurred within and across fathers experiences.

Integrative Summaries. As second round interviews began and the number of fathers in the study grew, I began re-writing the initial interpretive summaries from a more integrated perspective. I examined the two interviews of individual fathers side-by-side, looking for patterns, paradoxes, and inconsistencies in their own understandings. Additionally, I engaged in readings and re-readings of each additional transcript as subsequent fathers in the study introduced new ideas. An example of how one participant's interpretive and integrative summaries evolved:

Interpretive Summary Excerpt, Participant #3.

Participant Frame

Derek is a 43-year old, married father of two children, Collin (8) and Sophia (5). He works in the finance industry and is well educated with a graduate degree. Derek doesn't have a diagnosis of ADHD formally, however he strongly endorses that he has it, as he is adamant that his father does as well. Collin has, as gathered from the interview, severe Combined Type ADHD. Derek's wife, "Cassie" is an elementary school teacher and

Potential Paradigm Case Attributes

Combined Type ADHD; Fathers with ADHD; Schoolage Phase; Multi-generational ADHD; Fathers of Sons with ADHD; Mid-life Father; Professional; Married; White; High acuity symptoms.

Initial Themes Identified

Global Read (Aim #1)

Derek...I think there are a number of important themes to explore here with Derek and I think the second interview will be paramount to understanding not only his thinking, but that of other fathers as well. Derek was quite articulate and thoughtful. He was able to access very deep thoughts about his experience and yet, when challenged with things he'd not considered before, was also able to bring forward a lot of insight. At this point, the theme that most struck me in his experience was that of his fatherhood as "**sanctuary**" (1188, 1192, 1197, 1216). While in these lines he specifically refers to the sanctuary as a physical space apart from the world, he also spoke a great deal about his role with his son in connecting with him enjoying presence without distraction (333-349) and also the sanctuary as the quality of family relationships (788-792).

The second consistent theme apparent in his work as a father was very much tied to the fathering scripts of being a **provider, protector, and mentor** with motivation "Where can I **help him find a place**...so that he can be successful..? (598). There was also a certain element of fathering as moral guidance (938-942). Derek spent a great deal of time talking about his son's needs and challenges and wondering how he could find any of his strengths to help him be successful in adulthood ("What can I do to make sure today that he has every advantage tomorrow? 604,5) Which he tries to accomplish a number of ways such as providing **exposure, experiences** (639) and helping him build **skills** (640, 649, 1124, 1162); the intentional use of **fun** (651-669; 673-698). One of the most salient keys here is that of the intentional use of relationship (fun, closeness, time together) as a way to create connection and that one specific benefit of connection was that it would allow for influence:

"I'm not sure if it's a required part of the job or is it's just part of the job that facilitates the other piece, but it's connecting with your child, having a strong...."

Integrative Summary Excerpt, Participant #3.

Initial Themes Identified through First Interview Analysis	Thematic Development through Second Interview Analysis
<p><i>Global Read (Aim #1)</i></p> <p>Derek...I think there are a number of important themes to explore here with Derek and I think the second interview will be paramount to understanding not only his thinking, but that of other fathers as well. Derek was quite articulate and thoughtful. He was able to access very deep thoughts about his experience and yet, when challenged with things he'd not considered before,</p>	<p>Aim #1 Cont...</p> <p>Upon coding and annotating Derek's second interview there seemed a very significant theme tying both of these interviews together, and in fact, tying all of these first 5 fathers together as far as I can see this at the present time. Derek stated:</p> <p>"He's processing the world in a very different way. And I'm trying to balance the unmedicated and the</p>

was also able to bring forward a lot of insight. At this point, the theme that most struck me in his experience was that of his fatherhood as “**sanctuary**” (1188, 1192, 1197, 1216). While in these lines he specifically refers to the sanctuary as a physical space apart from the world, he also spoke a great deal about his role with his son in connecting with him enjoying presence without distraction (333-349) and also the sanctuary as the quality of family relationships (788-792).

The second consistent theme apparent in his work as a father was very much tied to the fathering scripts of being a **provider, protector, and mentor** with motivation “Where can I **help him find a place**...so that he can be successful..? (598). There was also a certain element of fathering as moral guidance (938-942). Derek spent a great deal of time talking about his son’s needs and challenges and wondering how he could find any of his strengths to help him be successful in adulthood (“What can I do to make sure today that he has every advantage tomorrow? 604,5) Which he tries to accomplish a number of ways such as providing **exposure, experiences** (639) and helping him build **skills** (640, 649, 1124, 1162); the intentional use of **fun** (651-669; 673-698). One of the most salient keys here is that of the intentional use of relationship (fun, closeness, time together) as a way to create connection and that one specific benefit of connection was that it would allow for influence:

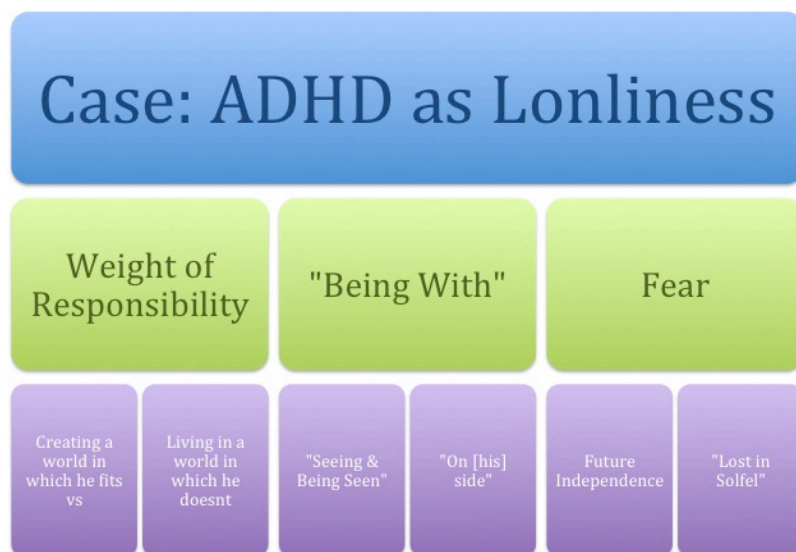
“I’m not sure if it’s a required part of the job or is it’s just part of the job that facilitates the other piece, but it’s connecting with your child, having a strong relationship which then leads back also to helping them feel secure about themselves, **but then it also gives you that ability to influence them**. So, when the time comes and there’s choices to be made you have the

medicated way that he processes the world. Because I think he’s going to need, at a minimum, both to be successful. And that’s really my fear. It goes back to making sure he has the tools...having the tools to be successful.” (110-115)

Derek has given meaning to the concept of **balance** as he (and the other fathers) have talked about as well. And what is interesting to me is that it has a lot to do with the idea of “**two worlds**” [my words]. He views Collin as being “**in a completely different world**” (441) and one that is unique and wonderful in it’s own way, however he also recognizes that the world [of work and adult life] is different and requires different strengths in order to survive and thrive from an almost hunter-gatherer perspective as it really exists in the modern world or “concrete jungle” he mentioned in interview #1. He views Collin’s **ADHD symptoms as being a barrier** to functioning in the world (41-47). And so, Derek places himself in the middle of these future outcome needs and his son’s present state of being who he is when he says “I’m trying to do my part and his part” (459-460). I envision this as being a fulcrum positioned under a plank with two opposing worlds on either sides and trying to balance the many aspects of them with the world of ADHD...Collin’s World on one side and the “Concrete Jungle” world that is not terribly geared toward ppl with ADHD on the other. From the task and perhaps even meaning perspective, I can expand on the theme from the last world which I categorized as Derek’s fathering as being, in part, focused on **creating a world in which Collins fits** and now I would add the contrast on the other side of the fulcrum as the reality of **living in a world in which he doesn’t**. From what I can see here, this seems to be something of a central truth for all of these fathers.

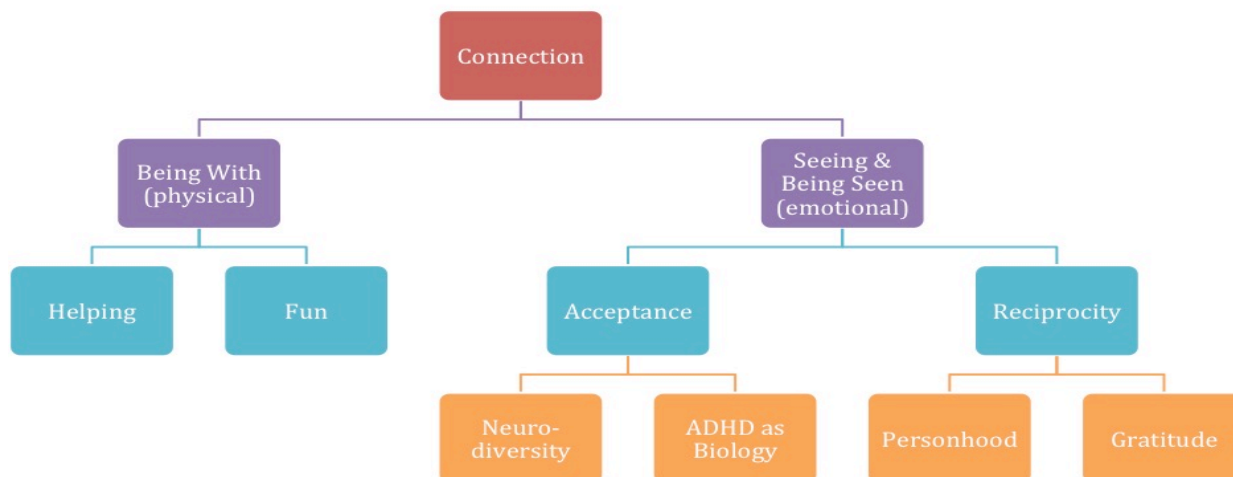
<p>relationship and the ability to steer them or at least sensitize them to the fact that there are bad choices and good choices. Or at least there are choices that are going to have consequences which may be bad or good. [Laughter] So, that fun component helps in that.”(656-664)</p> <p>Along with Derek’s focus on using connection as a tool to be able to influence his son, he also was very intent that the desire he had was to be able to influence Collin toward what</p>	<p>Derek also elaborated on the superhero metaphor (and thus his view of the hidden, two world theme) from the first interview in a couple of ways, as I explored it further with him:</p> <p>INT: ... I think most of the context was you know, talking about the superpowers. Because, he has a lot of superpowers, but of course the other side of a superhero is that they also have that tragic weakness part.</p> <p>D: Oh yes, his kryptonite or whatever.</p> <p>INT: Yes, kryptonite. I’m wondering</p>
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Early Paradigm Cases and Thematic Analysis. In a manner of speaking, each new father added to the study became a unique paradigm case to examine, allowing for the process of within and across father thematic analysis to take place. One of the first potential themes to be explored was that of ADHD as loneliness, which came after interviews with Adam, participant #4. I began constructing visual images of this theme and subtheme:

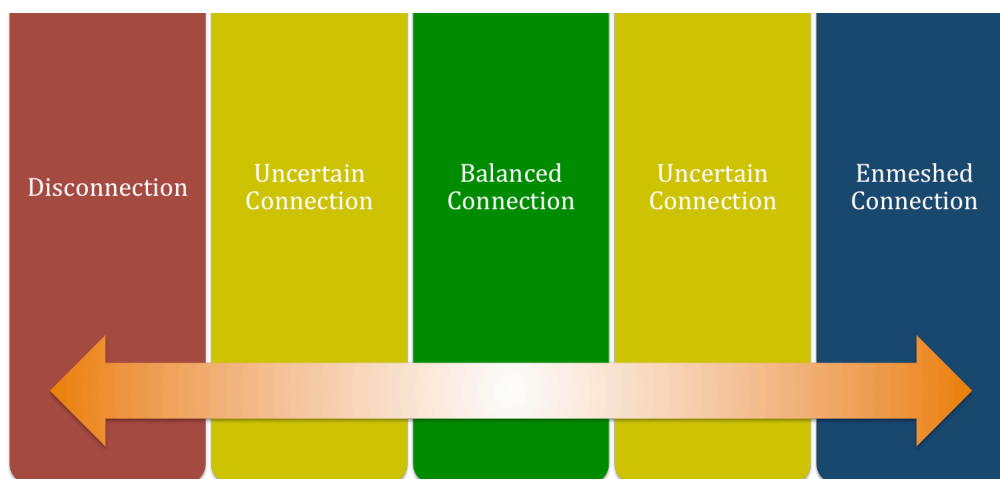


Middle Phase Thematic Analysis. The theme of loneliness was explored with doctoral student peers in an ongoing seminar group and as time went on and additional data were collected, the interpretive theme

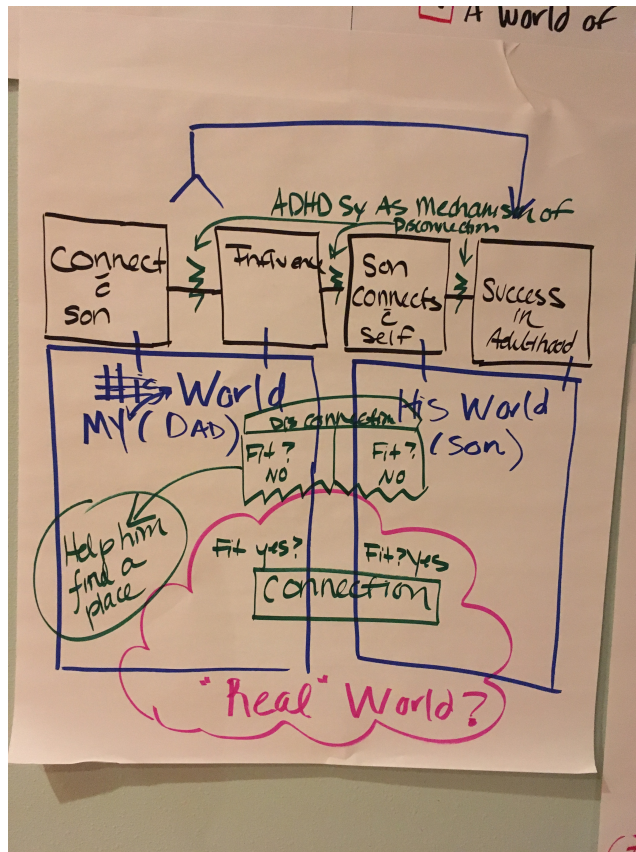
of loneliness matured into a more nuanced concept of connection that was more inclusive of other fathers and data. Greater analytic structure appeared and additional themes across all cases began to be identified:



As more fathers were added to the study (participant 7, 8), I began to examine connection as perhaps, the overarching theme of these fathers' experiences and explored the ideas of a spectrum of connection:



However, it was difficult to determine which fathers clearly fit into those transitional categories of connection, and also to understand the subtle nuances that spoke to their experiences. Additional



strategies that were used at times throughout the analytic process involved lots of visualization by using large scale poster paper and color-coded marking pens as a way to generate lists of codes, themes, and concepts:

/ being with / seen + being seen"

Meaning of Fathering Children & ADHD

03b: "I'm trying to balance the unmediated and mediated ways that he processes the world... because I think he's going to need both the to be successful."

04a: "I feel like it's been a huge responsibility of mine to be able to help [him] as much as possible to be independent... how is this kid who doesn't even respond to a question gonna do when he gets into a job interview? How is he gonna live on his own & dress himself?"

Seeking: - ways to connect & relate for sons to see their fathers and their efforts and sacrifices and their own journeys through relationship & being with... By connecting in shared or at least child-driven interests to see Dad's as being on their side. And to see that even though the world is a place where ADHD doesn't easily fit that they do have a place and they can make their way, "like I did" that who they are is OK, special, gifted and also tragic at times... but that they can find their place.

To show their sons I see you. I love you. you matter.

They can't fit. I fit, thus you can fit too. you belong. you are mine, you are me, but you are not me.

New patterns emerged that were worthy of exploring as themes were freed from the suppression of the focus on connection as the overarching theme. During this time, a number of ongoing theoretical memos/journals were created to track and develop my thinking. I include a sample of such a journal entry below:

Theoretical memo/journal entry excerpt:

I have taken the advice to continue looking at these data by moving some of the other discovered themes to the central lens. This week, I have been exploring starting a new concept map focused entirely on “The Fear of Adult Dependence” and, following Marti’s idea, placing it side-by-side with the “Fear of Fatherhood Failure”. This again, allowed me to look at the themes identified, identify some new themes I hadn’t fully seen before, and overlay the interpretive theory about fearing failure as fathers to see how it was supported by the data.

I have attached the Cmap with this memo to have on hand.

So, I completed the Cmap over a few different days, trying to bring forward the relevant themes from the data and place them into meaningful relationships. What I notice is that Fear of Adult Dependence seems to connect deeply with the observed behaviors of the children in the context of fathers perceptions of the world as “Not a Safe Place”. And there is a heavy connection to that perception of the “Unsafe World” which comes from their own experiences (by-and-large) of struggling for their own, hard-won successes in achieving independence. In this model, the most clear linkage to failure or the fear of failure as represented in the data, was more directly linked to failing their sons and possibly society, but not necessarily personalizing that deeply to mean they failed as a father... So, one question I have about interpretive phenomenology is: Is it acceptable to insert the interpretation that it was a fear of feeling like a failure as a father (personalization) that was driving them, even though the data didn’t reveal that explicitly? I conducted a search of all transcripts to find the word “fail” and its wildcard variants. Failure is brought up a few times and almost always in the context of child academics. But there was no discussion by fathers of their own fears of failure other than Simon who jested: “if you want to understand failure, be a parent! (laughing).” I scanned through looking for sentiments of expressed fear of failing as a father, but couldn’t find any other than Derek who talked at length about “de-risking” the future for his son by working so hard to ensure he could provide over his son’s lifetime, if he son failed to be vocationally/financially independent. So...interestingly, I just don’t see that a fear of failure was explicitly reflected upon. Of course, that could certainly be part of the taken-for-granted nature of living with this unspoken or unidentified fear.

In moving to a focus on the opposite of failure...being a successful father, I explored the meaning of being a “Good Father” with all of the participants. On that note, they had a lot to say, which has already been captured and which I brought forward in the new Cmap as the ways fathers work to create and maintain connection: offering daily support and caring; nurturing; role modeling; loving; advocating; and by creating safe spaces and learning opportunities. It may be more appropriate to not cast this as a “fear of failure” but rather as being the “pursuit of a good father”. While it may be a different way of stating the

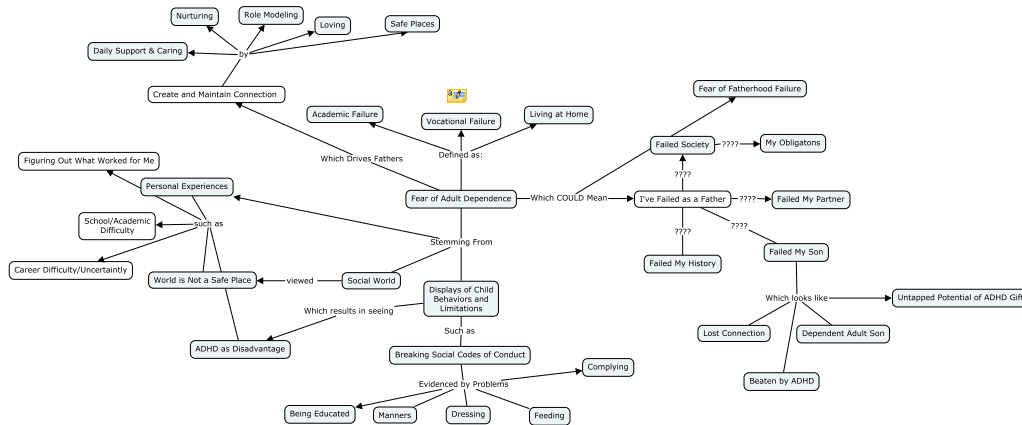
underlying fear of failure, it is more in line with the fathers' stories and perceptions and meanings than casting this aspect in negative terms of personal failure.

As I sit deeply with what I am seeing here, I am being drawn back to the journey of these fathers to navigate the paradoxes of their sons' abilities/disabilities in the context of an "unsafe world" and once again, that interpretation of trying to balance between "two" of things that seems very telling of the experience:

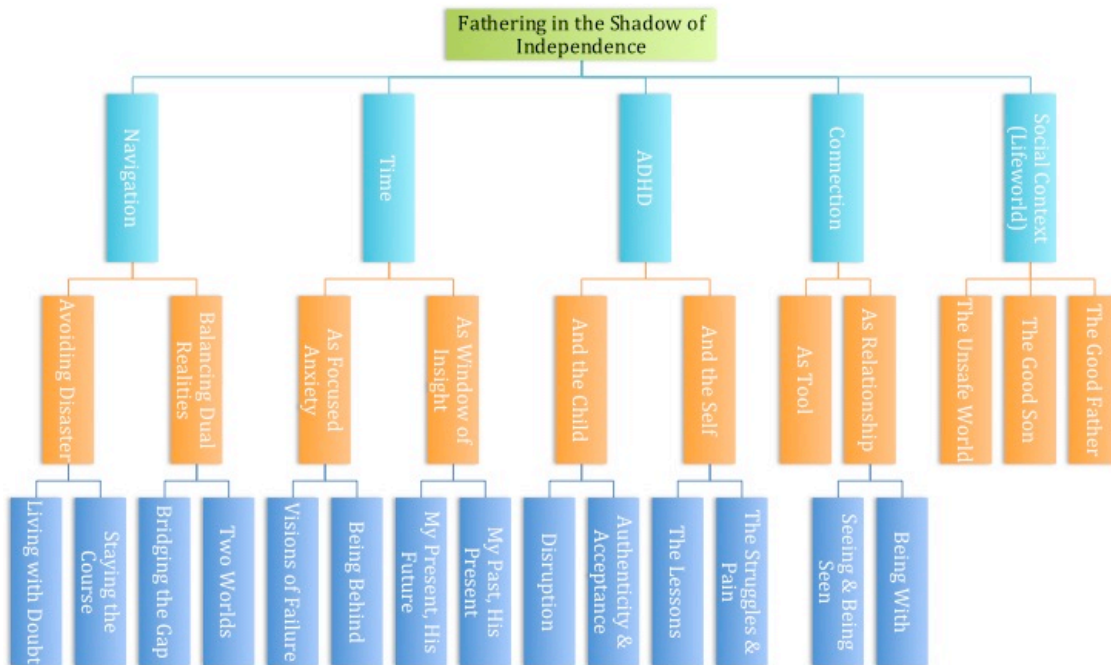
Type of "Two" that are represented in these fathers' stories:

ADHD Superpowers	v	ADHD Deficits
Unmedicated/Unsupported Child	v	Medicated/Accommodated Child
Accepting the True Child	v	Making them Fit In (Frustration)
Confusion about Action	v	Knowing What Worked for Me
Awe of Child Ability	v	Stigma of ADHD
Seeing	v	Being Seen
Disability	v	Disabled
My Past	v	His Present
My Present	v	His Future
Helping Enough	v	Helping Too Much
Helping Correctly	v	Doing Things Wrong
Raising an Independent Adult	v	Perpetual Adolescence
My Journey	v	His Journey
Passion	v	Apathy (this may not be the best word)
The Father I Wanted	v	The Father He Needs
Providing Safety	v	Sheltering/Hindering Self-Coping Dev.

After approximately five weeks of reading, re-reading, and refining the themes and structure, a new concept map was created, and was greatly distilled:



Final Phase Analysis. At this point, the overarching theme and structure was more more fully refined, if lacking in some clarity. The interpretation took on a focus about the fears and anxieties fathers experienced related to the adult independence of their children. Heideggerian concepts of time and being began to emerge from the analysis. At first, the analytic structure looked hierarchical, with time being seen as theme:



At this point, the committee recommended I immerse myself in the original writings of Heidegger to explore the Interpretive Phenomenology concepts of being, time, and care. It was thought that such immersion would better inform the work and assist me in the final analytic development of the structure that would best capture the meaning of this pervasive concern of fathers relating to adulthood. After a two-week period of in-depth study of the writings of Heidegger, I reorganized these analytic themes and refined several using a Heideggerian structure which used time as a category, and the phenomenological concepts of being in the world as themes:

Final Refinements. Through the process of frequent refinement, writing, and collaboration with a member of the dissertation committee, a few further refinements to the final interpretation were added. Much of these came through the writing of the third completely new draft of Chapter 4, as well as the completion of the exercises that have resulted in the tables and appendices included in this chapter.

The Anxiety of Looming Adulthood		Themes [<<Being In>>]			
		The "Good Father" ["The Self"]	Connection ["Being-in"]	The "Good Son" ["The World"]	Navigating ADHD ["Care"]
Categories [<-Making Sense>]	My Past [The Past]	<ul style="list-style-type: none"> • My Father Before Me • Myself as a Son 	<ul style="list-style-type: none"> • Longing for Connection 	<ul style="list-style-type: none"> • ADHD and the Unsafe World 	<ul style="list-style-type: none"> • I Made My Way
	His Present; My Present [The Present]	<ul style="list-style-type: none"> • Mentor, Teacher, Helper, Nurturer, and Guide 	<ul style="list-style-type: none"> • Connection as Relationship & Tool 	<ul style="list-style-type: none"> • Authenticity & Acceptance 	<ul style="list-style-type: none"> • Everydayness of ADHD
	His Future [The Future]	<ul style="list-style-type: none"> • The Fear of Perpetual Caregiving 	<ul style="list-style-type: none"> • The Fear of Lost Connection 	<ul style="list-style-type: none"> • The Fear of Unrealized Potential 	<ul style="list-style-type: none"> • The Fear of Perpetual Adolescence

Appendix M: Transcript Excerpt Example

Participant #: 04

Interview: 4a

Father Alias: "Adam"

Mother Alias: "Elizabeth"

Child Alias: "Taylor"

Sibling Alias: "Bess"

INT: Switching gears just a little bit here. Be as comfortable as you want to. Wish I had more comfortable chairs.(laughs) Let's start with kind of a grand tour question. I'd like for you to share with me what do you think defines a good father.

A: Wow, that's something that I've been puzzling with since I became a father. I think that availability is a big part of being a good father. In other words, being around geographically and emotionally enough that your child can see you and experience who you are.

Obviously, that's not the be all and end all of fatherhood, but I think that that's a really good start. I think that's, so to say that that's No. 1, being available or accessible.

No. 2, I think, is having some awareness of your child's development, and a desire to see that child eventually become – to give that child enough skills that they can eventually become an adult, a functional, whatever that means, functional adult in society. I think that's the second thing, so an awareness of how a child is – the stages of childhood, and how to those stages eventually get to develop a functional adult.

Obviously, that's not gonna be – functional is not gonna be the same for every single person, and I think that; let's say we were talking about Down syndrome a little bit earlier. Perhaps if you were raising a Down syndrome child, your idea of a functional adult at that point might be different than for another child, for example.

That's a kind of a subjective thing. I think that fathers also – well, there's this idea of a role model. I mean, I think that that is important, in other words, but it maybe goes with what I was be talking about before. You're giving a child a template to see what a adult or how a person behaves in the world, so a part of the imprinting that is necessary for a child to develop and learn.

I think that those are the main things, that you're available enough that your child can see you and be with you, you give them enough of a role model that they can understand what it is to be an adult, and also, you're helping them develop through the stages of childhood and to eventually become adults themselves.

INT: Mm-hmm. One thing you said that I find really interesting it and I'd love for you to talk more about is you mentioned, I think it was the words, "Be around so your child knows you."

A: Sure.

INT: What do you want your children to know about you?

A: Well, right, and as I was thinking about a child knowing – my child knowing me, I was thinking about the two things. One is how I negotiate adulthood and being that sort of role model, so sort of the role model of what I've learned and where I am in my development, but also, I think it's important for children to see, or for my child to see my faults, and flaws, and all of the things that I'm still working on.

I know with my own son, we have this kind of joke because I've been homeschooling him, and the idea is that he has a – we both have these water coolers, and his water cooler is full of patience – or his water cooler is full of attention, and my water cooler's full of patience, and as we work together, we gradually drain out little bits from each of the water cooler. It's always a question of whose water cooler runs out first.

Is my patience gonna run out first, or is his attention gonna run out first? Sometimes, they run out at exactly the same time, and then we know it's time to quit. I think that as part of this journey of teaching my son has been him seeing that I don't necessarily know all the answers. We could look them up together. I don't necessarily get everything right, and I do run out of patience, and I do have difficulties with my own paying attention, sometimes, to what he needs or what we're doing.

Yeah, so I think that both seeing the good things and the bad things is part of a child getting to know you. I mean, there are still things from my child that, from Taylor, for example, that I have not gone into, my crazy days in college, or the fact that I was a – I smoked for years, things that I don't feel like he's at the right developmental stage to know all of my warts.

I think that goes back to the second part of what I was saying, like knowing where the child is in their development, and what you can give to them at any given time.

INT: Mm-hmm. Where did the water cooler analogy come from? Is that something you created?

A: Yeah, that's something that we both created while we were working on his schoolwork together because we definitely felt like – well, I mean, there's just a very, I found with Taylor, that there's almost a switch at a certain point where his attention is just gone, and getting him back or finding the – sometimes, it's because of an emotionality. Who with knows what it is exactly? Getting him back to study at that point is a completely futile effort. Has gotta take some time to refill whatever that is, the water cooler of his attention.

Likewise, when I get to the point where my patience has completely gone, and it really is, it's like a on-off switch, like suddenly I can't deal with being a teacher anymore and I have to take time away to sort of refill and get to the point where we can work again.

I do feel that there's a drain that – maybe that's a negative way to think about it, but in a way, I do feel like we have to be aware of of the points at which hammering something in is not going to work anymore.

INT: Mm-hmm, mm-hmm. That's very interesting stuff, I love it. Tell me a little bit about Taylor. How do you understand him? What makes Taylor tick?

A: Well, Taylor is an incredibly creative kid. He has these amazing, imaginary journeys, fantastical journeys through his own mind, and I'm lucky enough to get to hear about them, which is pretty great, a great part of being a father, and fascinating stuff.

He'll take whatever we're learning – it's been amazing being a teacher, too, of Taylor. Whatever we're learning, he incorporates into his imaginary world. I can see part of his learning is taking things and making it part of his creative imagination. That's pretty amazing.

Second thing about Taylor is that, Elizabeth and I were just talking about it this morning, we have another child, and we can see for her that when we explain something to her orally, we explain it, and then without having to practice it or without any other kind of intervention, she understands what we're talking about and it that's it. We don't have to think about it anymore.

With Taylor, he really needs procedural learning. He needs to practice things. The things where he gets to practice, he excels at. Swimming, for example. He has been on swim competitively for three years. He's an incredible swimmer. He forgets things, like which stroke you're supposed to do, and how many yards you're supposed to swim, but when he actually is in the water and swimming, he does extremely well.

Playing the trumpet. I mean, he's an incredible trumpet player. He's been playing not even a year now, but everybody, my wife is a music teacher, his teacher, everybody looks at him and says, "Wow, I can't believe that he has progressed so well in such a sort amount of time," particularly for somebody who has a hard time sitting still.

Again, it's that procedural learning. If he gets the chance to practice it over and over every single day, we have a list of things that he needs to do in order to earn whatever his treat is that day, and that's on the list. He has to practice his trumpet, and he goes down, and he goes through his pieces.

Maybe it's five, ten minutes. Maybe it's 30 minutes. Whatever it is, the fact that he gets to do it over and over really helps him to learn and be very capable at certain things.

INT: How old is he now?

A: 9.

INT: 9.

A: Yeah.

INT: Your daughter, how old is Bess?

A: She is 3.

INT: Okay, so how has it been to see such differences between them?

A: Well, I mean, I think that that's – seeing the differences between them is what originally sort of made Elizabeth, my wife and I, see that we needed to get Taylor some help because we didn't know anything when we had our child, Taylor. He had some interesting or maybe odd behaviors, but there's only so much that a pediatrician can know from your little appointments, monthly or biannual appointments.

We didn't know that what he was doing was necessarily different than what other kids, although, I mean, we had some ideas, but it was really seeing our daughter and seeing with, "Oh, she actually will go to sleep by herself. She doesn't wake herself up in the middle of the night. She doesn't scream and cry. She doesn't do – I mean, Taylor, before he was one, he used to rock on his forehead in the crib so violently that he would move the crib across the room and bang on the door with the crib.

I remember I was working up in Canada, and there was one night where the crib was slamming against the door. It sounded very violent. We went in, and this tiny little guy, less than one, had moved the crib all the way across the room and was banging his head against the door as he was doing this kind of violent rocking motion.

We were like, "Wow, that seems weird." We went and talked to our pediatrician about it, and she said, "Oh, he'll probably grow out of it. Don't worry about it. It's nothing." She shrugged it off, and we were like, "Okay, well, whatever." He continued to do it that up until he was 8, maybe, I mean, last year.

It wasn't until we had a second child that we started thinking, "Oh, she doesn't do any of that stuff. We don't have to worry about her playing through a pack and play." Taylor used to break through his pack and plays. He would propel himself with his rocking so hard that he would rip through the mesh on a pack and play.

We were like, "Oh, well, that's very different," and then, just like I said before, when we tell Bess something, I mean, look, she can be obstinate, and she has some issues of her own which are probably – we'll have to deal with at some point. There seems like on the OCD type of spectrum, which Taylor also has, but we definitely could see that he was different, different than what we had dealt with with Taylor. Yeah, so there are many other examples. I don't know if you want me to go into them, but those are the things that –

INT: Sure. What is the story you tell of his diagnosis? How did that unfold as you experienced it?

A: I am a very shy person and was treated for social anxiety, and I took an SSRI, Zoloft, for a while, and –

INT: As a child?

A: No, as an adult.

be

INT: Okay.

A: When Taylor was young, he would – and we would meet people in the world, he would not respond to direct questions, and he would very rarely respond to direct questions from us.

I thought, and I think Elizabeth agreed at the time, that, “Oh, well, this is social anxiety. He is shy. He doesn’t want” – it and I do believe that there is probably some of that with Taylor, but he is – have somebody talking to him, he doesn’t wanna respond to them, and so he hears the question, but he’s just – but he’s too shy to answer it. That’s what we thought originally.

When he got a little bit older, and there are several other things that seemed to be something about anxiety. For example, he couldn’t sleep at night. He would call me in in the middle of the night, or I would sleep with him most of the night is actually how it originally went because being alone in the crib, he would just cry, and cry, and cry, and cry, and cry, or when he was alone in his bed, he would scream and cry until one of us came in there.

We tried all of the sleep training and all of that stuff, and read the books, and tried it, and he was not – he was insistent from the beginning.

We thought, “Well, perhaps that’s part of his anxiety as well, not wanting to be alone,” and then there are other things where he’ll talk about some anxious thoughts.

We originally it took him in for it treatment for anxiety, and that’s what we were thinking was perhaps was his main issue was. He also had these recurring thoughts, these recurring things that he would think about all the time and talk about all the time. We thought that that was part of the anxiety as well.

We went through a year of therapy, psychotherapy, with a psychologist, [blinded] -, and he was treated with cognitive behavioral therapy regarding his anxiety.

There were other things that I saw that were different, that were not necessarily about anxiety, that were about difficulty staying in his seat, for example, in class, or keeping his hands to himself, or needing to interrupt the teacher when she was talking, or whatever. There were other things that seemed to be about attention issues, and so we took – and [psychologist] actually recommended – after that, after the therapy, we started taking Taylor to – sorry, there’s a middle part.

We also saw that he was, Taylor was, sort of set off by loud noises, and things that were happening, thing that seemed out of his control in the environment, and we thought that maybe he had some sensory issues because when his sister would cry, this happened last night, actually, his sister was crying, and then he starts screaming because he can't stand to have that kind of loud, disruptive noise in the room

We took him to occupational therapy, and we did that for about half a year, of just learning, balance games, and all these postural, learning different ways of holding his body so he didn't feel so wiggly, strengthening his core, all these things that were – and he loved it, actually. He loved occupational therapy because it was all about movement and doing – it was like a big playground, so he got to do all – play, for basically, for an hour.

That became expensive, and it wasn't covered by insurance, so it was something that we couldn't really continue doing, but we definitely felt like we were zeroing in on something that was more than anxiety.

Finally, we took him to have a – for a full psych evaluation at [blinded] by a psychologist, and she came up – we went to, actually, two different days of testing. First day was pretty evident that he had some kind of attention deficit disorder of some kind, and then, in the subsequent meeting, we found that – she found that perhaps there's also an OCD element, and perhaps a tic, sub-Tourette's tic disorder because he was doing a lot of random movements. That was the other thing that was puzzling, that was nothing like what Bess did.

By the way, all of these things seemed to be amended by this classroom that he was in where he was the youngest – or it was a classroom of three different grade levels. It was very chaotic. He was the youngest person in the grades. He was kind of bossed around a lot by the older kids, and because of the chaotic environment, his grades were really suffering, which is partially why we took him out of that class in that school.

This was the sort of the – after that, we started up again cognitive behavioral therapy with [psychologist] just addressing the OC aspect and some of the attention aspects of what we found to be his diagnosis.

INT: Sure. I ask this of all the participants. I'd love to hear what you understand ADHD to be. What is it exactly?

A: I'm not sure what it exactly is. It seems to be – well, I think that my favorite description of it was from a book called *Super Parenting Your Child with ADHD*. He said that it was like a – you have a racecar, a Ferrari brain, with bicycle brakes.

You have this brain that is – it's probably because of some disconnect between the executive function part of your brain and the other parts of your brain where you have a hard time putting on the breaks, stopping yourself from thinking a certain thing, or thinking many, many, certain things at the same time that there's sort of this overwhelming number of thoughts racing around in the child's head.

I think that a part of that, which is – I'm not exactly sure where that fits in, but I think definitely a part of that with Taylor is the fidgetiness, the getting up and needing to walk around, pacing, he does a lot of pacing.

Like I said, he haven't really – I worked as a medical assistant, and I saw some kids with pretty extreme ADHD that some of them had been exposed to drugs in utero, and they were – when talking with them, I could see this very, very dramatic version of what my son has.

At the same time, I could see that there were some similarities, and some things that were – he has so many things going on in his that when you try to get his attention, you get it for just a brief moment, and then it's gone, and he's onto something else. You have to kind of wait for the carousel to come back around before you get his attention again.

Maybe that's kinda had like what it is, sort of like a giant merry go round where he's just being exposed to a bazillion different things as he's going around the merry go round are, and he comes back to you, you get him for a second, and you can wave hello to him, and then he's off again, back around the thing.

I think that that's, to me, that seems a part of it. He's taking in so much information, he has a hard time sorting through it all, and he – and so that gives him a lot of this sort of appearance of not really being present. Yeah, I think that's –

INT: I have a couple of questions based on that, and that was actually a beautiful description. I have never heard that put that way. I love it. I probably will use that in a lecture at some point, so credited to you, Adam.

Appendix N: Data Exemplars of Subthemes

OVERARCHING THEME: THE ANXIETY OF LOOMING ADULTHOOD Comprehensive Scatterplot with Exemplars		
CATEGORY: MY PAST		
(THEME) <i>Subtheme</i>	Exemplars	Source
(THE GOOD FATHER) <i>My Father Before Me</i>	"...One of the things I could say about my own father, for all of his faults, and there are many, is that when there was something - we had a problem at school, or with a teacher, or whatever, he was on our side. He always came in to a teacher conference or whatever, and he was ready to go to bat for us...I think that that's an important thing... letting him know that I am also on his side," 4a:902-908; 914-918 (Adam)	4
	"I kind of attribute my learning where to be a father from examples of what not to do that I had in my life from my stepdad and my dad. I would never do these things that they did and so that's kind of changed the way I look at my family...that's not how I wanna be." 6a:98-121 (Richard)	6
	[My dad] moved away when I was 7... He moved back when I was a freshman in high school. It was a lot of time and I don't remember a lot of it. And it's probably because I don't WANT to remember a lot of it...I had [you know] probably STILL have hard feelings... I think that's part of the reason why I held onto the marriage as long as we did. It was because I didn't want to be away from my boys. I didn't want to be that kind of father. 9a:804-830 (Vincent)	9
	"[My father] was just so...cautious. He wouldn't let us do anything. And so with my kids, it's like, "Sure. Yeah, we can do that thing...we can play hockey, we can jump on the bed, we can go geocaching and hide treasure...I just always try to say yes when I *can* because all I ever heard was "no". 10a: 112-117 (Michael)	10
(CONNECTION) <i>Longing for Connection</i>	"I've attributed [the need for close connection] to having the opposite experience growing up... once my sister – was diagnosed with an eating disorder...And the dysfunction that was involved with that bled over to the rest of the family ...caused me to pretty much partition myself from my family from that point on. And that, I believe, slowly led into really driving this need and want inside me of having a large, close family [because] emotional closeness and support and family functions; fun as a family... was limited to specific vacations a year. And that was about it." 3a:801-824 (Derek)	3

	<p>"I just never felt like I connected... I never felt like I connected or could even have a connection with them [parents]. I could never have THIS conversation with them. Not that I would expect them to have this conversation but never like a deep heart-felt conversation between us and so maybe that is the thing that I'm longing to recreate with Taylor and hoping to get from Taylor" 4b:723-732 (Adam)</p>	4
<p>(THE GOOD CHILD) <i>The World Around Me</i></p>	<p>"I didn't have the executive functioning skills to you know, keep up with the world around me (1a:190) It's scary. I can see that life as he existed up to this point has been[you know] lots of people accommodating and helping, but at some point in high school and in college and in his job world there's going to be not those people there as well, so, umm, it feels like I'm sort of waiting for it to drop."1a: 163-166 (Alex)</p>	1
	<p>"Where can I help him find a place for [his abilities] to best play so that he can be successful? [Which] goes back to my own feelings about the world and society and where we're going and the hollowing out of the middle class and ...how it is more difficult to make a living and be successful and provide for your family and all those things." 3a:598-603 (Derek)</p>	3
	<p>"...I have to continually try to adjust his behavior in some way, hound him about things or whatever, nag him about things, letting him know that I am also on his side, and that I am trying to help him to overcome this obstacle, whatever that is, in the hard world." 4a:916-920 (Adam)</p>	4
	<p>"It's not really a safe place. It is a place that has a lot of beauty and wonderment in it and there's a lot of empathy in the people around us, but there's also a hardness to it. There's a harsh quality that I've seen." 5a:309-315 (Ben)</p>	5
	<p>"...the world set up in a certain way. So, there are problems one half, but on the other half, the world is structured in a certain way to not help - and that way is not helping you...the world, the way it's set up is not set up to be ADHD friendly." 7a:173-176 (Simon)</p>	7
	<p>"...it's tough to get the world to buy off on one individual, so I think anybody's that's different needs to adapt to the world..." 8a:824-825 (Ted)</p>	8

<p>(NAVIGATING ADHD) <i>I Made My Way</i></p>	<p>"...most of my academic life was being shown that I didn't have the executive functioning skills to keep up with the world around me...I was [was] kind of a mess of procrastinating and losing things and being late and all that sort of stuff all the time...When my family moved, I entered more of a prep school where it was a lot more competitive and suddenly I realized, "wow!", the kids around me were doing a heck of a lot higher level work and I [worked] to catch up to them" 1a:187-211 (Alex)</p>	1
	<p>"I know I struggled with certain aspects of school. I ended up going to college and getting a degree. I found some passion and I think that when he finds his passion it'll be fine. To me [ADHD] didn't matter as much because I knew he was just like me (laughs) and I knew I turned out fine." 2a:92-95; 109-110 (Jason)</p>	2
	<p>"And I knew myself that I had attention problems all through my childhood and still haven't really grown out of, but I've learned coping mechanisms." 3a:58-60 (Derek)</p>	3
	<p>"I got to college, and I didn't really study at all you know. And, that first year was a little rough - and you know I didn't really have - I mean I had - really super good strategies for dealing with my ADHD - because I was getting good grades. I thought I'm handling this fine, then I got through that first year and I was like this is rough, I'm not really committing, and I'm throwing all this money down the drain. I'm like I'm either going to college, or I need to figure this out, and then I figured it out." 7a: 589-599 (Simon)</p>	7
CATEGORY: THEIR PRESENT, MY PRESENT		
<p>(THE GOOD FATHER) <i>Mentor, Teacher, Helper, Nurturer, & Guide</i></p>	<p>"I would probably break it into... cultivating skills, capabilities, whether it's emotional intelligence, whether it's math/science, whatever for the future. If you're a father, a good father does all of those things. And in there as well is a fun component." 3a:647-652 (Derek)</p>	3
	<p>"I think that availability is a big part of being a good father; being around geographically and emotionally enough that your child can see you and experience who you are; to give that child enough skills that they can eventually become an adult, a functional adult in society. I think that those are the main things, that you're available enough that your child can see you and be with you, you give them enough of a role model that they can understand what it is to be an adult, and also, you're helping them develop through the stages of childhood and to eventually become adults themselves." 4a:15-17;44-48 (Adam)</p>	4

	<p>"To care for and to [kinda] be there to teach. ...provide opportunities for them to learn different things, whether it's different skills, like taking them out, teaching them things even down to riding a bike, fishing, things like that...it's how to mow the lawn, all of those things to the point where they can eventually be independent at certain skills. And then as they've gotten older, especially as Zachary's gotten older, it's some of the more nebulous things like responsibility and accountability." 6a:24-67 (Richard)</p>	6
	<p>"[I try] to be supportive of children of my kids - to a kind of encourage their interests...to give [them] freedom within the structure...sometimes that means stepping in and correcting behavior, or directly mentoring. Maybe it's not misbehavior, maybe it's just mentoring, and sometimes that means letting your kids fail... and [you know] just be loving. When kids feel love they feel safe. [When] kids feel loved and feel safe and that opens their mind up to a lot more stuff and they can really kinda achieve their potential." 7a:55-75 (Simon)</p>	7
	<p>"When he was working, I told him, hey, your work is on my way [to work]...Sometimes I'd have to go in an hour and a half early to work just to take him to work but I didn't care because I wanted to help him out." 9a:931-935 (Vincent)</p>	9
	<p>"Leading by example...being loving [I guess] but also forgiving - the ability to forgive. And I guess demonstrating that. I guess probably [you know] leading by example. Providing for the family. I guess I feel that is kind of a base line idea...that would be just inherent to the role of a father is providing for the family. Participating I think, in the kids' lives; not like too much - not over-participating. Just being engaged " 10a: 9-16 (Michael)</p>	10
(CONNECTION) <i>Connection as Relationship & Tool</i>	<p>"... thankfully he enjoys doing stuff outdoors. And so, anytime we can go outdoors and do something that's by far my favorite time. And it's just unstructured time where whatever comes up comes up. ...our best times...Ryan and I...would be camping. Whether we're camping for a hunting trip or fishing trip or just to be camping....that's just "Ryan Time". Or that's just our time. 2a:482-506; 2b:695-697. (Jason)</p>	2
	<p>"...it's connecting with your child, having a strong relationship, which then leads back also to helping them feel secure about themselves, but then it also gives you that ability to influence them. 3a:656-669 (Derek)</p>	3

	<p>"I really want to talk to him, but all we can really talk about is, "is it possible that Gigantopithecus crossed the land bridge to come to [his imaginary world] and lost all of his hair and became something like a cave troll from Lord of the Rings and could be[you know] living in the Land of Solfel?". [And] I'm like, "okay, let's do it. We'll go on to Wikipedia and we'll go on the Internet and we'll find out about Gigantopithecus and we'll find out about land bridges"; and we'll find out about all this stuff, so I can really kind of connect with him." 4b: 101-109 (Adam)</p>	4
	<p>"... when we're doing things, it's like I think of just how this could benefit him or how he could enjoy this more. A simple example with Zachary was fishing. We used to go fishing quite a bit and he absolutely hates sitting on the bank with a bobber. And so what I finally figured out with him is to teach him how to cast and fish with a lure because then he was constantly moving, constantly changing instead of just sitting and waiting for something to happen. ...It's now much more active and much more engaging for him." 6a:493-509 (Richard)</p>	6
	<p>"I always tell my kids I'm not your friend, I'm your dad. But [you know] 80% of the time you do get to be their friend...20% of time you can't - you're not or you shouldn't be their friend. But When you get to be the friend part of being a parent, it's a blast." 7a:762-773 (Simon)</p>	7
	<p>"He's really into sports right now and I'm just not really. I'm completely lost [you know] as much as you could be. And I have no interest in it, but for him, it's really important, so I'm trying to change my attitude about that....I don't have to look into it, but he can tell me the stuff and I can be interested in what he thinks about it." 10a:760-772 (Michael)</p>	10
<p>(THE GOOD CHILD) <i>"Superpowers" & "Kryptonite"</i></p>	<p>"He's extremely intelligent. He's got a photographic memory. ...he can hear something and almost verbatim repeat it. Dialogue from movies and things he saw when he was three are still somehow imprinted up in his head. He's also just an extremely talented artist. He's unbelievably creative and [you know] a skilled drawer...he'll take chunks of recycling or wood and just make something." 1a:677-683 (Alex)</p>	1

	<p>"Who knows? Maybe [ADHD] is a "Superpower"? I mean, he can hyper focus and do things that other kids cannot....["Kryptonite" is] the lack of control, the impulsivity... it pushes people away, ...whether you're talking about <u>socially</u>, or not being able to control yourself when there's an expectation, or <u>intellectually</u>, because you can't control it and focus on absorbing particular content you're trying to learn or something you're trying to achieve, or even <u>physically</u> [you know] putting yourself in harms' way because you're not thinking through it. All three ...that is like his Achilles heel: The lack of impulse control." 3b: 159-177 (Derek)</p>	3
	<p>"He has this amazing - well, sometimes he has this amazing super-focus, which is the opposite of the ADD thing, and he's able to focus so intensely on something, for example, play time, or even reading a book sometimes, that you can't get his attention because of that. That's a pretty amazing thing. I mean, you gotta imagine a scientist in a lab who just does one thing over, and over, and over again, or does one experiment. He's gonna get it until he gets it right ...staying there all night long. It seems like totally something Taylor could do." 4a: 725-735 (Adam)</p>	4
	<p>"I don't shy away from the fact that there's definitely some disadvantages to having ADHD. [And] I really do feel like there are some positive parts of having ADHD that helped me, and part of unlocking those, I think, is...[knowing] how to structure your environment, so you can kind of use those things that are a strong suit much better. When somebody who has ADHD finds a really strong interest in something; when they find something they have a great interest in, they can almost exclusively focus on it, and blur the entire rest of the world out. 7a:401-426 (Simon)</p>	7
(NAVIGATING ADHD) <i>Everyday Life of ADHD</i>	<p>"...it is very hard to get him to plug in and do something...I mean that's probably his biggest challenge is...working his way backwards...so that he makes that deadline by Thursday... A lot of parents who don't have a kid who's this way; I'm just kind of in awe at how much free time they must have." 1a: 505-523 (Alex)</p>	1

<p>"He is disorganized, he has a messy room and he can't remember when assignments are due and stuff like that, right? So, I made him buy a planner and he has to write down his homework at the end of every class he has and have his teacher sign it and agree, yes, that's the homework you have for tomorrow. So that *I* know instead of trusting him or just asking him "hey, what homework do you have tonight?". ... so then I at least know ...at 7 o'clock at night I can say, "you have Spanish. Are you going to study your Spanish?" 2a:446-454 (Jason)</p>	2
<p>"So, in the morning, the first thing he will be up and the noises. And it's the reminder as soon as you hear it, we go "Did you take your pill?"... and he goes over and takes his pill. It is this high-pitched kinda falsetto voice. I can't even replicate it. Like a scream, it's not a scream though. It's kind of a scream. It's like a whine." 3a:194-203 (Derek)</p>	3
<p>[Engagement] is this huge battle every single time..."do you want to practice your trumpet?" "No, I don't want to practice my - I hate the trumpet. I don't want to play the trumpet." ...he's got pretty significant difficulties with reading. Particularly, reading aloud but he really needs practice with some of that stuff. And the math he was really struggling with but I think we've kind of gotten to the point where he's not struggling quite so much with that anymore. But it took really a year of constant work, so those things, it's even more difficult." 4b: 207-220 (Adam)</p>	4
<p>"So like if I tell him to do A and B, then I will add in C... and then come back to B so I can check and make sure it's done. Because he has a hard time with that self-accountability...he likes to finish a job and think that once he's done with job A... that now means all of his time is his own and he's free, when it doesn't." 6b:73-81(Richard)</p>	6
<p>You just [woke] up – your brains waking up, and you don't have any medication. If I just let them do whatever they want, there's no fighting. But, if you're like, "we gotta do this and in a half hour...", there's going to be some arguing going on. 7a:731-750 (Simon)</p>	7
<p>"I think the hardest thing with him right now is when I tell him to do something and then it doesn't get done... I mean, I don't know how many times I've told him to take out the garbage and the next morning I'm putting the garbage out." 9a:202-218 (Vincent)</p>	9

	<p>"It's frustrating in the sense that sometimes I feel like there's no recollection of what we learned the day before. ...it's like this movie "Groundhog Day" where they start out over and over, every day and ...just erase everything and we start over because we repeat that behavior and that's probably what the most frustrating thing is...is how to make progress verses just feeling like I'm a broken record." 10a:320-327 (Michael)</p>	10
CATEGORY: THEIR FUTURE		
(THE GOOD FATHER) <i>Fear of Perpetual Caregiving</i>	<p>"And in one case ...he's still living in mom's basement and he's [you know], he's 30. ...it's frightening. And there were really super bright kids that still can't quite get off the...can't figure it out. That scares me. ...there has to be a parenting component in there that can be helpful. I'm hoping that what [umm], their mom and I do will be helpful to Noah. But it's, it's kinda lingering out there as 'what's gonna happen?'" 1a:252-258 (Alex)</p>	1
	<p>"[My fear is] that he will not be successful ...whether it's education or trade or - He will not be successful at gaining a skill or capability that will enable him to take care of himself and his own family in the long term....that is the fear. And so my way of combatting the fear is always to try and think ahead and say "Well, what advantage can I give him whether it's building up my own nest egg that he can inherit? Whether it's creating an asset base that will continue to earn for him, rentals or whatever financial instruments that will continue to provide income for him." 3a:867-875 (Derek)</p>	3
	<p>...that impulsively, he may make some very bad decisions that have some very severe consequences that we wouldn't be able to help him out of. I think that, honestly, is probably my biggest fear for him...I think the most difficult part is this realization that I am trying to raise someone who needs to be a valuable productive member of society and me trying to raise a fully functional healthy adult. I think that's the biggest problem." 6a:462-465;584-591. (Richard)</p>	6
	<p>"I picture him getting married somewhere down the road ...wondering how his wife's going to deal with this...When he meets the love of his life do we warn her and say, 'Hey, he's got these tendencies or you may notice this or whatever. He may appear lazy and he's not being lazy. He's struggling in his head to do something.'" 8a:827-833 (Ted)</p>	8

	"Well, the consequence will be to me ...he'll basically be a burden upon me for the rest of his life. I mean, we all, when we grow up, we have to start figuring out for ourselves what we wanna do and how we're gonna get there. And I don't think that he will really fully get everything until he has his own responsibilities." 9b:280-285 (Vincent)	9
(CONNECTION) <i>Fear of Lost Connection</i>	"Collin is incapable of being alone...and I think it makes [connecting] easier, because he's always rip-roaring ready to go somewhere with me. ...I would probably feel bad if he didn't want to be around me. So that'll be tough if that ever happens someday." 3b: 480-485 (Derek)	3
	"...so, we're having fewer and fewer of the times that I actually get a wave from him, ...the carousel has gotten much larger and more extravagant and it's much more difficult to pick him out from the crowd because he's gone so far into this sort of imaginary world... I'm finding it more and more difficult to connect with him...4b: 115-126 (Adam)	4
	"Connection is definitely difficult...I think that probably the biggest problem is that it's hard to find things that we have ... a shared interest in. If we were to do something like physical out in the world, like, say, take a hike, or something like this he's not able to...we're not on the same page there, very easily. And, that's hard." 5b: 254-262 (Ben)	5
	He's almost like my man child. I might have to force his [independence]. I've been thinking about it for a while. Tell him he has to move out (becomes tearful). 9a: 727-750. (Vincent)	9
(THE GOOD CHILD) <i>Fear of Unrealized Potential</i>	"His cousin Thomas who is now 20, 19, I think he's now living at home... It's just unfortunate that he went from having a full ride [in] engineering to now kind of having a much lower [umm, I think] potential, or at least lower horizon for what he's gonna be able to do ... this [ADHD] brain is magnificent in some ways and its totally...muffled by (laughs) by this inability to give him life skills." 1a:797-805 (Alex)	1
	I'm realistic... He doesn't seem like he has real high aspirations...he doesn't want to be an astronaut. He just wants to be happy, be around his friends...He doesn't seem like he has real lofty aspirations [but] my best guess is he'll end up going to community college and living really close to [us]. Cuz there's no impetus for him to move anywhere. He doesn't have that vision, he doesn't have the drive...So he'll end up taking the path of least resistance, I guess is the best way to put it. 2a: 772-783 (Jason)	2

	<p>"I see glimpses of what he could be, of the adult that he could be, and so maybe that is partially what inspires me to keep going with him and not just completely just say - throw up my hands and say, 'Okay, whatever. ...I do see glimpses of who he could be as an adult, but there's definitely an anxiety about [his potential] – I mean, just in the very short term, working on math at homeschool, and thinking, "How is he going to go and do a timed math test in fourth grade?" I don't know. Participant #4 details here.</p>	4
	<p>"I worry that the average experience of a person in this society, like in this culture—... it's gonna be harder for them. Perhaps they won't achieve certain things that they might have if they were expressing different qualities, like the opposite of attention, concentration, a certain stillness of mind. I worry that not having those skills will put him at a severe disadvantage." 5a:338-345 (Ben)</p>	5
	<p>"..he's a smart kid. I think he just needs to focus his energy and figure out what he wants to do. I mean, when he was working he was doing a really good job, ...[but] ...he is a walking mess. It's almost like he's got two left feet all the time...when he *was* working, he fell off a ladder. ... he didn't know who to call out to, so he didn't call the right person so they said, well, you only get one chance, so you're fired. 9a: 527-561 (Vincent)</p>	9
(NAVIGATING ADHD) <i>Fear of Perpetual Adolescence</i>	<p>"... [My nephew] earned a scholarship for [you know] engineering...full ride...great...went up there and couldn't make it to class. Couldn't wake himself up. Couldn't do any of the things that are important for a freshman ...this guy is almost a mirror of Noah. But really a lot of it has been kind of a scary model that we hope that Noah doesn't fall into. 1a:246-273 (Alex)</p>	1
	<p>"I had this uncle ... he lived in his parents' house until they died and then he took the house and was never completely independent and sort of lived a life of perpetual adolescence. I fear that for Taylor sometimes. I fear that it could be that he never becomes completely independent. 4b: 175-183 (Adam)</p>	4
	<p>"I think about [his future] quite a bit and we've had some pretty serious discussions over the past six months to a year... So one of the things he wants to be is a video game programmer and I'm trying to help him understand that video game programmers don't mean that you get to sit around and play video games all day. But he might not ever get that. And then what will it look like?" 6a:375-381 (Richard)</p>	6

	"...at some point, he has to become an adult and start doing adult things. And him just staying at my house, all he's doing is hanging out with his friends, and that's not being an adult." 9b:307-310 (Vincent)	9
	"... these behaviors; they're not going to work as an adult. And I don't really want them to work here and so how do we break that pattern so he's not an immature 17-year old the rest of his life?" 10a: 332-339 (Michael)	10

Appendix O: Graphic Plots of Each Participant

Profile Key (Subthemes)

Orange: Areas of intense concern or focus

Blue: Areas of moderate concern of focus

White: Areas of modest or absent concern or focus

Participant Name: #1, “Alex”

My Father Before Me	Longing for Connection	“The World Around Me”	I Made My Way
Mentor, Teacher, Helper, Nurturer, and Guide	Connection as Relationship & Tool	Superpowers & Kryptonite	Everyday Life of ADHD
The Fear of Perpetual Caregiving	The Fear of Lost Connection	The Fear of Unrealized Potential	The Fear of Perpetual Adolescence

Participant Name: #2, “Jason”

My Father Before Me	Longing for Connection	“The World Around Me”	I Made My Way
Mentor, Teacher, Helper, Nurturer, and Guide	Connection as Relationship & Tool	Superpowers & Kryptonite	Everyday Life of ADHD
The Fear of Perpetual Caregiving	The Fear of Lost Connection	The Fear of Unrealized Potential	The Fear of Perpetual Adolescence

Participant Name: #3, “Derek”

My Father Before Me	Longing for Connection	“The World Around Me”	I Made My Way
Mentor, Teacher, Helper, Nurturer, and Guide	Connection as Relationship & Tool	Superpowers & Kryptonite	Everyday Life of ADHD
The Fear of Perpetual Caregiving	The Fear of Lost Connection	The Fear of Unrealized Potential	The Fear of Perpetual Adolescence

Participant Name: #4, “Adam”

My Father Before Me	Longing for Connection	“The World Around Me”	I Made My Way
Mentor, Teacher, Helper, Nurturer, and Guide	Connection as Relationship & Tool	Superpowers & Kryptonite	Everyday Life of ADHD
The Fear of Perpetual Caregiving	The Fear of Lost Connection	The Fear of Unrealized Potential	The Fear of Perpetual Adolescence

Participant Name: #5, “Ben”

My Father Before Me	Longing for Connection	The World Around Me	I Made My Way
Mentor, Teacher, Helper, Nurturer, and Guide	Connection as Relationship & Tool	Superpowers & Kryptonite	Everyday Life of ADHD
The Fear of Perpetual Caregiving	The Fear of Lost Connection	The Fear of Unrealized Potential	The Fear of Perpetual Adolescence

Participant Name: #6, “Richard”

My Father Before Me	Longing for Connection	“The World Around Me”	I Made My Way
Mentor, Teacher, Helper, Nurturer, and Guide	Connection as Relationship & Tool	Superpowers & Kryptonite	Everyday Life of ADHD
The Fear of Perpetual Caregiving	The Fear of Lost Connection	The Fear of Unrealized Potential	The Fear of Perpetual Adolescence

Participant Name: #7, "Simon"

My Father Before Me	Longing for Connection	"The World Around Me"	I Made My Way
Mentor, Teacher, Helper, Nurturer, and Guide	Connection as Relationship & Tool	Superpowers & Kryptonite	Everyday Life of ADHD
The Fear of Perpetual Caregiving	The Fear of Lost Connection	The Fear of Unrealized Potential	The Fear of Perpetual Adolescence

Participant Name: #8, "Ted"

My Father Before Me	Longing for Connection	"The World Around Me"	I Made My Way
Mentor, Teacher, Helper, Nurturer, and Guide	Connection as Relationship & Tool	Superpowers & Kryptonite	Everyday Life of ADHD
The Fear of Perpetual Caregiving	The Fear of Lost Connection	The Fear of Unrealized Potential	The Fear of Perpetual Adolescence

Participant Name: #9, “Vince”

My Father Before Me	Longing for Connection	“The World Around Me”	I Made My Way
Mentor, Teacher, Helper, Nurturer, and Guide	Connection as Relationship & Tool	Superpowers & Kryptonite	Everyday Life of ADHD
The Fear of Perpetual Caregiving	The Fear of Lost Connection	The Fear of Unrealized Potential	The Fear of Perpetual Adolescence

Participant Name: #10, “Michael”

My Father Before Me	Longing for Connection	“The World Around Me”	I Made My Way
Mentor, Teacher, Helper, Nurturer, and Guide	Connection as Relationship & Tool	Superpowers & Kryptonite	Everyday Life of ADHD
The Fear of Perpetual Caregiving	The Fear of Lost Connection	The Fear of Unrealized Potential	The Fear of Perpetual Adolescence