

Research Paper

Assessing The Efficacy of Brief Individual Parental Training Programme in the Initial Stress Level of Mothers Having Children With ADHD

Sara Renni^{1*}, Dr. Soumya Starlett², Dr. Monsi Edward³

ABSTRACT

The primary aim of the study was to evaluate the effectiveness of a Brief Individual Parental Training Programme in reducing the initial stress levels of mothers with children diagnosed with Attention deficit Hyperactive Disorder (ADHD). Ten mothers of children with various subtypes of ADHD were recruited from the Community-Based Disability Management and Rehabilitation Programme (CDMRP) at the University of Calicut, based on specific inclusion criteria. The CDMRP initiative is funded by the Social Justice Department of the Kerala Government. Initially, three pre-assessments were conducted to evaluate both the mothers and their children to ensure they met the study criteria. Following this, the mothers completed two checklists: one to assess their knowledge about ADHD and another, the Family Dynamic Checklist, to measure the perceived support they received from their families. The intervention consisted of seven therapy sessions, each addressing specific areas. The first two sessions focused on psycho educating the mothers about ADHD. The next two sessions aimed to equip mothers with strategies to educate their families about the condition and foster better management with the support of family members. The final two sessions emphasized enhancing the mother-child relationship, particularly in managing the child's cognitive, emotional, behavioral, and academic challenges. Post-intervention, stress levels in the mothers were reassessed, and data analysis was conducted using percentage analysis and paired sample t-tests. The results indicated that, while mothers received some support from their families, they initially had limited awareness of ADHD and its broader implications. The training programme significantly improved both the mothers' understanding of the condition and their ability to manage their child's needs. The pre- and post-assessments showed notable improvements in the children's behaviors and the mothers' coping abilities. Overall, the intervention proved effective in empowering mothers to manage their children with ADHD more comprehensively.

Keywords: *Children with ADHD, Brief individual parental training program, Mother Stress level, Knowledge about ADHD, Mother-child relationship, Perceived support*

¹Research scholar, Prajyoti Niketan College, Pudukad, Trichur, University of Calicut, Kerala

²Assistant Professor, Prajyoti Niketan College, Pudukad, Trichur, University of Calicut, Kerala

³Professor, Jubilli Mission Hospital, Trichur Dist, Kerala

*Corresponding Author

Received: July 04, 2025; Revision Received: July 14, 2025; Accepted: July 18, 2025

Assessing The Efficacy of Brief Individual Parental Training Programme in the Initial Stress Level of Mothers Having Children With ADHD

A persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development is known as Attention Deficit Hyperactive Disorder (ADHD) (American Psychiatric Association, 2013). Its symptoms interfere with a child's family and peer interactions, academic attainment, emotional development and self-esteem and in overall quality of life. In one of the study of shows that as father may not at home mother has to discipline the child and as the child becomes older and more active, mother will be listening about disciplining the child from others. So, it is very hard for a mother to recognize it and accept the child condition having ADHD and sometimes she feels guilt and may not know where to turn to discuss these unwelcome feelings. (Johnston, C., & Mash, E. J. 2001). In other study Sophie, et al. (2019) shows that over reactivity to child ADHD symptoms create more stress in mothers and indirectly increase ADHD symptoms in child. Muñoz Silva (2017) done study on stress and elevated stress level in parenting practices, that affect the parent child relationship and result showed that there is a negative impact on social life and conduct problems of mother's stress. So, parent skill training intervention should consider as the first line treatment for ADHD children. There was a study done on Parent Skill training (PSTI), by Ruchita (2021) on forty-one families and result showed that more than 60 % parents perceived that PSTI was helpful in increasing awareness, reducing guilt/ blame, improving parent-child relation and decreasing stress. But 50 % of parents found difficulty in sustaining with the same strategies. Current study focuses on efficacy of Brief Individual Parental Training Programme, in decreasing initial stress level of mothers, having child with ADHD. In this Training Programme mothers will be able to reduce their immediate stress level and help them to cope up by giving awareness to the condition and managing their child immediate problems such cognitive, emotional behavior, academic problems.

METHODOLOGY

Aim/Objective

To study the efficacy of brief individual parental training programme in the initial stress level of mothers having children with ADHD.

Hypothesis

- There is significant difference in stress level of mothers after receiving brief individual parental Training programme.

Participants

Ten mothers of children with ADHD, representing various subcategories, were purposefully selected from the Community Development Management and Rehabilitation Programme (CDMRP) under the Psychology Department at Calicut University. The study included mothers of children with ADHD who also had comorbid conditions such as Conduct Disorder (CD) or Oppositional Defiant Disorder (ODD). Eligibility criteria required the children to be aged between 6 and 10 years, reside with their biological mothers, and have their mothers as the primary caretakers. Participation was contingent upon obtaining informed consent.

Only children with an IQ (Intellectual Quotient) above 90 were included. Mothers with psychiatric conditions, single mothers, separated parents, or those whose children had other physical or mental disabilities, psychiatric complaints, or were taking stimulant medication for ADHD were excluded from the programme.

Assessing The Efficacy of Brief Individual Parental Training Programme in the Initial Stress Level of Mothers Having Children With ADHD

Instruments

1. **Conners Rating Scale Revised (CRS-R)** was done to diagnose ADHD and also to know the severity of the condition. Developed by C. Keith Conners (1993). It is a paper and pencil screening questionnaires designed to be completed by parents to assist in evaluating children for ADHD. This test has internal reliability coefficients, high test- retest reliability, and effective discriminatory power. In validity correlation studies done. The subscales of this test however provide information useful for assessment of conduct problems, cognitive problems, family problems, emotional, anger control and anxiety problems.
2. **Binet Kamath Intelligence test** was also done to know the level of intelligence. This test is to measure intelligence quotient and educational assessment such as child's ability to remember, achievement comprehend analysis, interpret, repeat and to solve problems was assessed. It includes both verbal and performance test. Age ranges from 3 to 22yrs and adults with mental handicap. Only Average intelligent children mother was taken for parental intervention.
3. **Semi Structure interview** ADHD awareness checklist and Family dynamics checklist were made for semi structure interview for this research. Area covered in the first checklist was made to know how much mother know about ADHD and related co morbid factors. In the second checklist was to know how much perceived support the mother getting from spouse, grandparents/family members and child siblings and mother attitude towards other comments.
4. **Parent Stress Index scale (PSI)** developed by Frick; P. J (1991) was also done in beginning of the session to know the stress level in mother. It is a parent self-report, 101-item questionnaire, designed to identify potentially dysfunctional parent-child systems. The PSI focuses intervention into high stress areas and predicts children's future psychosocial adjustment. The scale consisted of 101 items each item is rated on a 5- point Likert scale format, ranged from strongly agree (5) to strongly disagree (1). The scores were summarized up and converted into percentage, then the score, were converted into qualitative variables through categorization based on a cutoff point of 60%. A- scoring of parenting stress regarding either of the child's domains or parent's domains was considered high with scores $\geq 60\%$ and low with scores $<60\%$. B-Total scoring of parenting stress regarding both domains together was considered high with scores $\geq 60\%$ and low with scores $< 60\%$. This questionnaire was given before the session starts and also after 7 sessions.

Brief Parent Training Programme

Initially, a pre-assessment was conducted to diagnose ADHD, rule out intellectual disability, and evaluate parenting skills. The tools used included the Conners Rating Scale for diagnosis, the Binet-Kamath Intelligence Test to assess intellectual functioning, and the Parental Stress Index (PSI) to measure parenting stress levels. Additionally, checklists were employed to assess the mother's awareness of ADHD and her perceived support from family and spouse. Following the pre-assessment, a series of seven therapy sessions was conducted. After completing the sessions, a post-assessment was carried out using the Parental Stress Index (PSI) to measure changes in the mother's stress levels.

Procedure

Consent was taken from mother before taking data collection. Three pre-assessments were conducted at the outset. The first involved the mother rating the ADHD level in her child to support the diagnosis. The second was an intelligence test administered by the therapist to

Assessing The Efficacy of Brief Individual Parental Training Programme in the Initial Stress Level of Mothers Having Children With ADHD

determine the child's cognitive level and rule out other disability-related factors. The third assessment, completed by the mother, measured her stress levels as a parent of a child with ADHD. These assessments utilized three tools: the Conners Rating Scale, the Binet-Kamath Intelligence Test, and the Parenting Stress Index (PSI), respectively. Following the assessments, the mother was given a checklist to evaluate her knowledge of ADHD and its clinical features. Subsequently, therapy sessions commenced, spanning seven sessions, each focusing on specific areas. During the first two sessions, the therapist provided psychoeducation to the mother, covering the nature of ADHD, its types, characteristics, causes, and general management strategies for the child's challenges. The next two sessions emphasized family dynamics. These sessions began with the mother completing a family dynamics checklist to assess her perceived support from her spouse, grandparents, and the child's siblings. The therapist then guided the mother on educating family members about the child's condition and strategies for collaboratively managing the child's ADHD-related issues. The final two sessions focused on the mother-child relationship. These sessions aimed to equip the mother with techniques for managing the child's cognitive, emotional, behavioral, and academic challenges. Strategies included attention enhancement techniques, behaviour therapy, and remedial education. Finally, a post-assessment was conducted using the Parenting Stress Index (PSI) to evaluate changes in the mother's stress levels following the intervention.

Statistical Analysis

Percentage analysis is frequently utilized in psychological research to present findings. In this context, we will examine the percentage of Awareness of mother about attention hyperactivity disorder and Perceived Support from Family. A paired sample t-test was also performed to assess the differences in parental stress levels before and after an intervention designed for children with ADHD that is Pre and Post assessment of characteristics displayed by children that make difficulty to mother and the sources of stress and potential dysfunction in mothers after Pre and Post assessment

RESULT

Table 1 Percentage Analysis of Mothers awareness Levels Regarding Attention Deficit/ Hyperactivity disorder (ADHD)

Items	Frequency	Percentage
Describe your child condition	8	80%
Do you know what is attention and what is its deficit	4	40%
Do you know the clinical features of attention deficit	1	10%
Do you know what is hyperactivity	2	20%
When we say the child is hyperactive	1	10%
Do you know what is impulsivity	1	10%
Do you know what are the clinical features of impulsive child	0	0%
Do you know academic difficulty child facing due to ADHD	6	60%
Do you know social skill problems		

Assessing The Efficacy of Brief Individual Parental Training Programme in the Initial Stress Level of Mothers Having Children With ADHD

child facing due to ADHD	1	10%
Do you know execution difficulty child facing due to ADHD	1	10%
Do you know child facing other emotional problem due to ADHD	1	10%

Table 1 presents the percentage of mothers' awareness of ADHD features in their children. Results reveal that 80% of mothers are aware of their child's behaviour issues, such as temper tantrums, anger outbursts, and stubbornness. However, these mothers do not recognize impulsivity as a specific feature of ADHD, instead interpreting it generally as problematic behaviour. Additionally, 60% of mothers acknowledge academic difficulties related to attention deficit or ADHD, though only 40% recognize attention deficit specifically, often viewing it as part of their child's character rather than a symptom of ADHD. Awareness of hyperactivity as a symptom is reported by 20% of mothers, while only 10% understand the attention deficit clinical features, impulsivity, social skill difficulties, executive difficulties and emotional problem. 0% of mothers are unaware of the features of impulsivity in ADHD. They perceive it as a behavioural problem in childhood.

Table 2 Checklist for Perceived Support from Family Using Percentage Analysis

Item	Frequency	Percentage
Do you have difficulty in accepting the child having ADHD in the family	1	10%
Do you have difficulty in managing emotional behavior problems of the child having ADHD in the family	3	30%
Do you lack support from spouse in rearing the child with ADHD?	3	30%
Do you lack perceived support from grand parents and siblings of the child having ADHD	0	0%
Do you feel isolated from the family due to your child having ADHD?	3	30%
Do you think that due to our child having ADHD others in the family members representing unpredictable behaviors	1	10%
Do you think that there is an imbalance happened in the family due to this child having ADHD	1	10%
Do you think that family members lack in the understanding the child condition	2	20%

Assessing The Efficacy of Brief Individual Parental Training Programme in the Initial Stress Level of Mothers Having Children With ADHD

Do you think that difference in parenting in the spouse that affect our child having ADHD in rearing	1	10%
Do you feel lack of communication in between family members that interfere in our ADHD child rearing condition	1	10%

Table 2 outlines the level of support mothers perceive from family members and their attitudes toward managing ADHD-related challenges in their children. The findings reveal that 30% of mothers experience insufficient support in managing their child's emotional and behavioural issues, lack spousal support, and feel isolated from the family due to their child's condition. In contrast, 70% of mothers report receiving adequate support in these areas. Furthermore, 80% of mothers indicate that their family understands the child's condition, while 20% feel they lack sufficient support in this aspect. In critical areas such as family acceptance of the child's condition, minimizing unpredictable behaviors among family members, maintaining family balance, reducing parenting discrepancies, and fostering effective communication within the family, 90% of mothers report receiving substantial support, which positively impacts their ability to address their child's needs. Notably, full support from grandparents plays a significant role in child-rearing for these families.

Table 3 Paired Sample t-Test: Pre- and Post-Assessment of Characteristics Displayed by Children That Pose Challenges for Mothers

Variable	Pre	Test	Post	Test	t	p
	M	SD	M	SD		
Distraction/Hyperactivity	55.6	10.54	48.8	6.94	4.28	0.002
Reinforces parent	29.4	4.97	27.3	5.1	2.07	0.069
Mood	20.5	4.65	12.1	3.25	6.87	<.001**
Adaptability	18.2	3.49	12.4	3.92	17.76	<.001**
Acceptability	25.6	5.74	21.4	5.52	4.92	<.001**
Demandingness	34.8	15.45	29.2	15.01	11.76	<.001**

**p ≤ .01

The table 3 presents the results of a paired-sample t-test examining pre- and post-intervention scores for various child characteristics that pose challenges for mothers. Each row represents a specific characteristic, showing the mean (M), standard deviation (SD), t-statistic (t), and p-value (p) for comparisons before and after the intervention. Significant differences are marked with ** for p < .001. The characteristics are as follows: Distraction/Hyperactivity: Pre-intervention scores (M = 55.6, SD = 10.54) were significantly higher than post-intervention scores (M = 48.8, SD = 6.94), indicating improvement after the intervention, t 4.28, p = .002. Reinforces Parent: Scores decreased slightly from pre-intervention (M = 29.4, SD = 4.97) to post-intervention (M = 27.3, SD = 5.12), but the difference was not statistically significant, t 2.07, p = .069. Mood: There was a significant reduction in scores, with pre-intervention scores (M = 20.5, SD = 4.65) higher than post-intervention scores (M = 12.1, SD = 3.25), t 6.87, p < .001**. Adaptability: Scores showed a significant improvement, decreasing from pre-intervention (M = 18.2, SD = 3.49) to post-

Assessing The Efficacy of Brief Individual Parental Training Programme in the Initial Stress Level of Mothers Having Children With ADHD

intervention (M = 12.4, SD = 3.92), $t_{17.76}$, $p < .001^{**}$. Acceptability: A significant improvement was observed, with pre-intervention scores (M = 25.6, SD = 5.74) higher than post-intervention scores (M = 21.4, SD = 5.52), $t_{4.92}$, $p < .001^{**}$. Demandingness: Scores significantly decreased from pre-intervention (M = 34.8, SD = 15.45) to post-intervention (M = 29.2, SD = 15.01), $t_{11.76}$, $p < .001^{**}$. These results indicate that the intervention was effective in reducing challenges related to most characteristics, especially Mood, Adaptability, Acceptability, and Demandingness, where changes were statistically significant ($p < .001$). The effect on Reinforces Parent was not statistically significant.

Table 4 Paired Samples t-Test: Sources of Stress and Potential Dysfunction in Mothers Pre- and Post-Assessment

Variable	Pre M	Test SD	Post M	Test SD	t	p
Sense of competence	39.80	9.93	36.20	11.05	7.96	< .001**
Attachment	30.50	11.43	26.70	12.46	7.42	< .001**
Role of Restricts	14.40	5.48	11.40	4.70	9.00	< .001**
Depression	17.80	3.52	15.10	3.84	6.38	< .001**
Relation of spouse	13.30	5.83	11.50	5.74	13.50	< .001**
Social Isolation	13.80	3.94	10.60	5.06	8.91	< .001**
Parent Health	13.30	3.65	9.50	4.03	11.64	< .001**

** $p \leq .01$

The table presents the results of a paired-sample t-test comparing pre- and post-intervention scores on various sources of stress and potential dysfunction in mothers. Each row represents a specific stressor, showing the mean (M), standard deviation (SD), t-statistic (t), and p-value (p) for pre- and post-assessment scores. All results indicate significant reductions in stress and dysfunction following the intervention, with p-values below .001. The findings are summarized as follows: Sense of Competence: Pre-assessment scores (M = 39.80, SD = 9.93) were significantly higher than post-assessment scores (M = 36.20, SD = 11.05), indicating an improvement in maternal competence after the intervention, $t_{7.96}$, $p < .001^{**}$. Attachment: Scores decreased significantly from pre-assessment (M = 30.50, SD = 11.43) to post-assessment (M = 26.70, SD = 12.46), reflecting improved mother-child attachment, $t_{7.42}$, $p < .001^{**}$. Role Restriction: A significant reduction was observed, with pre-assessment scores (M = 14.40, SD = 5.48) higher than post-assessment scores (M = 11.40, SD = 4.70), $t_{9.00}$, $p < .001^{**}$. Depression: Depression scores significantly decreased from pre-assessment (M = 17.80, SD = 3.52) to post-assessment (M = 15.10, SD = 3.84), $t_{6.38}$, $p < .001^{**}$. Relationship with Spouse: Pre-assessment scores (M = 13.30, SD = 5.83) were significantly higher than post-assessment scores (M = 11.50, SD = 5.74), indicating improved spousal relationships, $t_{13.50}$, $p < .001^{**}$. Social Isolation: Scores showed a significant decrease from pre-assessment (M = 13.80, SD = 3.94) to post-assessment (M = 10.60, SD = 5.06), indicating reduced social isolation, $t_{8.91}$, $p < .001^{**}$. Parent Health: A significant improvement was found, with pre-assessment scores (M = 13.30, SD = 3.65)

Assessing The Efficacy of Brief Individual Parental Training Programme in the Initial Stress Level of Mothers Having Children With ADHD

higher than post-assessment scores ($M = 9.50$, $SD = 4.03$), $t_{11.64}$, $p < .001^{**}$. These results suggest that the intervention effectively reduced maternal stress and dysfunction across multiple domains, as evidenced by statistically significant reductions in all assessed factors ($p < .001$).

DISCUSSION

Few mothers are aware about the child behavior condition in their children. But they are not aware about the behavior problems that are exhibiting is impulsive in nature and that is affecting their academics. They understood in the form of general behavior problems like temper tantrums, anger outburst and stubborn. 60% mother is aware about academic difficulty due to attention deficit/ADHD and but only 40% mother were aware about attention deficit which is affecting their child because it is taken as the child character only. 20% mother are aware about hyperactive and other five features (impulsivity, social skill deficit, execution deficit, hyperactivity, emotional problems), due to ADHD only 10% mother were aware. So similar study done in this area by Amiri et al. (2016) aimed to evaluate the knowledge and attitude of the parents of children with ADHD in Tabriz, Iran. While the overall knowledge of parents regarding ADHD was favorable, but they were mostly unable to identify the aberrations in children with ADHD.

Result indicate that 70% Perceived support was getting from spouse, grandparents, siblings for mothers due to their child mild level of ADHD. In addition to that they are also getting support in acceptance and emotional management of their child. In a study done by Muñoz Silva (2017) reports that the mother own levels of stress as well as the children and adolescents variables, and family-contextual variables showed there is a negative impact on social life and conduct problems were the strongest predictors of mother's stress. But in this study 80% family is understanding and accepting the child conditions. They also have good family balance, and communication and same parenting style in rearing the child and they are not representing the unpredictable behavior done by child. They maintain a good balance between family responsibilities, communicate effectively, and share a consistent parenting style in raising their child. Additionally, they do not exhibit unpredictable reactions to the child's behavior.

Third table mentioned about Pre and Post assessment of child domain characters such as distractibility/hyperactivity in child, reinforces parent, emotional outburst from child, adaptability in situation, acceptability and adjustment in changes, demandingness to mother from situation and from child, that are challenging for the mother. But result showed that there is significant difference in child domain characters, this shows mother started to understand how to manage child challenging behaviors except in distraction and reinforcing mothers, after initial level of Brief parental individual training programme. However, the results indicate a significant difference in the child-related characteristics, suggesting that the mother has begun to understand how to manage the child's challenging behaviors—except in areas of distraction and reinforcement—following the initial phase of the brief individual parental training program. According to Morris et al. (2011) study showed that parent intervention is effective for mothers of ADHD symptoms and to associated problems in child than without undergoing parent training programme. But there is no such significant difference in distraction of child domain character; it may be due to acceptance of that behavior as attention deficit. In another child domain character as Reinforces mother it showed less significant difference it may be due to getting reinforcement before intervention itself. In the child domain characteristic of "Reinforces Mother," there was a less significant

Assessing The Efficacy of Brief Individual Parental Training Programme in the Initial Stress Level of Mothers Having Children With ADHD

difference, which may be attributed to the child already receiving reinforcement before the intervention began.

Table four mentioned about 7 subscales of Parent domain characters in Parent Stress Index scale and which shows a significant difference in stress management of source of stress and potential functioning of mother in the pre and post assessment. This again shows that Brief individual parental management training programme help mother to perceive herself as more competent and attachment towards the child, able to manage her role and able to take care of her health without having any guilt feeling in parenting and less social isolation, and she also knew how to get emotional support from spouse.

CONCLUSION

This study found out that most of the mothers are aware about the condition of the child as behavior problem. But they are not much aware about this behavior problem is affecting the child holistic development. So psycho education about the condition and its clinical features helped mothers to manage it. Even the management of the child was not that stressful due to perceives support from the family and due to less severe child ADHD condition. So, in mild ADHD conditions Brief Parental Training Programme helped mother to reduce stress by managing the child condition. It also helpful in decreasing the child characteristics.

Limitation

In this study we got only mild ADHD children's mothers, so the intervention was very effective in this condition. But we can't evaluate how the intervention would be effective in moderate ADHD child mothers. Another limitation was in sample size, due lack of availability in the time period. Another limitation was, due to less severe ADHD condition, problem impact in family and between father and mother were not there. So, the range of problems were less to manage and educate it.

Implication

This individual parenting training would be helpful for the mother to manage ADHD child in whole way, instead of focusing on an area.

REFERENCES

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). American Psychiatric Publishing. <https://doi.org/10.1176/appi.books.9780890425596>
- Amiri, S., Mohammadi, A., & Naghizadeh, M. M. (2016). Knowledge and attitude of parents of children with attention deficit hyperactivity disorder towards the illness. *Iranian Journal of Psychiatry and Behavioral Sciences*, 10(2), e122. <https://doi.org/10.17795/ijpbs-122>
- Johnston, C., & Mash, E. J. (2001). Families of children with attention-deficit/hyperactivity disorder: Review and recommendations for future research. *Clinical Child and Family Psychology Review*, 4(3), 183–207. <https://doi.org/10.1023/A:1017592030434>
- Morris, Z., Maniadaki, K., & Kakouros, E. (2011). Parent training interventions for attention deficit hyperactivity disorder (ADHD) in children aged 5 to 18 years. *Cochrane Database of Systematic Reviews*. <https://doi.org/10.1002/14651858.CD003018.pub3>
- Muñoz Silva, A., Lago Ulloa, N., Sánchez-García, M., & Vilar-López, R. (2017). Child/adolescent's ADHD and parenting stress: The mediating role of family impact and

Assessing The Efficacy of Brief Individual Parental Training Programme in the Initial Stress Level of Mothers Having Children With ADHD

conduct problems. *Frontiers in Psychology*, 8, Article 2252. <https://doi.org/10.3389/fpsyg.2017.02252>

Ruchita, S. (2021). Development and effectiveness of parent skills training intervention for Indian families having children with attention deficit/hyperactivity disorder (ADHD). *Asian Journal of Psychiatry*, 64, Article 102789. <https://doi.org/10.1016/j.ajp.2021.102789>

Sophie, L., Stringer, H., & Cunningham-Burley, S. (2019). Experience of stress in parents of children with ADHD: A qualitative study. *International Journal of Qualitative Studies on Health and Well-Being*, 14(1), Article 1603270. <https://doi.org/10.1080/17482631.2019.1603270>

Acknowledgment

At first my heartfelt thanks to almighty God who was there in my journey in this paper. Second my thanks to my supervising teacher, Prof (Dr) Monsi Edward, my guide who have been a constant source of inspiration and energy throughout the journey and Dr. Soumya Starlett. C.T my co-guide for providing me with direction and support. I'd like to thank all the staffs, PGDRP students of CDMRP, Department of Psychology at the University of Calicut for their assistance in getting me set up for my paper. I am really grateful to the participants in my research for consenting to participate in the study and for truly following my directions and recommendations. My studies would not have been possible without their assistance. I am extremely grateful to my friends Dr. Abhinitha and Dr,Soumya for their assistance that they provided at various stages of my study.

Conflict of Interest

The author declared no conflict of interest.

How to cite this article: Renni, S., Starlett, S. & Edward, M. (2025). Assessing The Efficacy of Brief Individual Parental Training Programme in the Initial Stress Level of Mothers Having Children With ADHD. *International Journal of Indian Psychology*, 13(3), 554-563. DIP:18.01.049.20251303, DOI:10.25215/1303.049