An evaluation of ADHD children and parental stress within the Latino culture

Christine Ortiz

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AN EVALUATION OF ADHD CHILDREN AND PARENTAL STRESS
WITHIN THE LATINO CULTURE

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Christine Ortiz
June 2000
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ABSTRACT

Parenting stress experiences in families who have children with Attention Deficit Hyperactivity Disorder (ADHD) are receiving increased attention in the research literature on ADHD. Prior research suggests that parenting stress levels can be quite high among families of children with attention deficit hyperactivity disorder (ADHD). This study has investigated the impact ADHD children have on parental stress and marital discord within the various ethnic groups in the Latino culture. This study was exploratory in nature and included 50 participants using stratified random sampling. The specific population targeted was found through members of C.H.A.D.D. Chapters in Redlands and Riverside, CA. Two instruments were used that measured the impact of ADHD children on parental stress and marital discord. They were administered to 25 sets of Latino parents between the ages of 18 and 40 with ADHD children between the ages of 8 and 12. Frequencies and chi-square analysis were performed in order to determine whether there was any association between the three variables. The resulting data was analyzed, discussions of limitations and implications for social work profession were presented.
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# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABSTRACT</td>
<td>iii</td>
</tr>
<tr>
<td>ACKNOWLEDGMENTS</td>
<td>iv</td>
</tr>
<tr>
<td>LIST OF TABLES</td>
<td>vii</td>
</tr>
<tr>
<td>INTRODUCTION</td>
<td>1</td>
</tr>
<tr>
<td>Problem Statement</td>
<td>4</td>
</tr>
<tr>
<td>LITERATURE REVIEW</td>
<td>7</td>
</tr>
<tr>
<td>RESEARCH DESIGN</td>
<td>17</td>
</tr>
<tr>
<td>Method</td>
<td>17</td>
</tr>
<tr>
<td>Human Subjects</td>
<td>18</td>
</tr>
<tr>
<td>Protection of Human Subjects</td>
<td>19</td>
</tr>
<tr>
<td>Procedures</td>
<td>19</td>
</tr>
<tr>
<td>Data Collection and Instruments</td>
<td>20</td>
</tr>
<tr>
<td>RESULTS</td>
<td>22</td>
</tr>
<tr>
<td>Demographic Characteristics of Sample</td>
<td>23</td>
</tr>
<tr>
<td>Responses Concerning Attitudes toward Parental Distress</td>
<td>25</td>
</tr>
<tr>
<td>Responses Concerning Characteristics of Parent-Child Dysfunctional Interaction</td>
<td>26</td>
</tr>
<tr>
<td>Responses Concerning Characteristics of the Difficult Child</td>
<td>27</td>
</tr>
<tr>
<td>Analysis</td>
<td>30</td>
</tr>
<tr>
<td>DISCUSSION</td>
<td>33</td>
</tr>
<tr>
<td>Limitations</td>
<td>34</td>
</tr>
<tr>
<td>Implications for Social Work</td>
<td>35</td>
</tr>
<tr>
<td>CONCLUSION</td>
<td>37</td>
</tr>
<tr>
<td>APPENDIX A: Demographic Questionnaire</td>
<td>38</td>
</tr>
</tbody>
</table>
APPENDIX B: Parental Stress Questionnaire ............... 41
APPENDIX C: Consent Form .................................. 44
APPENDIX D: Debriefing Statement .......................... 46
APPENDIX E: Demographic Characteristics of Sample ... 47
REFERENCES ...................................................... 50
LIST OF TABLES

Table 1. Responses Concerning Attitudes Toward Parental Distress and Percent Distribution .................. 25

Table 2. Responses Concerning Characteristics of Parent-Child Dysfunctional Interaction and Percent Distribution .................................................. 27

Table 3. Responses Concerning Characteristics of the Difficult Child and Percent Distribution .................. 29

Table 4. Analysis of Statements Concerning Parental Stress and Demographic Variable .............................................. 31

Table 5. Analysis of Statements Concerning Marital Discord and Demographic Variable ............................................. 32
INTRODUCTION

This study focused on the parental stress among Latino parents between the ages of 18 and 40 caring for children with ADHD from ages 8 to 12. Moreover, the study demonstrates the relationship between the stress caused by caring for the ADHD child and its impact on the relationship between spouses.

“Attention Deficit Hyperactivity Disorder (ADHD) is a chronic and pervasive condition characterized by developmental deficiencies in sustained attention, impulse control, and the regulation of motor activity in response to situational demands” (American Psychiatric Association, 1994). When present, ADHD very often can be highly disruptive, adversely affecting many areas of child psychosocial functioning (Barkley, 1997). For example, virtually all children with ADHD display significant academic underachievement (Barkley, 1997). As many as 65 percent may exhibit aggressive behavior of opposition-defiant tendencies as well. Low self-esteem, anxiety, depression, and other emotional complications also are quite common. Moreover, there are peer relationship problems evident (Barkley, 1997).

Although a direct causal connection has yet to be firmly established, there is considerable evidence suggesting that ADHD impacts far more than the functioning of the child. Parent functioning may be affected as well.
Parents of children with ADHD very often experience considerable stress in their parenting roles. Typically, such stress is much greater than that found among families of normal controls (Breen & Barkley, 1997).

Whether this stress originates directly from the child’s ADHD is unclear. Clinical experience suggests that it probably does, at least to some degree, given the increased caretaking demands that children with ADHD impose on their parents. These demands include more frequent displays of noncompliance related to the child’s difficulties in following through on parental instructions (Cunningham et al., 1979).

In addition, parents of ADHD children often find themselves involved in resolving various school, peer, and sibling difficulties, which occur throughout childhood and into adolescence as well (Barkley, 1997). It would be too simplistic to view the child’s ADHD as the sole determinant of elevated parenting stress. However, many other child factors presumably are involved. For instance, some have speculated that the defiant behavior of ADHD children is a potent contributor to parenting stress (Baldwin, et al., 1995). Relatively higher incidence of marital dysfunction is found with the ADHD population is another potential influence on parental stress (Fischer, 1990). Family size may also be a factor given that interactions between ADHD children and their
siblings are often extremely negative in nature, which in turn correlates significantly with higher levels of parenting stress. Negative life events may also play a role (Floyd & Gallagher, 1997).

More important, the mothers of ADHD children demonstrate a greater frequency of adjustment difficulties for themselves, depressive symptoms, and marital discord (Baker, 1994). Abidin (1992) has posited models predicting the impact of various other stressors such as extra-familial, low socioeconomic status, and unemployment. It is suggested that stressors disrupt effective parenting, thereby increasing the likelihood that children develop behavioral disturbances (Abidin, 1992). Consequently, disturbed parent-child interactions ensue, thereby increasing further stress in the parent.

While acknowledging that parenting stress may stem from multiple sources, many researchers have nevertheless asserted that it is the child's ADHD and other clinically relevant child characteristics that are its primary determinants (Barkley, 1997). Indirect evidence supporting this contention comes from studies in which parent-child interactions were examined as a function of whether or not the child was on or off stimulant medication. Such studies have consistently shown that, as the child's ADHD symptoms improve while on medication there are definitive changes in parent behavior (Fischer,
1990). Importantly, parents issue fewer commands, voice less criticism, engage in more non-directive interactions, and express more warmth (Barkley, 1997). Thus, these changes in parenting style, following improvements in child behavior, in all probability reflect decreased stress in the parenting role.

Problem Statement

This study was exploratory in nature and used a Post-Positivist paradigm. A qualitative research design was employed utilizing a questionnaire regarding levels of parental and marital stress in the Latino culture with children diagnosed with ADHD from the ages 8 to 12. The hypothesis guiding this study was to explore the parental stress related to the ADHD child, family problems, and the problems in marriages which may be related to care for the child.

The purpose of this study was to attain knowledge about different predictors of parental and marital stress amongst the Latino culture with ADHD children. The intent of the author in working with families of these children, recommendations will be made for evaluating existing familial stressors and family functioning of ADHD children as well as the identification of appropriate sources of support to ease some of their parental and marital stressors.
Latinos, Americans of Latin American descent, are one of this nation's fastest-growing ethnic minority groups. In the past decade, the nation's Latino population has increased by 53 percent while the remainder of the population has grown by 9 percent. It is projected that in the year 2025, Latinos will make up approximately 24 percent of the United States' population and will constitute its largest minority group (U. S. Bureau of the Census, 1996). Therefore, understanding Latino issues and needs is of increasing importance for all that are concerned with developing healthy families and communities. Empowerment is a way of working with Latino families and communities by which we can develop and demonstrate such an understanding and promote Latinos' power in society. As subgroups, Puerto Ricans, Cuban Americans, Mexican Americans, and other groups of Latinos possess their own histories and demographic portraits, which affect the ways in which they experience empowerment. But a shared regional origin in Latin America contributes to certain similarities in language, religion, and cultural values. These similarities have provided a means for non-Latinos to identify and discriminate against Latino. Both their shared aspects of culture and their history of discrimination unify Latino subgroups and provide the basis for a common experience. Social workers must integrate knowledge of both cultural
experience and disadvantaged status into their work with Latinos.
LITERATURE REVIEW

Children diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) present with a number of behavioral difficulties that include inattention, impulsivity, and hyperactivity that is more frequent and severe than is typically observed in individuals at a comparable level of development (American Psychiatric Association, 1994). These behavioral difficulties have a disruptive effect on many areas of the child’s psychosocial functioning (Barkley, 1997). One of the major environments affected is the home, particularly, parental functioning (Margalit & Almougy, 1991).

What is ADHD (ADD)? The official definition of Attention Deficit Hyperactivity Disorder (ADHD) as it appears in the Diagnostic and Statistical Manual of the American Psychiatric Association is: “ADHD is a disorder that can encompass a list of nine specific symptoms of inattention and nine symptoms of hyperactivity/impulsivity.” These symptoms include: “fidgets with hands, feet, squirms in seat, difficulty remaining seated, runs about, climbs excessively (in adults may be limited to subjective feelings of restlessness), difficulty engaging in activities quietly, acts as if driven by a motor, talks excessively, blurts out answers before questions have been completed, difficulty waiting in turn-taking situations, interrupts and/or intrudes upon others.”
(Floyd & Gallagher, 1997). The behavioral manifestations of these symptoms often place the child with ADHD at risk for significant conflicts within the family system (Cunningham, et al., 1988).

Individuals with ADHD may know what to do but do not consistently do what they know because of their inability to efficiently stop and think prior to responding, regardless of the setting or task (Alle-Corliss, 1999). Characteristics of ADHD have been demonstrated to arise in early childhood for most individuals. This disorder is marked by chronic behaviors lasting at least six months with an onset often before seven years of age. At this time, four subtypes of ADHD have been defined by the American Psychiatric Association, 1994). These include the following:

1. "ADHD ñ Inattentive type is defined by an individual experiencing at least six of the following characteristics: "Fails to give close attention to details, makes careless mistakes, difficulty sustaining attention, does not appear to listen, struggles to follow through on instructions, difficulty with organization, avoids or dislikes requiring sustained mental effort, often loses things necessary for tasks, easily distracted, forgetful in daily activities,"
2. "ADHD ñ hyperactive/impulsive type is defined by an individual experiencing six of the following characteristics: "Fidgets with hands, feet, squirms in seat, difficulty remaining seated, runs about, climbs excessively (in adults may be limited to subjective feelings of restlessness), difficulty engaging in activities quietly, acts as if driven by a motor, talks excessively, blurts out answers before questions have been completed, difficulty waiting in turn taking situations, interrupts and/or intrudes upon others,"

3. "ADHD ñ combined type is defined by an individual meeting both sets of attention and hyperactive/impulsive criteria,"

4. "ADHD ñ not otherwise specified is defined by an individual who demonstrate some characteristics but an insufficient number of symptoms to reach a full diagnosis."

These symptoms, however, disrupt everyday life. ADHD children are often restless, easily distracted, struggle to sustain attention, and are impulsive and impatient. They have been described as experiencing problems with stress intolerance leading to greater expressed emotion. Children who have ADHD exhibit degrees of inattention hyperactivity/impulsivity that are abnormal for their ages (Floyd & Gallagher, 1997). This can result in
serious social problems, impairment of family relationships, and success at school.

Children can exhibit other psychiatric disorders (medically known as comorbidity), along with their ADHD symptoms. Most commonly, these include oppositional defiant or conduct disorder, along with or separate from internalizing disorders, such as anxiety and depression (Floyd & Gallagher, 1997).

How can we begin to address the multiple needs of the growing Latino community? According to Family Resource Coalition of Americas, through empowerment practice, as clinicians, we can work toward the improved functioning of individual Latinos while looking to improve the status of the entire group. Many of the methods and techniques used such as group work, self-help, political and community involvement differ from other approaches in the degree of attention that they give to power relationships.

Researchers are beginning to examine such issues in greater detail in an effort to better understand interactions between children with ADHD and members of their families. Currently, there is minimal research material with the Latino families and ADHD children of school age.

Parenting a child who is overactive, inattentive, and impulsive presents numerous challenges, and parents of a child with ADHD often report high levels of frustration in
their attempts to manage his or her behavior. Moreover, parents of children with ADHD appear to experience considerable stress in their parenting roles, see themselves as less competent than parents of children without ADHD in both their skill and/or knowledge in being good parents, the degree of valuing, and comfort derived from the parenting role (Baker, 1994).

A common method for assessing the impact of a child with ADHD on family functioning is the evaluation of parenting stress (Fischer, 1990). Moreover, several studies have directly assessed stress and distress in parents of children with ADHD, but until recently, they have generally focused on data from mothers only and tended to have major methodological difficulties which limited inferences of causality (Fischer, 1990). However, in four recent studies, the Parenting Stress Index (PSI) was used in the examination of stress in the parents of hyperactive children (Abidin, 1986). Evidently, these studies were an improvement to assess stress (the PSI) and also in the use of a more stringent research criteria to establish the hyperactivity diagnosis.

Mash and Johnston (1983) compared 40 families with children with hyperactivity to 51 families with non-disabled children on reports of parental stress. Results yielded significantly more reported stress in mothers of children with ADHD than did mothers of non-disabled
children. For mothers of children with hyperactivity, increased parenting stress was associated with such child characteristics as distractibility, degree of bother and with maternal characteristics of depression, self-blame, and social isolation (Floyd & Gallagher, 1997).

Missing in these investigations of parenting stress is consideration of paternal parenting stress as well, especially in the Latino culture. Summarizing the research on parenting stress in families of children with ADHD, Fischer (1990) noted that researchers focused almost exclusively on mothers. Fischer went on to recommend that researchers extend their investigations to include fathers. Therefore, the inclusion of fathers in literature concerning ADHD and parenting stress acknowledges the importance of fathers in the family system. Basically, understanding paternal perspective and experiences in families of children with ADHD can provide more information on family functioning and offer directions for future research and intervention, given the lack of paternal reports in the Latino culture and parenting stress.

Baker (1994) acknowledged the absence of investigations of paternal parenting stress in the literature up to that point. Moreover, he included fathers in his examination of whether differences exist in reports of parenting stress between mothers and fathers of
children with ADHD. In this particular study, twenty married couples, who each had a child with ADHD were included. The PSI was administered and results indicated that there were small differences between maternal and paternal reports of parenting stress. Therefore, this study concluded that fathers of children with ADHD experience similar levels of parenting stress compared to mothers, however, mothers are more likely to perceive child characteristics as more stressful.

Breen and Barkley (1988) conducted an investigation to determine if maternal parenting stress levels differ between boys and girls with hyperactivity. Their findings suggest that there are no significant differences in degree of maternal parenting stress involved with caring for a male child with ADHD and a female child with ADHD.

Anastopolous, Guevremont, Shelton, and DuPaul, (1992) assessed the degree to which increased parenting stress in families of children with ADHD is related to a variety of child, parent, and family-environment variables. These authors collected data from mothers of 104 children with ADHD using the Parenting Stress Index (PSI). Moreover, hierarchical multiple-regression analyses revealed that child and parent characteristics accounted for a substantial portion of the variance in overall parenting stress (Anastopolous, et al., 1992).
The Latino population is the second fastest-growing population, after Asians, in every region over this 30-year period (Moore & Pachon, 1985; U.S. Bureau of the Census, 1996). Moreover, Latinos tend to be younger than other segments of the population and are estimated to be the fastest growing population of youth (Chapa & Valencia, 1993). The size and youthfulness of the population has important implications for health care, education, and social service providers as well as for behavioral science researchers. However, relatively few researchers have put Latino children and their families at the forefront of their clinical investigations.

Currently, there is no empirical literature that addresses cultural considerations for Latino children with ADHD and any differential impact on these families as opposed to the Caucasian children with ADHD that have been the primary focus of investigation in prior research (Smith, 1985). However, there are general studies regarding the way that Latinos cope with stress which suggest that somatic complaints are the primary manner in which this stress displays itself. For example, past research has noted that Latinos tend to experience a more external locus of control (Arce & Torres-Matrullo, 1982). This perception of external control provides the basis for a more utilitarian view of religion, the adherence to a folk belief system, and the conceptualization of mental
illness as an externally induced phenomenon. Thus, Latinos tend to conceptualize mental illness as a physical disease of the nervous system ("enfermedad de los nervios") rather than as a result of psychological conflict. Affective responses such as anxiety/stress, depression and anger are seldom identified as such but are reported in terms of their psychophysiological concomitants—dizziness, fatigue, paresthesias of the limbs, headaches, and various gastrointestinal disturbances (Arce & Torres-Matrullo, 1982).

The purpose of this study was to identify how both experiences of parental stress associated with care demands, and the use of support services differ across Latino families of school-age children with ADHD, child behavior problems, and family status.

Floyd and Gallagher describe how children with ADHD symptomology limit access to normalized experiences for parents by limiting joint family activities (1997). Given the high levels of stress experienced by the parents of children with ADHD, community supports are probably more important for these families than for others. These children have the greatest need for community services that promote social competence and provide opportunities to practice social skills. However, these community recreational programs suggests that these services may fail to provide support for the parents who need it the
most, and fail to provide normalized experiences for the children most in need of enriched socialization experiences (Floyd & Gallagher, 1997). According to current research, services actually helps to reduce parental stress and care demands; thus, some persons who made relatively greater use of services were experiencing less stress or care demands than they would have experienced without the services. Consequently, the Latino culture because of language, communication, and socio-economic barriers, lack the awareness that such community resources are available to them which exasperates their parenting stress ultimately creating marital discord as well.
Method

The purpose of this study identified associations and trends in reports of ADHD children, parental and marital stress in the Latino population. This study was exploratory in nature and utilized a Post-Positivist paradigm. A qualitative research design was employed utilizing self-reporting questionnaires regarding levels of parental and marital stress in the Latino culture, in conjunction with other demographic information. The hypothesis guiding this study explored how ADHD children impact parents increasing the level of stress and marital discord.

Moreover, this study will be utilized to improve Latinos’ access to mental health services for parental and marital stress by educating primary care physicians and others in the helping fields about the different patterns and trends in the expression and reporting of ADHD symptomatology by children.

The demographic variables were coded for a range of responses and frequency tables were run for each variable. Nominal variables were summarized according to a value run for central tendency. Ordinal variables were measured on a Likert scale which included results and provided frequencies and chi-square analysis.
Human Subjects

Convenience samples of participants consisted of 50 self-identified Latino parents ages ranging from 18 to 40 with ADHD children from ages 8 to 12. The participants were selected utilizing stratified random sampling techniques by posting a sign inviting Latino families with ADHD children to volunteer to participate in this research. Signs were posted on the bulletin board at the C.H.A.D.D. Chapter in Redlands and Riverside.

C.H.A.D.D. (Children and Adults with Attention Deficit Disorders) is the nation's leading non-profit organization dedicated to improving the lives of people with Attention Deficit Hyperactivity Disorder (ADHD). Headquartered in Plantation, Fla., C.H.A.D.D. has 32,000 members and more than 500 local chapters throughout the United States. It maintains a support network for parents of children with ADHD; provides a forum for continuing education of parents; professionals and adults with ADHD; acts as an information resource at the community level; advocates appropriate education services for children with ADHD; and operates a toll-free line for information about ADHD; 1-800-233-4050 (C.H.A.D.D., 1997).

Participants were self identified as Latinos and classified by a code number to be known only by the author of this study. Recruitment sites were at the C.H.A.D.D. support groups located in Redlands and Riverside.
Snowball sampling of participants was also utilized in the selection process. There was consistency in both process of the sampling procedure.

Participants who agreed to participate received an explanation of the study and a copy of the consent form. They were instructed on how to get the results of the study after its completion, if so desired.

**Protection of Human Subjects**

This researcher complied with all rules and regulations required by the Committee for the Protection of Human Subject. This matter was carefully considered at all times and all recommended precautions were taken extremely seriously. All ethical codes of the National Association Social Workers were also followed and strictly adhered to throughout this study.

**Procedures**

This study used a Post-Positivist survey design. The surveys were given by a Bi-cultural/Bi-lingual interviewer, who is well rehearsed in the nature and purpose of this study. Surveys were administered to the participants after a brief explanation of purpose and importance of this study. They were then asked to sign a letter of consent for their data to be used in this study. Participants were also debriefed after filling out the questionnaire and were given access to information compiled from the results of this study.
Data collection and Instruments

The short form version of the Parenting Stress Index (PSI) was the instrument used to conduct this study. The (PSI) instrument was also available in the Spanish version for convenience purposes, in case a participant was unable to use the English version. The Latino participants selected were predominantly English speaking, hence, the Spanish version was not used.

The (PSI) is a measure of child, parent, and situational characteristics associated with the presence of parenting stress and dysfunctional parenting (Abidin, 1997). The 120 items were organized into two domains with subscales (101 items) and an optional stressful life events scale (19 items). First, the child characteristics domain includes adaptability, demandingness, mood, distractible/hyperactivity, acceptability of child to parent, and child’s reinforcement of parent. Second, the parent characteristics domain includes depression, attachment to child, social isolation, sense of competence in the parenting role, relationship with spouse/parenting partner, role restrictions, and parental health (Abidin, 1997).

The items used for the two domains employ a 5-point Likert scale ranging from “strongly agree” to “strongly disagree.” The stressful life event scale is responded to in a yes/no format. The PSI contains one validity scale
aimed at identifying defensive responding or “faking good” (Abidin, 1997).

The PSI was designed for use with parents or primary childcare providers. For the purpose of this study, the short form version was used. The short form version consists of items from the long form organized into three clusters of 12 items each. The three subscales are: difficult child temperament, dysfunctional parent-child interaction, and parental distress (Abidin, 1997).

Approval to use the Parenting Stress Index (PSI) was granted to the researcher of this project by Psychological Assessment Resources, Inc. (PAR), P.O. Box 998, Odessa, Florida 33556.
RESULTS

The results of this study were from the responses of 50 Latino parents who have experienced parental stress and marital discord as a result of their ADHD child's symptomology. The ages of the parents ranged from 18 to 40 and the ADHD child's age ranged from 8 to 12.

After the data was collected, frequency distributions and chi-square analysis were conducted to explore interpretive associations between the participant's responses and the demographic variables. The dependent variable in this study was parental stress and marital discord and the independent variable was the ADHD children.

This study explored the parental stress related to the ADHD child, family problems, and the problems in marriages, which may be related to care for the child. Thus, this study confirmed the hypothesis presented.

Utilizing qualitative measures, this current body of research proposed the hypothesis that there are significant levels of parental and marital stress within the Latino families with children diagnosed with ADHD from the ages 8 to 12.

Specifically, it appears that the stress that is exasperated by raising a child with these unique challenges is experienced significantly across the Puerto Rican, Mexican-American, Cuban, Dominican, and El
Salvadorian population selected in the sample, especially in the Mexican-American population (see Appendix E).

Demographic Characteristics of the Sample

Appendix E presents the demographic characteristics of the sample, Latino parents (N=50) and ADHD children (N=25). Demographics of the sample will be presented in three sections: 1) ADHD child, 2) mother and 3) father.

The mean age of the ADHD children (N=25) was nine. Among the ADHD children reported by the respondents, nine were females and eighteen were males. Forty percent of the children were in special education. Sixty-eight percent were diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) and 32 percent with Attention Deficit Disorder (ADD). Fifteen of the children were on medication. Seventy-two percent were on Ritalin, 12 percent were on Imipramine and 16 percent were on Ritalin and Imipramine. Seventy-two percent of the ADHD children were also in psychotherapy in conjunction with taking medication.

Seventy-two percent were Mexican-American, 20 percent were Puerto Rican, 4 percent were Cuban, and 4 percent were El Salvadorian.

The mean age for mothers (N=25) was thirty-three. The mean for education level was 12th grade among the mothers. Sixty percent of the mothers were blue-collar workers, one mother was a professional worker and one
other was a college student. However, 32 percent were unemployed.

Sixteen percent of the mothers were diagnosed with ADHD. Thirty-two percent had a history of learning, emotional, and/or behavioral problems. Eighty percent were Mexican-Americans, twelve percent were Puerto Ricans, one Cuban and one El Salvadorian.

The mean age for fathers (N=25) was thirty-five. The mean for education level was 12th grade for fathers. Ninety-two percent of the fathers were blue-collar workers, one father was a professional worker and one other was unemployed. Also, 12 percent of the fathers were diagnosed with ADHD. Twenty percent had a history of learning, emotional and/or behavioral problems. Sixty-eight percent were Mexican-Americans, 28 percent were Puerto Ricans, and one Dominican.

Sixty-eight percent of the parents were married and thirty-six were living together. Combined income for the respondents revealed 24 percent made less than $10,000, 44 percent between $10,001-$25,000, 24 percent between $40,001-$50,000, one $40,001-$50,000 and one $50,001-$75,000.

Respondents reported that the primary language spoken at home were 52 percent English, 16 percent Spanish, and 32 percent English and Spanish.
Parents revealed how their child’s ADHD affected their marriage and/or relationship. The respondents noted 20 percent spousal arguments, 62 percent high level of stress, 2 percent decreased sex drive, 2 percent increased alcohol intake and 14 percent were not affected at all.

Responses Concerning Attitudes Toward Parental Distress

Table 1 presents the responses from statements #2, #7, and #8 out of the twelve statements concerning attitudes toward parental distress. Fifty-two percent of the respondents found themselves giving up more of their lives to meet the needs of their ADHD child than they had anticipated. Fifty percent indicated that there are quite a few things that bother them about their lives. Sixty-eight percent of the respondents felt that as a result of having an ADHD child, the demands of care for the child’s ADHD symptomology has caused more problems then they expected to the marital relationship (see Table 1).

Table 1

<table>
<thead>
<tr>
<th>Statements</th>
<th>SA</th>
<th>A</th>
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<th>D</th>
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<td>2. I find myself giving up more of my life to meet my children’s needs than I ever expected.</td>
<td>18</td>
<td>34</td>
<td>2</td>
<td>38</td>
<td>8</td>
</tr>
<tr>
<td>7. There are quite a few things that bother me about my life.</td>
<td>14</td>
<td>36</td>
<td>2</td>
<td>44</td>
<td>4</td>
</tr>
<tr>
<td>8. Having a child has caused more problems than I expected in my relationship with my spouse.</td>
<td>34</td>
<td>34</td>
<td>6</td>
<td>24</td>
<td>2</td>
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Responses Concerning Characteristics of Parent-Child Dysfunctional Interaction

Table 2 presents the responses of statements #18, #20 and #22 concerning characteristics of Parent-Child Dysfunctional Interaction. Seventy percent of the respondents observed that their child did not seem to learn as quickly as other children. Fifty-two percent felt their child is not able to do as much as they expected academically or with a given task.

Two percent of the respondents felt they are not very good at being a parent, 8 percent felt they are having some trouble being a parent, 48 percent felt they are average parents, 6 percent felt they are better than average parents, and 36 percent felt they are very good parents (see Table 2).
Table 2
Responses Concerning Characteristics of Parent-Child Dysfunctional Interaction and Percent Distribution (N=50)

<table>
<thead>
<tr>
<th>Statements</th>
<th>SA</th>
<th>A</th>
<th>NS</th>
<th>D</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>18. My child doesn’t seem to learn as quickly as most children.</td>
<td>10</td>
<td>60</td>
<td>0</td>
<td>22</td>
<td>8</td>
</tr>
<tr>
<td>20. My child is not able to do as much as I expected.</td>
<td>4</td>
<td>48</td>
<td>2</td>
<td>40</td>
<td>6</td>
</tr>
<tr>
<td>22. I feel that I am: 1. not very good at being a parent.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2. a person who has some trouble being a parent.</td>
<td>2</td>
<td>8</td>
<td>48</td>
<td>6</td>
<td>36</td>
</tr>
<tr>
<td>3. an average parent.</td>
<td>3</td>
<td>73</td>
<td>3</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>4. A better than average parent.</td>
<td>4</td>
<td>33</td>
<td>7</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>5. a very good parent.</td>
<td>5</td>
<td>10</td>
<td>6</td>
<td>0</td>
<td>22</td>
</tr>
</tbody>
</table>

Responses Concerning Characteristics of the Difficult Child

Table 3 presents the responses of statements #27, #29-30, #32-33, #35-36 concerning characteristics of the Difficult Child. Sixty percent of the respondents felt that their ADHD child were very moody and easily upset. Eighty-two percent of the respondents felt that their child react very strongly when something happens that their child does not like. Seventy-two percent of the respondents felt that their child gets upset easily over the smallest things.

On a scale of 1-5, one through three being about as hard as they expected, 98 percent of the respondents noted that getting their child to do something or stop doing something rated within the 1-3 range. From a range of 1
to 10+ number of things their child does that bother them, 14 percent of the respondents selected between 1 to 3, 30 percent selected 4 to 5, 26 percent selected 6 to 7, 24 percent selected 8 to 9, and 6 percent selected 10+.

Sixty-six percent of the respondents felt that their child make more demands on them than most children (see Table 3).
Table 3
Responses Concerning Characteristics of the Difficult Child and Percent Distribution (N=50)

<table>
<thead>
<tr>
<th>Statements</th>
<th>SA %</th>
<th>A %</th>
<th>NS %</th>
<th>D %</th>
<th>SD %</th>
</tr>
</thead>
<tbody>
<tr>
<td>27. I feel that my child is very moody and easily upset.</td>
<td>12</td>
<td>48</td>
<td>6</td>
<td>26</td>
<td>8</td>
</tr>
<tr>
<td>29. My child reacts very strongly when something happens that my child doesn't like.</td>
<td>24</td>
<td>58</td>
<td>6</td>
<td>10</td>
<td>2</td>
</tr>
<tr>
<td>30. My child gets upset easily over the smallest things.</td>
<td>20</td>
<td>52</td>
<td>2</td>
<td>20</td>
<td>6</td>
</tr>
<tr>
<td>32. I have found that getting my child to do something or stop doing something is:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. much harder than I expected</td>
<td>20</td>
<td>58</td>
<td>20</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>2. somewhat harder than I expected</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. about as hard as I expected</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. somewhat easier than I expected</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. much easier than I expected</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>33. Think carefully and count the number things which your child does that bother you.</td>
<td>10+</td>
<td>8-9</td>
<td>6-7</td>
<td>4-5</td>
<td>1-3</td>
</tr>
<tr>
<td>35. My child turned out to be more of a problem than I had expected.</td>
<td>24</td>
<td>32</td>
<td>4</td>
<td>40</td>
<td>0</td>
</tr>
<tr>
<td>36. My child makes more demands on me than most children</td>
<td>36</td>
<td>30</td>
<td>8</td>
<td>22</td>
<td>4</td>
</tr>
</tbody>
</table>
Analysis

Results concluded that Latino parents of children with ADHD experienced stress over difficult behaviors of their child with this disorder. The analysis revealed four significant findings.

The first part of the hypothesis regarding parental stress with the ADHD child found three variables to be statistically significant. First significance revealed was $P < .027$, which means that parents experienced difficulty when trying to get the ADHD child to perform a task a normal child could do as expected. Second significance revealed was $P < .048$, which means that parents experienced difficulty trying to get the child to do something or stop doing something. Third significance revealed was $P < .022$, which means that the difficult child exhibited behaviors that bothered the parents (see Table 4).
Table 4
Analysis of Statements Concerning Parental Stress and Demographic Variable (N=50)

<table>
<thead>
<tr>
<th>Demographic Variable</th>
<th>Statement</th>
<th>P=</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has your child’s ADHD affected your marriage?</td>
<td>My child is not able to do as much as I expected.</td>
<td>.027</td>
</tr>
<tr>
<td></td>
<td>I have found that getting my child to do something or stop doing something is:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>-much harder than I expected</td>
<td>.048</td>
</tr>
<tr>
<td></td>
<td>-somewhat harder than I expected</td>
<td></td>
</tr>
<tr>
<td></td>
<td>-about as hard as I expected</td>
<td></td>
</tr>
<tr>
<td></td>
<td>-somewhat easier than I expected</td>
<td></td>
</tr>
<tr>
<td>Think carefully and count the number of things which your child does that bother you.</td>
<td>.022</td>
<td></td>
</tr>
</tbody>
</table>

The second part of the hypothesis regarding marital discord found one significant variable of P < .002, which means that caring for an ADHD child has caused more problems in the relationship with increased arguments and high levels of stress as illustrated in Appendix E (see Table 5).
Table 5
Analysis of Statements Concerning Marital Discord and Demographic Variable (N=50)

<table>
<thead>
<tr>
<th>Demographic Variable</th>
<th>Statement</th>
<th>P=</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has your child’s ADHD affected your marriage?</td>
<td>Having a child has caused more problems than I expected in my relationship with my spouse.</td>
<td>.002</td>
</tr>
</tbody>
</table>
DISCUSSION

The purpose of this study was to measure parental stress and marital discord among the Latino families who have children with an attention deficit hyperactive disorder (ADHD). The findings concluded that the difficult child with ADHD symptomology and the dysfunctional parent-child interactions perpetuate parental stress, and more often than not, results in marital discord (See Table 4).

Findings also concluded that the behaviors of the difficult child, dysfunctional parent-child interactions and parental distress results in marital discord with the sample selected (See Table 5).

Findings also emphasized that age of parents, education, occupation, and combined income had no bearing on the stress experienced by parents in their interaction with the ADHD child or within their relationship. Moreover, 50 percent felt that there were quite a few things that bothered them about their lives, in addition to the stressors related to the their child’s ADHD symptomology.

There was no significance found on differences between the level of stress experienced by parents among the various Latino groups of parents.

Of the ADHD children of the respondents, 18 were currently taking medication to minimize their ADHD
symptomology and 7 did not take medication at all. Additionally, of the eighteen ADHD children taking medication, were also receiving individual counseling. However, family counseling was not a service utilized by the Latino parents to help them understand and manage their ADHD child's symptomology. This is an area that might be explored by clinicians at the time a child is diagnosed with ADHD in an attempt to control for the overall severity. Ultimately, it is very important for the parents to be involved in their child's therapy, in order to ensure a successful therapeutic outcome for the ADHD child and future family interactions.

Limitations

Although much progress has been made, factors that contribute to parenting stress within an ADHD population nevertheless remains incomplete. Further limiting is the relationship between ADHD and parenting stress and various methodological concerns. These include the correlational nature of the reported findings, which makes it difficult to determine whether parenting stress follows or precedes the child's ADHD behavior. Also problematic is that in none of the published studies were attempts made to control for the overall severity of ADHD symptomology, which clinical experiences would suggest can be associated with elevated parenting stress. Of additional concern is that most did not control for the presence of various
extreme conditions, which are quite common among children with ADHD (Baldwin et al., 1995).

Furthermore, there is minimal research, if not any, within the same experimental design: examination of the impact of various child, parent, and/or family-environment circumstances on overall parenting stress.

**Implications for Social Work**

According to the National Association of Social Workers, (1997) by virtue of their range of expertise and responsibilities, social workers must be involved in evaluating, improving the accessibility and quality of care for all patients with special emphasis on powerless populations.

Social workers at the macro level must advocate and speak to the mental health system by outlining community needs, identifying existing resources, making recommendations on resource use, addressing linkage issues and recommending educational strategies. A public education campaign and a professional training program would benefit society by improving the accessibility and treatment of parents with ADHD children in the Latino population.

Social workers must move toward equality of mental health resource use. Some specific strategies to make that happen might include: to identify the needs of Latinos with mental health problems; to ensure related
groups are involved in planning; to establish an inventory of mental health resources; to provide referrals on the use of existing mental health resources; to recommend a process for linkage between community agencies and governmental systems; and to identify education and training requirements and priorities (Harper, 1991b).

As social workers, it is important to deliver the message that ADHD symptomology in children is a common illness. Moreover, medication in conjunction with behavior modification facilitated by a clinician, has proved valuable with parental stress and the management of ADHD symptomology. Parents experiencing marital discord as a result of parenting an ADHD child can seek support by contacting C.H.A.D.D., a self-help group available for parents with ADHD children, who are experiencing stress. The group meets twice a month to share their experience, strengths and hope. Most importantly, it would be in the parent's best interest to participate in family counseling to learn about the dynamics of an ADHD child and symptomology, and is significantly more effective in alleviating and preventing parental stress (Alle-Corliss, 1999).
CONCLUSION

In conclusion, the impact of ADHD children on parents and marital relationships should be a crucial area of concern to every social worker. It is a huge social problem that is oftentimes overlooked not only by society but by professionals as well. When providing mental health services to the Latino population, culture should be considered during assessments, evaluations, diagnosis, and treatment planning. In working with Latinos, we must always consider how well we are incorporating knowledge and understanding of both the distinctive cultural patterns and the disadvantaged social status of this group into our work. Until both are addressed, Latinos, individually and as a group, will continue to experience the problems associated with poverty, discrimination, and lack of political influence. With all this in mind, the Latino family experiencing the above mentioned difficulties, going through the parental and/or marital stress, and having to manage the ADHD child with minimal resources to assist them, would feel very hopeless, anxious and powerless.
APPENDIX A: Demographic Questionnaire

CHILD

1. Age: ____  2. Grade: ____  3. Date of Birth: _______
4. Sex: Female ____            Male ____
5. Please list child's brothers and sisters and their age:
   Sex (Female or Male)   Age
   ______________________   ___
   ______________________   ___
   ______________________   ___
6. Ethnicity of child:
   1 - Mexican American: __________________
   2 - Puerto Rican: __________________
   3 - Panamanian: __________________
   4 - Cuban: __________________
   5 - Dominican: __________________
   6 - El Salvadorian: __________________
   7 - Other: __________________

7. Ethnicity of Mother:
   1 - 7 above
8. Ethnicity of Father:
   1 - 7 above
9. Primary Language spoken at home ________________
10. Martial Status:
    Married ____            Living together ___
11. How Long? ____
12. Check applicable diagnosis of your child:
    Attention deficit Hyperactivity Disorder (ADHD) ____
    ADHD Inattentive Type (ADD w/o Hyperactivity ____
    Other Please List: __________________
13. Diagnosed by: Pediatrician ____  Psychologist ____
    Psychiatrist ____  Other ____
14. Is your child currently taking medication?
   Yes ___ No ___ Which Medication ________________

15. What other treatment has your child received?
   Special Ed. ___ Family Counseling ___
   Hospitalization ___ Individual Counseling___

MOTHER

16. Education (Last year completed): ______________
17. Age: ___ 18. Occupation: ________________
19. Have you been diagnosed with ADHD? Yes ___ No ___
20. Do you have a history of learning, emotional, or behavioral problems?
   Yes ___ No ___

FATHER

21. Education (Last year completed): ______________
22. Age: ___ 23. Occupation: ________________
24. Have you been diagnosed with ADHD? Yes ___ No ___
25. Do you have a history of learning, emotional, or behavioral problems?

26. Combined Household Income:
   Less than $10,000 ___ $ 25,000 - $25,000 ___
   $25,001 - 40,000 ___ $40,001 - 50,000 ___
   $50,000 - 75,000 ___ $75,001 - 100,000 ___
   Over $100,000 ___
27. Has your ADHD child affected your marriage?

Yes ____   No ____

How?________
APPENDIX B: Parental Stress Questionnaire

1. I often have the feeling that I cannot handle things very well.  
   SA  A  NS  D  SD

2. I find myself giving up more of my life to meet my children's needs than I expected.  
   SA  A  NS  D  SD

3. I feel trapped by my responsibilities as a parent.  
   SA  A  NS  D  SD

4. Since having this child, I have been unable to do new and different things.  
   SA  A  NS  D  SD

5. Since having a child, I feel that I am almost never able to do things that I like to do.  
   SA  A  NS  D  SD

6. I am unhappy with the last purchase of clothing I made for myself.  
   SA  A  NS  D  SD

7. There are quite a few things that bother me about my life.  
   SA  A  NS  D  SD

8. Having a child has caused more problems than I expected in my relationship with my spouse.  
   SA  A  NS  D  SD

9. I feel alone and without friends.  
   SA  A  NS  D  SD

10. When I go to a party, I usually expect not to enjoy myself.  
    SA  A  NS  D  SD

11. I am not as interested in people as I used to be.  
    SA  A  NS  D  SD

12. I don't enjoy things as I used to.  
    SA  A  NS  D  SD

13. My child rarely does things for me that make me feel good.  
    SA  A  NS  D  SD

14. Most times I feel that my child does not like me and does not want to be close to me.  
    SA  A  NS  D  SD

15. My child smiles at me much less than I expected.  
    SA  A  NS  D  SD
16. When I do things for my child, I get the feeling that my efforts are not appreciated very much.  
17. When playing, my child doesn't often giggle or laugh.  
18. My child doesn't seem to learn as quickly as most children.  
19. My child doesn't seem to smile as much as most children.  
20. My child is not able to do as much as I expected.  
21. It takes a long time and it is very hard for my child to get used to new things.  
22. I feel that I am:  
   1. not very good at being a parent  
   2. a person who has some trouble being a parent  
   3. an average parent  
   4. a better than average parent  
   5. a very good parent  
23. I expected to have closer and warmer feelings for my child than I do and this bothers me.  
24. Sometimes my child does things that bother me just to be mean.  
25. My child seem to cry or fuss more Often than most children.  
26. My child generally wakes up in a bad mood.  
27. I feel that my child is very moody And easily upset.  
28. My child does a few things which Bother me a great deal.  
29. My child reacts very strongly when Something happens that my child doesn't like.  

SA A NS D SD  
SA A NS D SD  
SA A NS D SD  
SA A NS D SD  
SA A NS D SD  
SA A NS D SD  
SA A NS D SD  
SA A NS D SD  
SA A NS D SD  
SA A NS D SD  

30. My child gets upset easily over the Smallest thing. SA A NS D SD

31. My child's sleeping or eating schedule was much harder to establish than I expected. SA A NS D SD

32. I have found that getting my child to do something or stop doing something is:

1. much harder than I expected
2. somewhat harder than I expected
3. about as hard as I expected
4. somewhat easier than I expected
5. much easier than I expected

33. Think carefully and count the number of things which your child does that bother you. 10+ 8-9 6-7 4-5 1-3

34. There are some things my child does that really bother me a lot. SA A NS D SD

35. My child turned out to be more of a problem than I had expected. SA A NS D SD

36. My child makes more demands on Me than most children. SA A NS D SD
APPENDIX C: Consent Form

The study in which you may voluntarily participate is a study of ADHD children and parental stress within the Latino culture. The study is being done by Christine Ortiz, MSW graduate student at California State University San Bernardino (CSUSB). The university requires that you give your consent before participating in this or any other research study.

In this study you will fill in a two (2) part survey. The first part asks socio-demographic questions. The second part contains the Parenting Stress Index (PSI) which are questions related to the reasons (if any) for your level of stress. The instrument you will be given will not have your name on it to insure complete anonymity of responses. Please note that you are not required to fill out the instrument and can refuse to take or complete it at any time you wish to. Completion of the instrument has taken our test respondents no more than 20 minutes but it may take you more or less time than that.

Please be assured that findings will be reported in group form only. No identifying information will be used which may identify you. At the conclusion of the study, you may, upon request, receive a copy of the findings.

Questions related to stress as a result of your ADHD child/ren may cause you emotional discomfort. The attached debriefing statement has the name and number of
agencies you may contact to help discuss and resolve that emotional discomfort.

If you have any questions about the study or if you would like a report of the findings, you may contact Ms. Zoila Gordon, Field Faculty Liaison at (909) 880-7222. If you have any questions about research participant rights or injuries, please contact the Institutional Review Board at (909) 880-5027.

By checking the box provided below and dating this form, acknowledge that you have been informed and understand the nature of the study and freely consent to participate. You further acknowledge that you are 18 years of age or over.

I agree to Participate in the Study _____ (Check if you agree).

Today’s Date is: ______________
APPENDIX D: Debriefing Statement

This research study was conducted by Christine Ortiz, MSW graduate student at California State University San Bernardino (CSUSB) to find out the effects of ADHD children and Parental Stress within the Latino Culture. The instrument used in the study was the Parenting Stress Index Measurement, an instrument that is frequently used to measure levels of stress in parents. This study was approved by the Institutional Review Board at CSUSB.

If any of the questions asked on the Parenting Stress Index Measurement or any aspect of the research caused you any emotional stress, you can contact your local family service agency. You can find the number of the agency in the yellow pages of your telephone book or by calling 1-800-564-8956.

A brief summary of the findings and conclusions of the study will be available after June 1, 2000 and can be obtained by calling Ms. Zoila Gordon, Field Faculty Laison at (909) 880-7222. Thank you for your participation in the study.
### APPENDIX E: Demographic Characteristics of Sample

<p>| Demographic Characteristics of Sample: Latino Parents (N=50), ADHD Children (N=25) |
|---------------------------------|-----------------|--------|
| <strong>ADHD Child (N=25)</strong>           | <strong>F</strong> | <strong>M</strong> | <strong>%</strong> |
| Age                             |       |       |       |
| 8 years                         | 9     | 36    |       |
| 9 years                         | 6     | 9     | 24    |
| 10 years                        | 4     | 16    |       |
| 11 years                        | 3     | 12    |       |
| 12 years                        | 3     | 12    |       |
| Gender                          |       |       |       |
| Female                          | 7     | 28    |       |
| Male                            | 18    | 72    |       |
| Special Education               | 9     | 40    |       |
| Ethnicity                       |       |       |       |
| Mexican-American                | 18    | 72    |       |
| Puerto Rican                    | 5     | 20    |       |
| Cuban                           | 1     | 4     |       |
| El Salvadorian                  | 1     | 4     |       |
| Diagnosis                       |       |       |       |
| ADHD                            | 17    | 68    |       |
| ADD                             | 8     | 32    |       |
| Medication                      |       |       |       |
| Ritalin                         | 13    | 72    |       |
| Imipramine                      | 2     | 12    |       |
| Ritalin and Imipramine          | 3     | 16    |       |
| Psychotherapy                   | 13    | 72    |       |
| <strong>Mother (N=25)</strong>               |       |       |       |
| Age                             | 33    | 52    |       |
| Education                       | 12    | 52    |       |</p>
<table>
<thead>
<tr>
<th>Occupation</th>
<th>Father (N=25)</th>
<th>Marital Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blue Collar Work</td>
<td>35</td>
<td>Married</td>
</tr>
<tr>
<td>Professional Work</td>
<td>12</td>
<td>Living Together</td>
</tr>
<tr>
<td>College Student</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Unemployed</td>
<td>62</td>
<td></td>
</tr>
<tr>
<td>Diagnosed ADHD</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>History of learning, emotional or behavioral problems</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>Ethnicity</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Mexican-American</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>Puerto Rican</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Cuban</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>El Salvadorian</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>62</td>
<td></td>
</tr>
<tr>
<td>Occupation</td>
<td>23</td>
<td></td>
</tr>
<tr>
<td>Blue Collar Work</td>
<td>92</td>
<td></td>
</tr>
<tr>
<td>Professional Work</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Unemployed</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Diagnosed ADHD</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>History of learning, emotional or behavioral problems</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Ethnicity</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>Mexican-American</td>
<td>68</td>
<td></td>
</tr>
<tr>
<td>Puerto Rican</td>
<td>28</td>
<td></td>
</tr>
<tr>
<td>Dominican</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Marital Status</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>64</td>
<td></td>
</tr>
<tr>
<td>Living Together</td>
<td>36</td>
<td></td>
</tr>
</tbody>
</table>
Combined Income

- Less than $10,000: 6, 24
- $10,000-$25,000: 11, 44
- $25,001-$40,000: 6, 24
- $40,001-$50,000: 1, 4
- $50,001-$75,000: 1, 4

Primary Language Spoken at Home

- English only: 13, 52
- Spanish only: 4, 16
- English and Spanish: 8, 32

How has your child’s ADHD affected your marriage:

- Spousal arguments: 10, 20
- High level of stress: 31, 62
- Decreased sex drive: 1, 2
- Increased alcohol intake: 1, 2
- Not affected: 7, 14
REFERENCES


