THE AFFECTION OF ADHD ON FAMILY LIFE

LA AFECTACIÓN DEL TDAH EN LA VIDA FAMILIAR

Celia Gallardo Herrerías
Universidad de Almería (España)

E-mail: cgh188@inlumine.ual.es
ID ORCID: https://orcid.org/0000-0001-5515-1269

Recibido: 28/02/2025
Aceptado: 15/05/2025
Publicado: 16/05/2025

ABSTRACT
This qualitative study explores the affection of Attention Deficit Hyperactivity Disorder (ADHD) on family life, examining the experiences of parents of children with ADHD and its repercussions on the emotional well-being and quality of life of the family. The primary goal was to identify the factors that contribute to the deterioration of the clinical picture of ADHD in the family environment. 45 interviews were conducted with parents of children diagnosed with ADHD, randomly selected from a middle-high socioeconomic level. The results revealed that the lack of social competence within the family environment and misunderstandings between parents about ADHD generate confusion and misunderstandings harmful to coexistence. In conclusion, negative attitudes and feelings within the family affect the progression of ADHD, generating mental imbalances in parents and altering relational bonds.

Keywords:
ADHD; family; parenting style; stress

RESUMEN
Este estudio cualitativo explora la afectación del Trastorno por Déficit de Atención e Hiperactividad (TDAH) en la vida familiar, examinando las experiencias de padres de niños con TDAH y sus repercusiones en el bienestar emocional y la calidad de vida de la familia. El objetivo principal fue identificar los factores que contribuyen al deterioro del cuadro clínico del

TDAH en el entorno familiar. Se realizaron 45 entrevistas a padres de niños diagnosticados con TDAH, seleccionados aleatoriamente de un nivel socioeconómico medio-alto. Los resultados revelaron que la falta de competencia social en el entorno familiar y la incomprensión entre los padres acerca del TDAH generan confusión y malentendidos perjudiciales para la convivencia. En conclusión, las actitudes y sentimientos negativos en la familia afectan la progresión del TDAH, generando desequilibrios mentales en los padres y alterando los lazos relacionales.

Palabras clave:
estilo de parentalidad; estrés; familia; TDAH

Introduction

It is a complex undertaking to write about the quality of life among children with Attention Deficit Hyperactivity Disorder (ADHD) and their families, not least because of the reality that research directly linking ADHD with environmental, and more specifically, familial stimulation is limited.

ADHD, or Attention Deficit Hyperactivity Disorder, is a neurodevelopmental condition that is often diagnosed in children but persists into adulthood. It impacts the amount of attention, impulsivity, and hyperactivity. Although the individual symptoms vary from person to person, people suffering from ADHD can find it hard to maintain concentration, plan, inhibit impulses, or remain seated for extended periods. It's not laziness, nor is it a matter of willpower—it's an actual medical condition most often treated by medication, therapy, or behavior modification techniques individualized to the individual.

Urbano et al. (2022) note that a diagnosis of ADHD in a family member will typically trigger an extreme shift in parental perception of the child, most often leading to heightened stress and anxiety. This skewed perception can manifest in parenting styles that veer between excessive permissiveness and authoritarian punitiveness, both of which tend to exacerbate maladaptive behavior in children with ADHD. This way, the parent-child relationship itself may be damaged as parents struggle with these new problems, often driven by fear of social stigma and rejection.

Morales and Mosquera (2022) also comment on a higher probability of parents developing a negative self-assessment of their

ability to meet the increased expectations that are put in place by ADHD. This self-assessment is shaped by their previous parenting experience and their expectation of competencies that are requisite for effective child-rearing.

To this end, Andrade (2021) specify family attitudes and emotional responses as key risk factors in the development of ADHD. Stress in parents, compounded by social isolation, not only contributes to the tense family environment but also increases the risk for more severe or comorbid forms of the disorder.

As Pellicer (2020) contends, the interplay between ADHD characteristics and the parenting style of the family establishes a feedback mechanism whereby ineffective parenting and troubled family relationships are risk factors for the exacerbation of ADHD symptoms. "Parenting styles and family dynamics establish a feedback mechanism with ADHD characteristics, where ineffective parenting practices and troubled family relationships can intensify ADHD symptoms" (Romero, 2022, pp.13-14).

Another extremely important predictor of a child's clinical trajectory in ADHD is the level of education and training of their caregivers and other significant social agents. In the presence of ADHD in a family system, parents' decision-making – regardless of whether it is grounded in firm knowledge or in myths – acts as the determining factor on whether appropriate interventions are pursued (Andrade, 2021).

Because ADHD places considerable demands on everyday life, training programs that enhance caregivers' skills in responding to everyday problems assertively are beneficial to them. These programs aim to enable parents to learn coping responses to intra- and inter-family issues created by the disorder, and to alleviate family upsetting.

One of the most significant problems in the treatment of ADHD within families is the lack of individual parent training that targets the specific symptoms and needs of the child. Without such training, parents resort to ineffective methods of disciplining, which in turn end up labeling ADHD-type behavior as disobedience or bad character. Misunderstanding aggravates frustration within the family, and it makes the situation worse for the parents and the child alike.

Effective management requires a move away from the universal, with an individualized model being taken up instead. Each family has their own dynamics that are representative of their cultural orientation, stressors, and resources. Guided management will educate parents about neurodevelopmental problems of their child and equip them with strategies that are specific to their daily life. For instance, if a child is worried about non-routine schedules, this is less of an issue. Pay attention to rewards and practicing appropriate behavior can also result in healthier interactions.

Also, the follow-up care makes parents capable of evolving their approach with the passage of time. This can be through repeated coaching or premises like support groups so that the families are able to refine their approach regarding evolving circumstances. Custom-made solutions in this way not just resolve the direct problems which ADHD children experience but also the family situation, leaving the family tougher and united.

The degree of chronic stress and anxiety in the family environment has a profound effect not only on parents' well-being but also on the intensity of the child's symptoms and his or her overall adjustment. “Family stress is generated by the behaviors of children with ADHD; that is, stress increases with the challenges that this diagnosis entails in areas such as education, family, and interpersonal relationships" (López et al., 2023, p.16).

The quality of parenting is mostly defined by caregivers' patience and understanding when handling disruptive behavior (Pilchisaca & Alarcón, 2023). Yet typical discipline practices are counterproductive because punitive discipline can be expected to model more conflict, parental guilt, stress, and impaired competence, with these adverse exchanges taking place in a circular progression. This recreates both authoritarian and punitive parenting and the child's behavior problems.

Carballo and Portero (2019) describe how family functioning works in a two-way manner to affect ADHD development. For those families with poor symptom control, there will be negative patterns, with ignorance and external assistance being the primary factor. Parents of children with ADHD, as opposed to parents of neurotypical children, will employ authoritarian parenting, with reactive or temperamental reactions being prevalent.

Medici and Suárez (2019) hypothesize that these trends are causally responsible for social withdrawal and frustration and enforcing negative self-schemas of being a poor parent. As family distress is elevated, so too is authoritarian and punitive parenting, with intolerance and rigidity towards poor behavior.

Conversely, active parenting – i.e., structural but adaptive behavior reinforcement – has been shown to strengthen self-regulation in children with ADHD and prevent maladaptive behavior (López et al., 2023).

Among the critical steps in ending the cycle of negative behavior is the removal of the misattribution of ADHD symptoms as most confused with disobedience, laziness, or impoliteness. Most parents will immediately react to this type of behavior by punishing them without realizing they are creating a counterproductive feedback loop that hurts the child as well as the entire family (FEAADAH, 2020).

The family's role in protecting and taking care of ADHD children is apparent. But changing family dynamics is typically a prerequisite for the best response of the child. Marital interaction may be impaired if left untreated, and faulty parenting methods – most significantly punitive discipline derivation methods – may trigger the child's inherent impulsivity and aggression even further (Quintero et al., 2021).

Finally, the development of an educated and caring family environment is required to counteract the detrimental effects of ADHD on the subject child as well as the caregivers. Parenting skills through evidence-based intervention and exposure to certain training can be helpful in enhancing the resilience of the family and reducing the disorder's psychosocial burden.

ADHD is hard to define because of inadequate research specifically connecting the disorder with genetic and environmental factors. ADHD affects not just children but also their families, typically leading to more stress, maladaptive parental actions, and strained relationships because of stigma and misunderstanding.

Effective family interventions such as individually tailored training sessions according to need are needed in developing improved coping skills, stress management, and breaking vicious cycles of behavior. An educated, concerned, and well-organized

family environment can potentially bring about improved self-regulation in the child, reduce the psychosocial burden on the caregivers, and promote healthier parent-offspring interaction. Intervention in these domains is paramount to improving the quality of life in ADHD adults and families.

Method

This study was carried out with a qualitative approach, by thematic analysis through an inductive approach. This was utilized to enable the possibility of exploring parents' lived experience of having children with ADHD and how this has impacted their lives as families. Data were gathered by employing semi-structured interviews that enabled space for flexibility and following participants' ideas.

The interview plan was derived from available qualitative ADHD and family studies measures, for example, Semi-Structured Interview for Parents of Children with ADHD and Family Impact Scale of ADHD (EIF-ADHD). Rather than implementing these measures as fixed scales for the purposes of obtaining quantitative scores, they were employed as a guide to allow the development of open-ended thematic probes that would provide full descriptive data on parenting experience, emotion, coping, and style.

Data analysis was systematic and thematic in nature. Interviews were transcribed verbatim and analyzed with qualitative data analysis software (Atlas.ti), where emergent patterns and themes could be ascertained. While qualitative analysis was the focus of the research, frequencies and percentages for certain categories (Tables 1-4) were included to illustrate the scope of the major themes and respondent experience. This quantitative summary enhanced the rich qualitative findings, presenting a snapshot of the sample response to those domains of family life most affected by ADHD.

Sample

This qualitative study of a total of forty-five families, each of which had at least one child with a diagnosed Attention Deficit

Hyperactivity Disorder (ADHD) condition, as confirmed by licensed health professionals according to standardized diagnostic criteria.
Due to confidentiality, the identity of all the participants remains strictly anonymous.

Figure 1

Interview format

Interviewer: How has having one child diagnosed with ADHD affected your emotional well-being and that of other family members?
Family13: The diagnosis most definitely brought on a lot of feelings in our household. We just had so much stress and anxiety at first because we had no idea what to do in regards to it. Now that we've experienced frustrating moments, as well as times of growing, it is a constant thing.
Interviewer: What were the typical feelings you had as a family caregiver of a child with ADHD?
Family13: I typically feel overwhelmed and, really, sometimes even helpless. But in addition to those, there's determination—to do the best I can to help my child—and hope that things get better as we learn more.
Interviewer: How has home life changed since the diagnosis?
Family13: It has become more structured, but also more challenging. We've had to make adjustments, like sticking to routines and being more patient when things don't go smoothly. While these changes have been hard, they've also brought some stability.

Source: Self-produced.

The sample consisted of medium to high socioeconomic status families selected randomly. Informed consent was voluntarily and altruistically signed by each participant prior to inclusion, committing to participate. It was a personal choice with no bearing on their school record or on any other institutional evaluation.

Procedure

In the current research, the whole family of children with ADHD was the primary unit of analysis. This is significant in the

sense that ADHD is not only the child's issue, but the family's issue as well. Parenting, stress level, family dynamics, and even the home environment become of extreme significance in the development of, management of, and treatment of ADHD symptomology. Looking at the family as a whole will enable them to look at correlated factors between the caregivers and the child to create more holistic and efficacious interventions. To provide full representation, at least one parent took part in all the 45 interviews. Rather than relying on random selection or diversity sampling in isolation, participant recruitment was employed based on active childcare and firsthand experience of having a child with ADHD. Moreover, family consensus was an influential factor during their recruitment, to determine spontaneous behavior and remove bias towards environmental influences.

The data were collected through in-depth interviews, an interview technique that was specifically designed to capture participants' day-to-day living experiences in having a child with ADHD and the effect on home emotional well-being and quality of life. The interview guide consisted of open-ended thematic questions to develop an open and conversation-friendly environment which led the participants to reflect and expand on salient family experience. This enabled the researchers to access parents' sentiments, coping mechanisms, and parenting styles utilized in their households.

To establish an analytical model, the researchers conducted an extensive literature review of ADHD's impact on family life. This served to inform the development of four general thematic categories:

1. Emotional Well-being: Parents and siblings of ADHD children themselves tend to have high rates of depression, anxiety, and stress due to the emotional and social challenge caused by the disorder. The emotional responses not only affect the emotional well-being of the individual family members but also result in overall family tension, and it is much tougher to establish healthy relationships. The underlying reasons for such feelings must be known to create interventions to enhance emotional resilience within the family.
2. Family Dynamics: ADHD has the potential to intervene in family relationships resulting in ineffective communication, constant conflict,

and breakdown in cooperation. An examination of dynamics educates us that communication within the family is among the factors determining exacerbation or alleviation of ADHD symptoms. Stable family structures with effective conflict resolution mechanisms are the most likely to yield a favorable setting favoring child regulation and adaptation.

3. Parenting Styles: Parenting styles used in managing children with ADHD may vary from severe authoritarianism, which increases frustration, to indulgent permissiveness, which may strengthen inappropriate behavior. Revelation of management of behavior, punishment, and coping strategies gives insight into the impact of these approaches on the control and development of the disorder. Adaptive but structured parenting styles have a unique role in shaping desired outcomes.

4. Training and Support Experienced: Access to specialist training modules in ADHD, expert advisory counsel, counseling programs, and ancillary support structures (e.g., support group or educational handbooks) may have a decisive influence on affected families. Standardized questioning about availability, quality, and perceived effectiveness of such support can be employed to quantify gaps and best alternative options. Tailored practices through training sessions more reliably guarantee that real change is being implemented by families regarding daily control of the disorder. A peer review process was applied to reduce these categories. Multiple investigators collaborated on reading and cross-validating category definitions, refining boundaries to resist conceptual redundancy and introducing subcategories as necessary to enhance analytical specificity.

Interview transcripts were coded systematically through qualitative analysis computer programs such as Atlas.ti. The computer programs facilitated classification of text data through the provision of the capacity to allocate bits of response into pre-determined themes. Two independent researchers performed coding to establish reliability, assigning thematic labels to corresponding excerpts. Results were then synthesized and compared through collective discussion to attain inter-coder agreement and remove subjective bias.

Following coding, thematic analysis was done to identify recurring patterns and emergent themes in each category. It was a method of analysis whereby researchers could induce the most common family experiences of ADHD and assess its implications on broader levels of parenting dynamics, family relationships, and emotional well-being. The induced themes were subjected to systematic interpretation to note affecting factors and psychosocial influence of ADHD on the family setting.

The interview queries were constructed from established qualitative approaches used in ADHD and family studies. Specifically, the Semi-Structured Interview for Parents of Children with ADHD and the Family Impact Scale of ADHD (EIF-ADHD) served as the foundation for developing relevant and comprehensive queries. The core interview questions were:

• How has your child's ADHD diagnosis affected the emotional health of you and other family members?
• What are typical feelings that you, as a family caregiver to an ADHD child, have?
• How has home life changed since the diagnosis?
• How would you dispel any misconception or conflict caused by ADHD?
• What have you done to adjust to your child's ADHD behavior?
• Did you receive any formal training or instruction in adapting to ADHD? If yes, how would you describe that experience?
• What external resources or support have you received since diagnosis?
• Were you satisfied with the training and support you received?

To pilot test and assess the validity of these interview questions, ADHD and qualitative research design specialists peer-reviewed them under a rigorous process. The questions were examined in depth, suitability, and clarity, and suggestions were also made for refinement which might be required. The pilot study was also carried out with a small sample of parents whose children had been diagnosed with ADHD. Opinions from these respondents were also sought to restrict the questions to further customize them to fit the target population.

A total of 45 interviews were conducted, consisting of 21 mothers and 24 fathers, taking an average of two hours per interview. In respecting research ethics, all interviews were taped and transcribed verbatim in full. The precaution safeguarded participants' anonymity and privacy as much as it did the complete documentation. The precaution guaranteed correct data analysis and upholding the validity of participants' personal data throughout the study.

Results

This study revealed a trend of long-standing family problems that are associated with the worsening of ADHD symptomatology. Despite the variability among the families covered in this study, inferential statistical analysis of results identified a few factors with a significant influence on the course of the disorder:

Among the most striking findings was the impact of ADHD on family functioning, particularly parental communication and relationship stability. Diagnosis most likely created misunderstandings and confusion, which created tensions that had a negative impact on family harmony.

The rate of serious relationship crises, divorce, or breakup in the parents of ADHD children represents a critical aspect of family functioning. While just 21% of the subjects suggested these crises as precipitating the conflict around the control of the disorder or discord about adult roles, their effect is stronger than their prevalence. These crises are points of leverage on the course of the family, turning points as the instigators of fundamental change.

In contrast, however, such tense times could bring even closer family bonding. Confronting challenges, families can rally together with increased understanding, improved communication, and support each other as a family in the joint struggle of coping effectively with ADHD. Such strength can lead to an integrated family system and improved child and caregiver function.

Alternatively, the crises themselves may be stressors that push a previously dysfunctional family system to the breaking point. Misaligned expectations, parent style differences, and unresolved conflict can fuel into a breakdown of relationships that end in

separation and divorce. Disintegration can then not only destroy the couple but can have a negative effect on a child's emotional equilibrium and family environment.

Identifying such times of crisis as turning points is critical to targeted interventions. Providing the family with materials, counseling, and evidence-based practice during such times can cut risks and enhance resilience and even reverse the tension into opportunities for growth and closeness. Such two-way ability for cohesion and disintegration describes the dynamic, complex nature of family response to ADHD adversity (see Table 1).

One of the participants reported: "Lack of effective communication with my partner on how to handle our child's ADHD has been a recurring issue that has tried our relationship."

Table 1: Analysis of couple cohesion

Couple relationships	Frequency	Percentaje
Poor	21	40,0
Acceptable	15	20,0
Very good	9	40,0
Total	45	100,0

Source: 40% of the participants only assessed their relationship as "very good," while a total of 60% assessed it as "acceptable" or "poor". Self-produced.

One of the strongest determinants of family well-being was the extent of training and information given to parents on how to manage ADHD. Support from health centers, support groups, and school support were considered crucial in minimizing family stress and improving caregiving efficacy. A majority of respondents were, however, frustrated by the absence of training opportunities and poor follow-up support by health care services.

One of the parents stated: "The lack of support and services from organizations makes me feel helpless to cope with the situation, which destroys my self-confidence as a parent" (Family5).

Table 2: External support received from families

External support	Frequency	Percentaje
Poor	21	60,0
Good	12	20,0
Very good	12	20,0
Total	45	100,0

Source: 60% of the respondents rated external support as "poor" or "nonexistent," whereas 20% rated it as "very good". Self-produced.

The requirements of ADHD care were the greatest sources of caregiver stress, reported 40% of the sample, counting among their greatest challenges the overwhelmingness of caring for an ADHD child. On top of regular daily childcare, parents also had to put in special and individualized care to optimize the developmental trajectory of their child. On this point, only 24% of the families reported relief of external support systems, i.e., help from extended family or professionals.

One of them declared: "Having the guidance of an experienced therapist has been instrumental in keeping down the day-to-day stress we feel as parents to an ADHD child" (Family11). This finding shows the function of outside assistance in alleviating parent stress and improving general family relationships.

ADHD families reported significant difficulty in maintaining an even social life. The disorder was likely to limit social activity both from the child's problem behavior and stress in adults to contain interactions outside the home. For this sample, 60% of families characterized their social life as "poor" and only 40% perceived it as "satisfactory" (Table 3).

Table 3: Assessment of the influence of ADHD on the quality of family social life

Social life	Frequency	Percentaje
Poor	21	60,0
Completely suitable	24	40,0
Total	45	100,0

Source: Self-produced.

Also, parental illiteracy in ADHD education directly affected the clinical trajectory of the disorder on the social and emotional levels. Social withdrawal and stress were heightened in families who did not have the correct information, exacerbating ADHD symptoms in the children.

One parent testified: "Social activities are particularly difficult; my child becomes stressed, and that makes our family anxious" (Family13).

On the other hand, more self-efficacious parents of ADHD children also viewed crisis episodes as less intrusive and saw them as an opportunity for growth and learning and not distress.

As one participant noted: "We have learned to look at crises as opportunities to grow and teach together, rather than a reason to worry" (Family14).

Parent self-perception was at the forefront in shaping family processes. There were two most common family types that emerged in stark contrast:

• Group 1: Parents who reported a confident understanding of parental efficacy and permissive or democratic child rearing and defined themselves as facilitators of resources to their children, particularly under stress.
• Group 2: More anxious and stressed parents who believed they were ineffective as parents. They were punitory and authoritarian parents and were strict, and these were associated with greater child frustration and behavioral disturbance, which generated interpersonal conflicts in the family.

One of the participants said: "The absence of resources and external support has been a continuing obstacle for us" (Family4).

In brief, the results demonstrate a downward trend in family experience of ADHD, as indicated by consistently low marks on the most influential domains of measurement. Shortest intakes were registered in parental education, external support, and social quality of life (Table 4).

Table 4: Statistical analysis of the results

	Relationships	Social life	External support	Training and information	Quality of life	Family coexistence
Aver-age	2,4000	2,6000	2,0000	1,6000	2,4000	2,4000
Trend	2,00[a]	2,00	1,00	1,00	2,00[a]	2,00

Source: Self-produced.

Discussion

Findings of this research identify the interdependence between the clinical course and family attitudes of ADHD, again affirming that emotional and psychological disharmony in the family system directly influences the severity of symptoms and outcome. Parental stressors such as depression, anxiety, frustration, and stress caused by role conflict not only increase the child's behavioral symptomology but also create enormous tension in family relationships, particularly between the spouses. This conflict also frequently results in relational erosion, conflict in marriage, and, in a majority of cases, divorce or separation.

Parents of ADHD children differ from parents of non-child ADHD families in that they have more psychological as well as physical burnout, many times exacerbated by the external visibility of their child's disruptive behavior, school difficulty, and the load of an environment that typically is unresponsive to the clinical manifestations of ADHD. This clustering of stressors triggers a cycle of adverse emotional convergence, in which family distress triggers one another to amplify ADHD symptoms, producing severe mental

health imbalances and, in the worst cases, the formation of psychopathological conditions among family members.

Because parents are the primary socialization agents, they play an important role in deciding the child's developmental path. Their emotional instability, particularly when accompanied by depressive symptoms, has been associated with clinical regression in ADHD children, thereby aggravating mental health problems within the family.

The present study agrees with earlier studies on the mutual impact of family functioning in ADHD development. Earlier studies have already pointed to the importance of home setting quality in disorder development, with high-quality home settings being associated with maximum control over symptoms and low-quality home settings being associated with lower behavioral and cognitive functioning.

For instance, a study conducted at the University of Valencia in a longitudinal perspective by Miranda (2017) concluded that while inattention, hyperactivity, impulsiveness, and emotional dysregulation symptoms decrease with age, nearly 40% of adult patients with ADHD continue to exhibit severe functional impairment. This calls for continued intervention and family intervention to decrease chronic symptoms and improve long-term outcomes.

As an example, in a study published in the Journal of Abnormal Psychology, researchers Musser (2019) examined the role of parental behavior in the development of ADHD during transition to adolescence. In the research, children with ADHD whose parents exhibit highly overprotective and critical behaviors have no symptoms of adolescence even when high levels of impulsiveness and attention are kept constant. These findings reinforce the perception that effective ADHD management lies in a structured, caring, and balanced family environment.

Moreover, Colomer's (2021) research also corroborated the cumulative impact of family and individual factors on ADHD outcomes. Based on the research, a family risk index of maternal psychopathology, parent stress, and coercive discipline were identified to predict children's inattention symptoms. These findings affirm the necessity of treating environmental and psychological

factors within the family system to prevent negative developmental processes among children with ADHD.

Both the current study and literature arrive at the same verdict that family climate and emotional climate are a two-way, causative factor in ADHD etiology. Core risk factors such as low social competence, stressed parents, and unsupportive external support not only worsen ADHD symptoms but also negatively impact the overall mental health of the whole family.

Therefore, it is necessary to equip families with essential training, materials, and psychological support in reducing stress and enhancing ADHD outcomes. Efficient ways of dealing with ADHD within the family setting are:

Parent behavioral management and psychoeducation training, to increase understanding of the symptomatology of ADHD and enhance coping capacity.

Establishment of daily routines and clear rules of behavior, to enhance stability and predictability of the home environment.

Development of parents' communication and affect regulation abilities, to prevent the spillover of negative effect on the child.

Increased access to caregiving networks, such as therapy, ADHD support groups, and targeted interventions, to provide relief from caregiver burden.

Self-care encouragement for the child and other members of the family since ADHD touches every member of the family and demands overall wellness interventions.

By establishing a more communicative, better-informed, and organized family environment, stress is considerably reduced, leading to the improvement of the child with ADHD quality of life, as well as that of his/her family. Individual and family-focused long-term intervention programs should be emphasized in future research to provide long-term gains in ADHD treatment and in family quality of life.

References

Andrade Pérez, A. S. (2021). Relación entre el TDAH y la adicción a los videojuegos: Una revisión sistemática [Trabajo fin de máster, Universidad de Ecuador].

Carballo, A.; Portero, M. (2019). Habilidades para la vida. Familia y Escuela. Dykinson.

Colomer, C. (2021). Factores personales y familiares en la evolución del TDAH: Un análisis longitudinal. Paidós.

Federación Española de Asociaciones de TDAH (FEAADAH). (2020). El niño con Trastorno por Déficit de Atención y/o Hiperactividad: TDAH guía práctica para padres. CEPE.

López, C. F. M.; Castro, M. J. C.; Ponluisa, B. A. P.; Sangotuña, J. J. C.; Campaña, M. J. A.; Poveda, N. W. O. (2023). Esfera familiar, escolar y social del TDAH: Una revisión teórica. *Etic@ net. Revista científica electrónica de Educación y Comunicación en la Sociedad del Conocimiento*, 23(1), 138-153.

López Alarcón, M. (2023). Intervención educativa y familiar en niños y niñas con TDAH [Tesis doctoral, Universidad de Jaén].

Medici, D.; Suárez, M. (2019). Orden en el nacimiento con respecto a sus hermanos, nacimiento según el cuatrimestre y número de hijos en el Trastorno por Déficit de Atención/Hiperactividad (TDAH). *Revista Argentina de Neuropsicología*, 34, 33-45.

Miranda, A. (2017). Evolución del TDAH en la infancia y adolescencia: Un estudio longitudinal. Universidad de Valencia.

Morales Cardona, L. V.; Mosquera Grueso, Y. A. (2022). Caracterización de las estrategias de afrontamiento en la familia de un niño diagnosticado con Trastorno Déficit de Atención e Hiperactividad (TDAH) en la ciudad de Santiago de Cali, Colombia. Repositorio Institucional de la Universidad Católica. http://hdl.handle.net/20.500.12237/2337

Musser, E. D. (2019). El ambiente emocional del hogar y su relación con el TDAH en niños. *Journal of Abnormal Psychology*, 128(4), 345-360.

Pellicer, C. (2020). Todo lo que necesitas saber sobre el TDAH en la etapa de aprendizaje. Wolters Kluwer.

Pilchisaca, C. Y. M.; Alarcón, M. D. C. T. (2023). Orientación familiar sobre TDA a padres de familia. *RECIMUNDO*, 7(1), 237-245.

Quintero, D.; Romero, E.; Hernández, J. (2021). Calidad de vida familiar y TDAH infantil: Perspectiva multidisciplinar desde la educación física y el trabajo social. *Revista Ciencias de la Actividad Física*, 22(1), 1-17.

Quintero, J.; Morales, I.; Rodríguez, A.; Álvarez, M. (2021). El trastorno por déficit de atención e hiperactividad a lo largo de la vida. *Medicine: Programa de Formación Médica Continuada Acreditado*, 46, 2698-2708.

Romero, L. E. C. (2022). Estrés familiar y funciones ejecutivas en niños con TDAH de 8 a 12 años de un centro especializado de la ciudad de Cuenca-Ecuador. *REVISTA U-Mores*, 1(2), 9-24. https://doi.org/10.35290/ru.v1n2.2022.560

Urbano, R. L.; García, P. S.; Fernández, A. G. (2022). TDAH en la infancia, ¿cómo es su impacto en la dinámica familiar? Buscando respuestas en una revisión bibliográfica. *Educadores y diversidad*, 69(8), 113-124.

Para saber más de la autora…

Celia Gallardo Herrerías
Doctoranda por la Universidad de Almería (España) en el Área de Educación.
Máster en Educación Especial por la Universidad de Almería (España).
Grado en Educación Infantil por la Universidad de Almería (España).
Ha sido Profesora en la Universidad de Almería (España).
Varias publicaciones en revistas y monografías dentro de su campo de interés.
Participación en Congresos Internacionales con ponencias y comunicaciones.

Como citar este artículo…
Gallardo Herrerías, Celia (2025). The affection of ADHD on family life. *DEDiCA. REVISTA DE EDUCAÇÃO E HUMANIDADES*, 23, 229-247.
DOI: http://doi.org/10.30827/dreh.23.2025.32979