

Emotional, Social and Cultural Experiences of Latino Children with ADHD Symptoms and their Families

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Abstract Attention-Deficit/Hyperactivity Disorder (ADHD) impacts approximately 5% of youth globally; however, there are several factors that may influence how ADHD is recognized and treated in diverse populations, such as Latinos in the United States, which contribute to unmet need. In response, the current study sought to explore emotional, social, and cultural experiences of Latino youth with ADHD symptoms and their families. Qualitative interviews were conducted with thirteen caretakers of children receiving a novel, school-based ADHD intervention: the Collaborative Life Skills (CLS) program. Three major themes emerged regarding acculturation, family dynamics, and language; two to three sub-themes regarding social conditions and ADHD help-seeking emerged from each major theme. Interpretation of results suggests that acculturation greatly influences the Latino family dynamic, especially when caregivers must adapt language, values, beliefs, and customs to effectively manage their child's ADHD-related impairment. Difficult social-emotional experiences also appear related to working conditions, stigma, and racism. Limitations, future directions, and recommendations for working with Latino families of children with ADHD symptoms are discussed.

Keywords ADHD · Acculturation · Family dynamics · Mental health disparities · Latinos

Introduction

Attention-Deficit/Hyperactivity Disorder (ADHD) is one of the most common widespread childhood mental health conditions, impacting approximately 5% of youth globally (American Psychiatric Association [APA] 2013; Faraone et al. 2015; Willcutt 2012). Despite the widespread and cross-cultural impact of ADHD, diagnoses and service utilization rates are disproportionately low in certain groups, such as the Latino population (APA 2013; Flores and Tomany-Korman 2008). To mitigate the unmet need for ADHD care in Latino youth, understanding of practical, social-emotional, and cultural factors influencing how ADHD is recognized and treated in diverse populations is needed.

Models of help-seeking behavior identify knowledge about ADHD as an important precursor to seeking and utilizing services, and unfortunately, Latino families often lack exposure to and understanding about ADHD (Eraldi et al. 2006). A mixed-method investigation with a sample of 73 Latino parents viewed ADHD behaviors (portrayed by a child confederate), reported that less than half of the sample was able to correctly identify 75% or more of the symptoms as concerning (Gerdes et al. 2014). Furthermore, only half of the parents spontaneously provided an ADHD derivative (e.g., "ADHD," "inattention," "hyperactivity") when asked to name the behaviors (Gerdes et al. 2014). Thus, identification of ADHD based solely on parental ratings of symptoms is discouraged in order to avoid cross-cultural discrepancies in diagnosis and treatment (Haack and Gerdes 2011).

The limited knowledge about ADHD and subsequent problem recognition disparities among Latino families likely is influenced by several factors. To begin, there is scarce information about ADHD in the countries of origin for many Latinos (Palacios-Cruz et al. 2011). In addition, it

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seems plausible that Latino parents in the U.S. may not be exposed to same level of the ADHD information as other families based on their language proficiency and experience of acculturation (i.e., assimilating to the host culture &/or maintaining traditional culture (Berry 1997). For example, parents maintaining orientation to Latino culture without assimilating to mainstream U.S. culture may be less likely to encounter and/or understand community resources for ADHD, especially if resources are only available in English (Zambrana and Carter-Pokras 2004). Indeed, in an investigation by Schmitz and Velez (2003), parental perceptions of ADHD behaviors (particularly those from the hyperactive-impulsive domain) differed based on various levels of acculturation for Mexican, Mexican American, and Puerto Rican mothers, implicating parental acculturation as an important factor for cross-cultural ADHD research and practice (Schmitz and Velez 2003).

On the other hand, parental perceptions about the cause of ADHD also impact help-seeking (Eraldi et al. 2006). Current research emphasizes a combination of biological and psychosocial influences contributing to the risk of ADHD (Faraone et al. 2015); however, not all Latino parents acknowledge and/or agree with this view. In the aforementioned mixed-method study of 73 Latino parents in the U.S., nearly three quarters of the sample identified a parental or family cause for ADHD behaviors demonstrated by the child confederate, specifically describing a lack of discipline and/or parental attention as contributors (Gerdes et al. 2014). In contrast, less than one third of the sample identified a genetic cause (Gerdes et al. 2014).

Interestingly, acculturation appears related to etiological beliefs as well as ADHD problem recognition. This association was recently reported in an investigation utilizing bidirectional measures of behavioral and cognitive acculturation (i.e., behaviors and values associated with traditional Latino vs. mainstream U.S. orientation) with predominantly Spanish-speaking Latino parents. Specifically, Latino cultural values relating to collectivism and traditional gender roles predicted sociological/spiritual beliefs about ADHD causes, even after controlling for Socioeconomic Status (SES) (Lawton et al. 2014). Therefore, perceptions about ADHD causes alternative to those emphasized in the traditional biopsychosocial framework (e.g., spirituality, disharmony with nature, and relations with the child's peer group) may be held by Latino families acculturating in the U.S.

In addition to differences in ADHD knowledge and etiological beliefs, Latino families have been identified as particularly vulnerable to various treatment barriers (Eraldi et al. 2006; Rothe 2005). First and foremost, many Latinos in the U.S. lack English proficiency, limiting access to and/or awareness of healthcare services (Alegría et al. 2007; Derosé and Baker 2000; Flores et al. 2002; McCabe et al.

1999; Zambrana and Carter-Pokras 2004). Many families also experience financial barriers to care, as Latinos are disproportionately impoverished and underinsured in the U.S. (DeNavas-Walt et al. 2009; US Department of Health and Human Services n.d.; Zambrana and Carter-Pokras 2004). Even when affordable services are available, additional financial and logistical burdens associated with treatment (e.g., securing transportation and childcare, missing work and wages to attend appointments) may prevent service participation (Flores et al. 2002; Zambrana and Carter-Pokras 2004). Additionally, many Latinos may be hesitant to engage with the U.S. health care system due to a fear that undocumented citizenship status will be uncovered by the government (Alegría et al. 2007; US Department of Health and Human Services n.d.; Vega and Lopez 2001; Zambrana and Carter-Pokras 2004).

Practical barriers described above may be compounded by cultural barriers for Latino families, including real or perceived social stigma, experiences with discrimination/racism, and limited linguistic and/or cultural competence on the part of the health care staff (Eraldi et al. 2006; Rothe 2005; US Department of Health and Human Services n.d.; Zambrana and Carter-Pokras 2004). Indeed, 40% of the Latino parents participating in the previously described mixed-method investigation by Gerdes et al. (2014) identified societal barriers to ADHD help-seeking, including negative expectations regarding the level of social support and understanding or interest from service providers they would receive (Gerdes et al. 2014). In addition, nearly a third of the sample identified a parental or family barrier to care, such as possible unwillingness to accept their child's disability (Lawton et al. 2014), which may be related to widely-held negative perceptions about psychopathology in Latino culture (McCabe et al. 1999; Rothe 2005; Vega and Lopez 2001). In order to combat the multitude of treatment barriers described above, recent efforts to integrate accessible, evidence-based, and culturally-sensitive ADHD health services in educational institutions have emerged (Pffiffner et al. 2011; Pffiffner et al. 2016; Haack et al. 2015).

Thus, the main objective of this study is to explore the emotional, social, and cultural experiences of Latino youth with ADHD symptoms and their families. Specifically, meaningful themes were derived from qualitative interviews with caretakers of children receiving a school-based ADHD intervention in the U.S. (i.e., the Collaborative Life Skills [CLS] program [Pffiffner et al. 2011; Pffiffner et al. 2016]). We expected themes would support previous research suggesting that Latino families display limited ADHD knowledge, etiological beliefs alternative to the biopsychosocial framework, and vulnerability to treatment barriers. We also expected to uncover themes about how ADHD help-seeking is related to language, family dynamics, and social/cultural experiences, including acculturation.

Given the families' participation in the novel CLS program, we expected themes would expand upon the literature by providing important recommendations regarding ADHD detection and intervention for Latinos in the U.S.

Method

Participants

For the current study (secondary to a larger school-based ADHD treatment study (Pffiffner et al. 2016), we interviewed thirteen Latino caregivers of children with ADHD symptoms receiving the CLS program in three U.S. schools. The three schools of interest were selected because they were designated to provide the CLS program in Spanish between 2014–2015 (out of 27 total schools participating in the CLS treatment study between 2012–2016, four of which were designated to provide the program in Spanish). The thirteen caregivers volunteered for the interview based on their interest and availability (out of seventeen caregivers total in the three selected schools of interest). Briefly, caregivers were predominantly mothers with varying levels of education and employment status, generational status; children were mostly boys ranging in age from seven to ten. See Table 1 for more complete parent and child demographic information.

Procedure

Parents responded to an *ad hoc semistructured interview* administered after they participated in the CLS program. Caregivers provided consent to participate in the interview and have their interview voice recorded. Study objectives were described to caregivers prior to the interview; specifically, it was explained that researchers hoped to obtain information about emotions, experiences, and cultural context of Latino families in the U.S. who have children with ADHD symptoms.

Measures

The interview was focused on the following topics: social and cultural context of Latino families, family dynamics, strategies for managing ADHD symptoms, and linguistic barriers to strategies for managing children with ADHD symptoms (See Table 2 for example questions). The interview was approximately 40 min with each caregiver and was conducted in Spanish by a native speaker expert in child psychology.

Table 1 Parent and child demographics

Caregiver		Child	
Relation to Child	<i>n</i> (%)	Gender	<i>n</i> (%)
Biological Parent	11 (84%)	Male	8 (62%)
Biological Father	1 (8%)	Female	5 (38%)
Biological Grandmother	1 (8%)		
		Age	<i>n</i> (%)
Education		7–8 years	8 (62%)
8th grade or less	3 (23%)	9–10 years	5 (38%)
Some high school	2 (15%)		
High school graduate or GED	5 (38%)	Grade	<i>n</i> (%)
Some college	1 (8%)	2	5 (38%)
College graduate	2 (15%)	3	4 (31%)
		4	4 (31%)
Employment status		Number of ADHD symptoms ^a	<i>M</i> (<i>SD</i>)
Working full time	8 (62%)	Inattentive	5.3 (2.9)
Unemployed	2 (15%)	Hyperactive/Impulsive	3.5 (2.8)
Stay at home caregiver	2 (15%)		
Prefer not to report	1 (8%)	ADHD presentation ^b	<i>n</i> (%)
		Predominantly Inattentive	7 (54%)
Total annual household income		Predominantly Hyperactive-Impulsive	3 (23%)
Less than \$10,000	3 (23%)	Combined	3 (23%)
\$10,000–\$20,000	4 (31%)		
\$20,001–\$30,000	2 (15%)		
\$30,001–\$40,000	2 (15%)		
\$40,001 or more	2 (15%)		

Note: *N* = 13

^a Endorsed symptoms rated on the Child Symptom Inventory-4 Parent Version (CSI-4; Gadow & Sprafkin, 1994) as *often* or *very often* (i.e., 2 or 3 on the 4-point, 0–3 scale)

^b *Predominantly Inattentive* = six or more parent-reported inattentive and less than six hyperactive-impulsive CSI-4 endorsed symptoms; *Predominantly Hyperactive-Impulsive* = six or more parent-reported hyperactive-impulsive and less than six inattentive CSI-4 endorsed symptoms; *Combined* = six or more parent-reported inattentive and six or more hyperactive-impulsive CSI-4 endorsed symptoms

Data Analyses

Transana Multiuser Version 3.2 (Woods and Fassnacht 2016) was used to code and analyze the qualitative data. First, transcriptions were created and synced with audio footage of the interviews. Next, a hierarchical coding system was developed iteratively by researchers in the current study similarly to methods described by Creswell and Clarke (2007). Each interview was coded using the

Table 2 Example interview questions by major themes and sub-themes

Themes	Sample questions
Acculturation	
Social relations and activities	What kind of activities do you do with your child? Do you have American or Latino friends?
Family migration	How was your migration to U.S.?
Difficulties being Latino in US	Do you think that belonging to a Latino family influences your child’s attentional/behavioral problems differently than non-Latino children? Why? Could you share some experiences where this situation is clearly influential to your child?
Family dynamic	
Family relation	How is the communication at home? Do you consider that being Latino in this country has ever affected the family dynamic? For example, how you relate, how you live, how you adapt to the social environment, etc.
Latino family emotions related to child impairments	What feelings did the family have when you realized that your child had attentional/behavioral problems? What did you feel? Did you think that your child would get better? Did you think that you could help your child? Did you ever feel like giving up?
Latino parent fault in child problem	How is your relation with your child? How is your partner’s relation with your child?
Language	
Family language/communication	Do you understand all the vocabulary that your child uses? Did you need to change your speaking (for example, learning English) to communicate with your child? Do you feel that the language can be a barrier in communicating with your child?
Native language	What language do you speak in the home?

hierarchical system and collection reports were generated to examine the frequency and length of time in which codes were discussed by each parent. Meaningful major themes and sub-themes were derived based on the most relevant codes endorsed by parents across interviews.

Results

Three major themes were uncovered from the caregiver interviews: acculturation, family dynamics, and language. Two to three sub-themes regarding social conditions and ADHD help-seeking emerged from each major theme; it is important to consider that sub-themes were related with the all objectives and hypothesis of this study (sub-themes were not correspond with one specific objective). See Table 3 for each major theme, sub-theme, and the frequency count of relevant codes endorsed by caregivers in the interviews. Tables 4–6 contain example quotes from codes for each major theme.

Acculturation

Three sub-themes groups resulted from the Acculturation major theme: Latino families’ social relations and activities, Family migration to the U.S, and Difficulties being Latino in the U.S. (see Table 4 for example quotes from most relevant codes).

The majority of caregivers interviewed (over 92%) were born in Latin America and migrated to the U.S. When asked

about cultural activities, over 75% described engaging in activities from both their host country and country of origin, such as incorporating *piñatas* and Mexican food into American birthday parties. Regarding social relations, most caregivers (over 75%) reported a preference for interacting with other Latino families and living in Latin neighborhoods, which many explained provides security, hope, and comfort.

When discussing difficulties related to their Latino status, the sub-theme “*racism*” was endorsed by over 75% of the caregivers. This label was used to explain how caregivers feel in unpleasant conditions, especially when they are feeling ignored or unappreciated. Caregivers also explained that racism negatively influenced their ability to seek and receive help for their child’s impairment related to ADHD.

Family Dynamics

The Family dynamic major theme provided three sub-themes: Latino family relations, Reactions to discovery of child impairments, and Caregiver fault in child problems (see Table 5 for quotes from most relevant codes).

Regarding family relations, over half of the interviewed caregivers (53%) described couple or marriage troubles related to discordant childrearing styles, such that partners disagreed about how strict to be when disciplining the children. Many caregivers acknowledged that related cultural values emphasizing strict punishment (46%) and traditional gender roles (labeled by families as “*machismo*,” [38%]) are common in Latino families. Some parents (15%)

Table 3 Frequencies of major themes, sub-themes, and relevant codes

	Number of caregivers endorsing	% of Caregivers endorsing
Acculturation		
Family migration		
Born in Latin America	12	92.31
Born in U.S.	1	2.69
Social relations and activities		
Cultural activities (mixed)	10	76.92
Social relations (only Latinos)	10	76.92
Difficulties being Latino in US		
Racism	10	76.92
Family Dynamic		
Family relations		
Couple/marriage troubles	7	53.84
Strict parents/punishment	6	46.15
Machismo	5	38.46
Living with grandparents	2	15.38
Children do not need to do home activities/chores	2	15.38
Reactions related to discovery child impairments		
Negative experiences related to their child's impairments	7	53.84
Difficulty accepting the problem	3	23.07
Latino parent fault in child problem		
Parents work a lot/Long hours	9	69.23
Children need attention/discipline	8	61.53
Language		
Family language/communication		
Child has difficulties with Spanish Language	9	69.23
Family has difficulty communicating with child	4	30.76
Children have better communication with their father because of language	1	2.69
Native language		
We only speak Spanish at home	11	84.61
Language is a barrier	7	53.84
Language is not a barrier for help-seeking	5	38.46
Language is not a barrier to my social development	3	23.07

Note: $N = 13$

also acknowledged a belief that children do not need to complete home activities/chores, as these responsibilities should fall on the woman of the household. A subset of caregivers (15%) reported that grandparents live with the family and bring an additional perspective about child-rearing into the home.

When discussing the discovery of their child's impairments related to ADHD, over half of the caregivers (53%) described negative experiences, such as feeling guilty, frustrated, impotent, sad, and negatively judged by others. Some parents (23%) acknowledged a difficulty accepting their child's ADHD status. The majority of parents (61%)

described a perception that ADHD behaviors are caused by a lack of attention and strict discipline in home education. Even more caregivers (69%) acknowledged causes related to working conditions (specifically, working long hours), which do not allow them to stay informed about their children's school situation, understand their children's concerns or problems, and spend time together as a family.

Language

The Language major theme contained two sub-themes: Family language and communication, and Native language

Table 4 Most common codes and example quotes from the acculturation major theme

Family migration to the U.S.	
Born in Latin American	
“[...] no, no nací aquí”. / “[...] no, I wasn’t born here [refers to U.S.]”.	
“[...] nací en México, en Zacatecas” / “[...] I was born in Mexico, in Zacatecas”.	
“Nací en Guatemala” / “I was born in Guatemala”.	
Born in U.S.	
“[...] su papá nació aquí”. / “[...] his dad was born here [refers to U.S.]”.	
Social relations and activities	
Cultural activities- Mixed	
“Sí. Sí, yo hago mis piñatas. En los cumpleaños de mis hijos, como en México. Con piñata, la bolsita de dulces, con la comida mexicana, la música a todo lo que da, que mis vecinos ya saben cuando hay <i>party</i> en la casa. Este, comida mexicana que no falta”. / “Yes. Yes, I make my <i>piñatas</i> . For my children’s birthdays, like in Mexico. With <i>piñatas</i> , Candy bags, Mexican food, loud music, my neighbors know when I have party at home. Well, Mexican food can’t be missing”.	
“[...] convivimos, mezclamos las dos culturas”. / “[...] we lived, we mix both cultures [refers to Mexican and American cultures]”.	
“[...] pero conservamos parte de nuestra cultura latina”. / “[...] but we preserve part of our Latin culture”.	
Social relations- Latino	
“[...] por lo regular si son americanos, por ahí algunos que tenemos, es que hablan español”. / “[...] regularly if they are American, some friends that we have, it is because they speak Spanish”.	
“[...] pero casi por lo regular somos más latinos, muy pocos americanos”. / “[...] regularly we are more Latinos, a few Americans”.	
Difficulties being Latino	
Racism	
“[...] porque yo he mirado el racismo cuando hay otros padres que eran americanos, les prestaban más atención entonces yo por eso pienso que había racismo”. / “[...] because I was seeing the racism when there are American parents, they give them more attention, that’s why I think it is racism”.	
“[...] pues pienso que por esa parte si era como discriminación por ser latino”. / “[...] I think that they discriminate against us for being Latino people [refers to school]”.	
“[...] pero como uno es latino lo ignoran a uno”. / “[...] but because we are Latinos, they ignore us”.	
“[...] le han hecho bullying por eso [refiere a la condición de Latino]”. / “[...] they have made bullying for that [refers to the Latino condition]”.	
“Vengo a que mi hijo aprenda, yo traje a mi hijo aquí a aprender. No ha recibir críticas ni a recibir malos tratos de las personas que menos deben”. / “I come here for my child’s knowledge, I brought my child here to learn; not to receive criticism and abuse from other people”.	
“[...] pero pienso yo que, en esa parte [refiere a la escuela] si nos discriminaban mucho por ser latino, que no le ponían tanta atención a mi hija pues”. / “[...] but I think they discriminate against us in that place [refers to the school], they didn’t give attention to my child”	

of Latino caregivers (see Table 6 for example quotes from relevant codes).

Most caregivers (84%) explained that Spanish is the only language spoken in the home; however, the majority of caregivers (69%) also explained that their children have difficulty with the Spanish language. Some caregivers (30%) acknowledged difficulty communicating with their children and one caregiver described that her child prefers to communicate with his father because he speaks English more fluently.

Language was described as a barrier by slightly more than half of the caregivers (53%). These caregivers acknowledged that language difficulties arise outside of the home (e.g. government procedures, social situations), as well as in the home (described above). In contrast, a subset of caregivers (38%) denied that language was a barrier for help-seeking. They clarified that many U.S. settings (e.g. hospitals, schools) employ Spanish speaking staff or utilize

translator services. Additionally, some parents (23%) denied that language barriers negatively impact their social development, as they typically socialize with other Spanish-speaking Latinos.

Discussion

Overall, acculturation appears to play a major role in the lives of Latino children with ADHD symptoms and their families. Specifically, the Latino caregivers participating in a school-based ADHD intervention described a strong connection between acculturation and their childrearing style and family customs, with language emerging as a particularly salient theme. Poor working conditions, stigma, and experiences of racism also were indicated as influential social-emotional factors. Furthermore, acculturation, family dynamics, and social conditions appear relevant to Latino

Table 5 Most common codes and example quotes from the family relations major theme

Family relations

Couple/marriage troubles

“[...] a veces si ha habido diferencias entre mi pareja y yo, porque yo los castigo pero él es un poquito más duro, yo soy un poquito más noble”. / “[...] sometimes there are differences between my husband and I, because I punish my child but he is a little bit stricter, I’m nobler”

“[...] yo no me gusta que me los castigue, es la diferencia entre él y yo, que él los castiga y yo no... no me parece”. “[...] I don’t like he punish my child, the difference between him and I is that he punishes them and I don’t...I don’t like to”.

Strict parents/punishment

“[...] y ella -porqué lo tengo que hacer?-, y mi respuesta siempre era -pues porque yo soy tu mamá y te lo estoy mandando-“. / “[...] and she – why do I need to do that?-, and my response was always – well, because I’m your mother and I’m asking you”.

“[...] firme para que no, para que sepa quien tiene el mando”. / “[...] firm, so she can know who has the control”.

Machismo

“[...] en México tiene mucho que los hombres son machistas [...] en otro lugar no son tan machistas y de donde él viene si, el hombre es el que manda y más como en su familia [...] porque ahí su papá el hombre manda la mujer tiene que obedecer y es lo que él trata de hacer”. / “[...] men are *machistas* in Mexico for a long time [...] in other places they are not *machistas* but they do in this place, the man is who has the control with his family [...] because his father, the man is who has the control, woman have to obey, and that is what he is trying to do [refers to his husband]”.

Living with grandparents

“[...] con mi mamá y mi papá siempre estoy con ellos, toda la vida estoy con ellos”. / “[...] with my mom and dad, I always am with them, all my life I’m with them”.

“Vivimos con mis papás y ellos siempre les ponen atención”. / “We live with my parents, and they always give attention to them [refers to children]”.

Children do not need to do home activities/chores

“[...] y eso es lo que hacen porque yo nunca deajo que haga nada porque están chiquitas tienen que vivir su niñez”. / “[...] that is what they do, I don’t that like they do something [refers to home activities] because they are little, they need to enjoy their childhood”.

“[...] pero no son cosas que tenga que hacer en la casa por que yo no la deajo que no haga nada”. / “[...] but there aren’t things to do in home because I don’t allow him to do anything”.

Reactions to discovery of child impairments

Negative experiences related to their child impairments

“[...] impotente por no poderla ayudar, porque no tenía el tiempo”. / “[...] impotent for not getting help, because I did not have time”.

“[...] entonces pues cualquier cosita que me hacían, haz de cuenta como si agarrara como odio, como coraje y cualquier cosita, me encendía bien rápido”. / “[...] well, for any little reason, I took hatred, like courage, I get angry very fast”.

“[...] lo ven extraño porque no lo hace como los demás niños”. / “[...] they look at my child as strange, because he doesn’t function as other kids”.

Difficulty accepting the problem

“[...] los dos, no lo queríamos aceptar”. / “[...] we both, we didn’t want to accept [refers to child’s problem]”.

“[...] yo sé que no tiene problemas de atención”. / “[...] I know he is not having attention problems”.

Caregiver fault in child problem

Caregivers work a lot/Long hours

“Él descansa los lunes o el domingo y es donde nos involucrábamos como familia”. / “He rests on Mondays or Sundays, then we can get involved as a family”.

“Mi relación con [child] cambió cuando yo cambié de trabajo”. / “My child relationship changed when I changed my job”.

“[...] yo estoy solita en mi casa, mi esposo trabaja todo el día, entonces él casi no los ve”. / “[...] I’m alone in home, my husband works all day, so he does not see them”.

Children need attention/discipline

“[...] entonces, hablé con su pediatra lo único que me dijo es que probablemente lo que él quería era la atención”. / “[...] well, I talked with her pediatrician and the only thing that he said was she probably wants attention”.

“[...] que estaba haciendo lo de que no se enfocaba o distraído porque su mamá le estaba dando más atención al hermano mayor”. / “[...] his being unfocused or his distraction was because his mom was giving more attention to his eldest brother”.

“[...] yo la controlo y con voz fuerte o sea con voz firme y ella me hace caso”. / “[...] I have control over her and with strong voice I mean with firm voice she listens/obeys me”.

“[...] hay que ser duros o sea en el buen sentido ser duro con ella [...]”. / “[...] we need to be firm with her [...]”

Table 6 Most common codes and example quotes from the language major theme

Family language/communication

Child has difficulties with Spanish Language:

“[...] porque dice: es que no sé cómo se dice en español” / “[...] because he says: I don’t know how to say that in Spanish”.

“[...] él siempre tiene ese problema con el...dice que el español a él se le hace muy difícil” / “[...] he always had that problem with the...he says Spanish is difficult”.

Family has difficulty communicating with child

“[...] pero no más que pues yo le trato de hablar español y a veces me contesta en inglés y le digo, me hago, o le digo de que yo no te entiendo no sé que me estás diciendo y quiero hablar español” / “[...] but I try to speak Spanish with him, or I tell him –I don’t understand you, I want to speak Spanish”

“[...] pero les evito también un poco porque para mi es muy importante saber lo que las dos están diciendo exactamente.” / “[...] but I avoid it a little bit because it is important for me to know what they are saying.”

Children have better communication with their father because of language

“[...] o tal vez, tal vez en el idioma, para ellos es más fácil porque su primer idioma es el inglés, no el español, comunicarse con su papá” / “[...] maybe, maybe the language, their first language is English and it is easier to them, not Spanish, to communicate with their father”.

Native language

Language is a barrier

“[...] no puedo comunicarme” / “[...] I can’t communicate”.

“[...] a veces no hay quien me traduzca y batallo” / “[...] sometimes there isn’t a interpreter and it’s hard for me”.

“[...] es muy difícil e incómodo no poder comunicarte con personas” / “[...] it’s hard and uncomfortable not to be able to communicate with persons”.

Language is not a barrier for help-seeking

“[...] con la maestra, pues habla español. Ahorita está en una clase bilingüe, hablan en español. Entonces ahí no tengo problema” / “[...] with the teacher, she speaks Spanish. Now he is a bilingual class, they speak Spanish. So, I don’t have problem there”.

“[...] no porque en ese aspecto o sea, casi en donde quiera que haya ido es ... tienen gente que habla mi idioma” / “[...] no because in that aspect [refers to school context], almost every place that I went is...they have people who speak my language”.

Language is not a barrier to social development

“[...] yo no hablo muy bien el inglés, pero no me ha sido tan difícil desenvolverme” / “[...] I don’t speak English very well, but it wasn’t difficult for me to cope”.

“Siempre, si tú no hablas español, disculpa, búscame a alguien que me hable en español. Y siempre hay.” / “Always, if you don’t speak Spanish, I will ask you, excuse me, look for someone who speaks Spanish. And there are always someone”.

caregivers’ conceptualization, management, and help-seeking for their child’s impairments related to ADHD.

Acculturation, Family Dynamics, and Language

Approximately half of Latino caregivers described parenting style as considerably influential to their child’s functioning, and regarded “authority” in home education as one of the best ways to prevent defiant and disruptive behaviors. Many caregivers conceptualized “authority” as consistent punishment for misbehavior, especially by the father of the household, who is considered by family members to control the home environment. Despite this reported belief, just over half of caregivers also acknowledged couple or marriage troubles caused by disagreement about the level of strict discipline to use with their children. According to the families, authoritarian parenting has been passed down through family generations and is widely permitted and accepted in Latino culture. Many caregivers described that authoritarian practices were preferred by their own parents and other families in the community they grew up in, such

that it became the only childrearing style they learned. Furthermore, some Latino caregivers in the current study reported living with extended family members, and thus the presence of traditional Latino childrearing practices (e.g., from grandparents) may be particularly apparent in these households. The emerging code regarding a perceived necessity to be strict in home education supports previous research suggesting that many Latino caregivers believe child behavior problems are caused by family factors, such as a lack of home discipline (Eraldi et al. 2006; Lawton et al. 2014). Furthermore, one can imagine how a caregiver who believes her child’s behavior problems are caused by lax discipline may be hesitant, pessimistic, or even embarrassed to seek and engage in professional services. Indeed, previous research suggests that Latino caregivers who think they should be able to manage child behavior problems with strict discipline are more likely to prematurely drop out of treatment (McCabe 2002). According to some caregivers in the current study who sought professional help for managing their child’s behavior, health care providers often implied that the problems stemmed from the child “wanting

attention,” which may reinforce the perception that caregivers are at least partially to blame for their child’s behavior problems and discourage service engagement. Thus, when working with Latino families of youth with ADHD symptoms, it may be beneficial to validate feelings of guilt and shame as common emotional experiences, while simultaneously encouraging hope and self-efficacy.

In contrast the preference for strict childrearing in home education, some Latino caregivers denied establishing or enforcing rules for their child’s completion of home routines and tasks. According to these caregivers, children should enjoy childhood without distractions, while the mother should take responsibility for a majority of household chores. Traditional Latino gender role values described by many families in the current study, such as “*machismo*” (i.e., fathers serve as the head of the household and lead decision-making whereas mothers make sacrifices and provide for the family), have been implicated in other studies of ADHD help-seeking and may help explain why Latino families under-recognize ADHD behaviors (especially hyperactivity-impulsivity) as concerning but rather indicative of normative child development, especially for boys (Arcia and Fernández 2003; Gerdes et al. 2013; Lawton et al. 2014). In response, recommendations for culturally-sensitive parent training implementation include consideration for how traditional gender role values influence treatment maintenance and outcomes (Barker et al. 2010). Recommendations also suggest including extended family members in treatment to encourage acceptance and uptake of parent management strategies which may be discordant to those traditionally used in Latino families (Barker et al. 2010; Gerdes et al. 2015; McCabe et al. 2005).

Language was described by nearly every caregiver in the current study as an influential factor in the lives of Latino families in the U.S. According to most caregivers, Spanish is the sole language spoken in the house, despite the fact that their children struggle with Spanish. One caregiver explained that the child prefers to communicate with the father, who is more proficient in English. The in-home language conflicts reportedly cause caregivers to feel unfamiliar with topics, words, and messages conveyed by their children, which subsequently leads to worry and despair. In response, some parents described efforts to study English; they clarified that these efforts were inspired by the desire to better understand their children rather than engage with English-speaking peers, as many of caregivers’ social circles are reportedly comprised of others with whom they share the same language, cultural traditions, and interests. Indeed, many of the caregivers regarded preserving their culture, customs, and language of origin as very important, and described displeasure with the idea that their children may lose or forget Spanish. These emerging codes are reflective of a phenomenon labeled in the literature as

“*acculturative gap stress*,” which refers to the difficulties families experience when children assimilate to mainstream, U.S. culture at a different rate than their parents (Birman 2006). Given previous research suggesting language differences and acculturative gap stress are related to a host of negative outcomes for Latinos, such as increased family conflict and incidence of child behavior problems (Martinez 2006; Schofield et al. 2008; Smokowski et al. 2008; Vega et al. 1995), consideration of these issues in family-based ADHD treatment appears justified. It is recommended to administer assessment measures, such as the Acculturation Rating Scale for Mexican Americans (ARSMA-II, [Cuellar et al. 1995]) or the Societal Attitudinal, Familial, and Environmental, Acculturative Stress Scale (SAFE; [Padilla et al. 1985]), at the outset and throughout parent training with Latino families to provide insight on the extent to which these factors may impact families’ application of ADHD management strategies and general everyday functioning (Barker et al. 2010). For example, families experiencing substantial parent-child acculturation gaps may benefit from discussion of how such stressors impact caregiver strategies taught in parent training, such as engaging in positive attending time, overseeing homework hour, and facilitating playdates with peers.

In addition to causing familial discomfort and/or conflict, language has been designated as the principal help-seeking barrier for U.S. Latino families in previous research (Alegría et al. 2007; Derosé and Baker 2000; Flores et al. 2002; McCabe et al. 1999; Zambrana and Carter-Pokras 2004). Interestingly, many Latino caregivers in the current study denied that language was a treatment barrier due to frequently offered translation services by U.S. education and government institutions. On the contrary, other caregivers in this study did describe linguistic barriers to help-seeking, such that a lack of English contributed to difficulties understanding the severity of their child’s behavior problems and obtaining information about managing their child’s impairments. These codes support theoretical suppositions that documented ADHD disparities for Latino vs. non-Latino, Caucasian youth may be driven by difficulties with problem recognition and service utilization rather than actual differences in prevalence (Rothe 2005). Fortunately, efforts to translate, validate, and even develop ADHD assessment tools for Latino families have occurred in recent years (Haack and Gerdes 2011). For example, the ADHD-FX questionnaire was created from a mixed-method investigation of Spanish-speaking Latino parents’ conceptualization and recognition of child ADHD behaviors (Haack et al. 2014). The scale assesses three domains commonly deficient in children with ADHD (i.e., academic, social, and familial functioning), as impairment has been implicated as a more culturally accepted and understood construct for Latino families compared to ADHD symptoms

(Arcia and Fernández 2003; Gerdes et al. 2013; Rothe 2005). Subsequent studies have established strong reliability, construct validity, and cultural validity for the ADHD-FX with Latino raters (Haack and Gerdes 2014), and interestingly, psychometric properties also appear to hold with raters from other populations (Haack et al. 2016), further implicating impairment as a universally-accepted construct which can be assessed across cultures.

Working Conditions, Stigma, and Racism

The majority of caregivers in the current study described poor working conditions as contributing to an inadequate amount of time spent together as a family, which they considered influential to the development of ADHD symptoms in their children. According to the caregivers, long work hours limit the ability to help with their child's school homework, become involved with their child's interests and concerns, and attend school or specialist meetings regarding their child's impairment. Furthermore, the majority caregivers explained that problems, such as their child's inattention (designated as the principal problem in school and home), careless mistakes, noncompliance to instructions, and peer difficulties, are due to the child craving more attention and interest from others. These themes (which have emerged in previous mixed-method research with Latino families (Gerdes et al. 2014) seem particularly disheartening given that families reported immigrating to the U.S. in order to obtain better economic conditions. Despite this, the Latino parents in the current study did not consider working conditions or legal status to be direct barriers for seeking or obtaining treatment. This encouraging finding may be due to the fact that families in the current study were receiving a novel school-based ADHD intervention (i.e., the Collaborative Life Skills [CLS] program, [Pffiffner et al. 2016]) which is delivered in Spanish or English by existing staff within the school setting at no cost to families. However, similar to language difficulties, caregivers implicated the lack of family togetherness as limiting their own ability to realize the extent of their child's problems and obtain appropriate resources. Thus, while the advancement of school-based ADHD services appears to reduce practical treatment barriers for many families, the Latino population may benefit from widespread outreach strategies to engage parents who are unaware of their child's ADHD struggles and/or how to seek help for them.

In addition to poor working conditions, negative social-emotional experiences related to the discovery of ADHD impairment were described by the majority of caregivers of youth with ADHD symptoms. Caregivers acknowledged considerable difficulty accepting their child's problems, especially given the potential implications for their child's

educational success, which is reportedly highly valued in Latino families. In addition to personal difficulties with acceptance, caregivers in the current study reported feeling negatively judged by others as a result of their child's behavior. Specifically, experiences of being misunderstood, ignored, or rejected by others in the community were described. It is interesting that caregivers in the current study identified difficulties with acceptance and judgment similar to potential barriers implicated in previous research (Gerdes et al. 2014). Although many individuals across cultures experience stigma related to ADHD (Moldavsky and Sayal 2013), Latino families may be particularly vulnerable to this experience due to commonly held negative perceptions about psychopathology in Latino culture (McCabe et al. 1999; Rothe 2005; Vega and Lopez 2001). Thus, community efforts to de-stigmatize ADHD in Latino populations may be helpful in encouraging acceptance and help-seeking by families in need. Additionally, the previously posed recommendation to include extended family members in ADHD treatment may bolster social support and attenuate the influence of stigma on treatment initiation and adherence (Barker et al. 2010; McCabe et al. 2005; Gerdes et al. 2015).

Many caregivers explained that stigma resulting from their child's behavior was intensified due to their Latino status; the term "racism" was used by almost all caregivers in the current study to label these experiences. Specifically, these caregivers perceive Latino children in general are not treated or respected as well as other children in school. Furthermore, they explained that their requests or concerns were frequently disregarded in the school context because of their ethnicity. According to these caregivers, institutions often assume that Latino parents do not understand how to navigate U.S. educational and legal systems, which limits ability to access government benefits and schools/health institutions, as well as defend their rights in society. Given these emerging themes, it is no wonder that previous research has implicated racism as a barrier to help-seeking for Latino families (Eraldi et al. 2006; Rothe 2005; US Department of Health and Human Services n.d.; Zambrana and Carter-Pokras 2004). Unfortunately, previous research also suggests that Latino perceptions of racism are associated with manifestation of more severe child behavior problems (Vega et al. 1995). Therefore, although clinicians (especially those from non-minority backgrounds) may be uncomfortable discussing issues of discrimination and racism, acknowledging these potential experiences and their influence on ADHD conceptualization and help-seeking may be validating and constructive when working with Latino families in the U.S.

As a conclusion, emotional, social, and cultural experiences of Latino children with ADHD and their families appear highly influenced by the acculturation process.

Specifically, acculturation appears to impact how the Latino family dynamic is readjusted to meet the child's necessities, especially for caregivers who must adapt their language, values, beliefs and customs to effectively manage ADHD impairment. Latino families of children with ADHD symptoms endure difficult social-emotional experiences related to their working conditions, stigma, and racism.

Limitations and Future Directions

Several limitations of the current study should be noted. To begin, interviews with Latino parents occurred in the context of a school-based ADHD treatment study. Therefore, caregivers may not be representative of Latino families who have never received ADHD services. Furthermore, we are unable to determine the potential impact treatment had on caregivers' beliefs about acculturation, family dynamics, social conditions, and ADHD help-seeking. Future research should seek to validate themes with larger samples of Latinos, including treatment-naïve families. Secondly, caregivers described connections between acculturation, family dynamics, social conditions, and ADHD help-seeking in qualitative interviews; an important next step could include examination of quantitative associations utilizing rating scales and/or objective measures. Finally, we acknowledge that all qualitative research is influenced by personal and cultural lenses. We made a concerted effort to comprise a multicultural, multilingual team in order to incorporate diverse perspectives. That being stated, replication of findings from other researchers will provide added confidence in the current study's emerging themes and interpretations.

Consideration of factors relevant to acculturation, such as traditional child rearing practices and gender roles, as well as language proficiency and acculturative gap stress, appears warranted when working with Latino families of children with ADHD. It may be helpful to administer measures assessing these factors at the outset and throughout treatment, such as the Acculturation Rating Scale for Mexican Americans (ARSMA-II, [Cuellar et al. 1995]) or the Societal Attitudinal, Familial, and Environmental, Acculturative Stress Scale (SAFE; [Padilla et al. 1985]). If substantial acculturative stressors are uncovered, it may be helpful to discuss their potential influence in parent management training, such as strategies related to parent-child interactions, homework completion, and social skills.

Latino families may appreciate acknowledgement and validation of emotional and social experiences related to their child's ADHD symptoms, such as feelings of guilt and shame related to their perceived role in the development of these behaviors, as well as experiences of poor economic social condition, stigma, and racism. Families may also

benefit from encouragement of hope and self-efficacy by providers, as well as inclusion and support of extended family members in treatment, to attenuate these negative experiences.

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Compliance with Ethical Standards

Conflict of Interest The authors declare that they have no competing interests.

Ethical Approval All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

Informed Consent Informed consent was obtained from all individual participants included in the study.

References

- Alegria, H., Mulvaney-Day, N., Woo, M., Torres, M., Gao, S., Odo, V. (2007). Correlates of past-year mental health service use among Latinos: Results from the National Latino and Asian American Study. *American Journal of Public Health, 97*, 76–83.
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders, 5th Edition: DSM-5, 5th edition*, Washington, D.C: American Psychiatric Publishing.
- Arcia, E., & Fernández, M. C. (2003). From awareness to acknowledgment: The development of concern among Latina mothers of children with disruptive behaviors. *Journal of Attention Disorders, 6*(4), 163–175. doi:10.1177/108705470300600403.
- Barker, C. H., Cook, K. L., Borrego, Jr., J. (2010). Addressing cultural variables in parent training programs with latino families. *Cognitive and Behavioral Practice, 17*(2), 157–166. doi:10.1016/j.cbpra.2010.01.002.

- Berry, J. W. (1997). Immigration, acculturation, and adaptation. *Applied Psychology*, 46(1), 5–34. doi:10.1111/j.1464-0597.1997.tb01087.x.
- Birman, D. (2006). Measurement of the “Acculturation Gap” in immigrant families and implications for parent-child relationships. In M. H. Bornstein & L. R. Cote (Eds.), *Acculturation and parent-child relationships: Measurement and development* (pp. 113–134). Mahwah, NJ, US: Lawrence Erlbaum Associates Publishers.
- Creswell, J. W., & Clark, V. L. P. (2007). Designing and conducting mixed methods research. <http://onlinelibrary.wiley.com/doi/10.1111/j.1753-6405.2007.00097.x/full>.
- Cuellar, I., Arnold, B., & Maldonado, R. (1995). Acculturation rating scale for Mexican Americans-II: A revision of the original ARSMA scale. *Hispanic Journal of Behavioral Sciences*, 17(3), 275–304. doi:10.1177/07399863950173001.
- DeNavas-Walt, C., Proctor, B. D., & Smith, J. C. (2009). Income, poverty, and health insurance coverage in the United States: 2009. *U.S. Census Bureau*. <http://www.census.gov/prod/2010pubs/p60-238.pdf>.
- Derose, K. P., & Baker, D. W. (2000). Limited English proficiency and Latinos’ use of physician services. *Medical Care Research and Review*, 57(1), 76–91.
- Eraldi, R. B., Mazzuca, L. B., Clarke, A. T., & Power, T. J. (2006). Service utilization among ethnic minority children with ADHD: A model of help-seeking behavior. *Administration and Policy in Mental Health and Mental Health Services Research*, 33, 607–622.
- Faraone, S. V., Asherson, P., Banaschewski, T., Biederman, J., Buitelaar, J. K., Ramos-Quiroga, J. A., & Franke, B. (2015). Attention-deficit/hyperactivity disorder. *Nature Reviews Disease Primers*, 1, 15020. doi:10.1038/nrdp.2015.20.
- Flores, G., Fuentes-Afflick, E., Barbot, O., Carter-Pokras, O., Claudio, L., Lara, M., & Gomez, F. J. R. (2002). The health of Latino children: Urgent priorities, unanswered questions, and a research agenda. *JAMA: The Journal of the American Medical Association*, 288(1), 82–90.
- Flores, G., & Tomany-Korman, S. C. (2008). Racial and ethnic disparities in medical and dental health, access to care, and use of services in US children. *Pediatrics*, 121(2), e286–e298.
- Gadow, K. D., & Sprafkin, J. (1994). *Child Symptom Inventory*. Stony Brook, NY: Checkmate Plus.
- Gerdes, A. C., Lawton, K. E., Haack, L. M., & Hurtado, G. D. (2013). Assessing ADHD in Latino families: Evidence for moving beyond symptomatology. *Journal of Attention Disorders*, 17, 128–140.
- Gerdes, A. C., Lawton, K. E., Haack, L. M., & Schneider, B. W. (2014). Latino parental help seeking for childhood ADHD. *Administration and Policy in Mental Health and Mental Health Services Research*, 41(4), 503–513. doi:10.1007/s10488-013-0487-3.
- Gerdes, A. C., Lawton, K. E., Kapke, T. L., & Grace, M. (2015). Culturally modifying parent training for Latino youth with ADHD: Development & Pilot.
- Haack, L. M., Araujo, E., Capriotti, M., Beaulieu, A., McBurnett, K., & Piffner, L. J. (2015). Addressing disparities between Latinos and non-Latinos accessing a school-home collaborative behavioral treatment for ADHD. *ADHD –Attention Deficit and Hyperactivity Disorders, Official Journal of the World Federation of ADHD*, 7(1), S42.
- Haack, L. M., & Gerdes, A. C. (2011). Functional impairment in Latino children with ADHD: Implications for culturally-appropriate conceptualization and measurement. *Clinical Child and Family Psychology Review*, 14(3), 318–328.
- Haack, L. M., & Gerdes, A. C. (2014). Culturally appropriate assessment of functional impairment in diverse children validation of the ADHD-FX scale with an at-risk community sample. *Journal of Attention Disorders*. doi:10.1177/1087054714553021.
- Haack, L. M., Gerdes, A. C., Lawton, K. E., & Schneider, B. W. (2014). Understanding and measuring functional impairment in diverse children with ADHD: Development of the ADHD-FX scale with an at-risk, community sample. *Journal of Attention Disorders*. doi:10.1177/1087054714527791.
- Haack, L. M., Gonring, K., Harris, M., Gerdes, A. C., & Piffner, L. J. (2016). Assessing impairment in childhood ADHD: Validation of the parent and teacher ADHD-FX rating scale in a diverse clinical sample. *Journal of Attention Disorders*. doi:10.1177/1087054716659360.
- Lawton, K. E., Gerdes, A. C., Haack, L. M., & Schneider, B. (2014). Acculturation, cultural values, and Latino parental beliefs about the etiology of ADHD. *Administration and Policy in Mental Health*, 41(2), 189–204. doi:10.1007/s10488-012-0447-3.
- Leslie, L. K., Lambros, K. M., Aarons, G. A., Haine, R. A., & Hough, R. L. (2008). School-based service use by youth with ADHD in public-sector settings. *Journal of Emotional and Behavioral Disorders*. <http://ebx.sagepub.com/content/early/2008/03/10/1063426608314290.short>.
- Martinez, C. R. (2006). Effects of differential family acculturation on Latino adolescent substance use*. *Family Relations*, 55(3), 306–317. doi:10.1111/j.1741-3729.2006.00404.x.
- McCabe, K. M. (2002). Factors that predict premature termination among Mexican-American children in outpatient psychotherapy. *Journal of Child and Family Studies*, 11(3), 347–359. doi:10.1023/A:1016876224388.
- McCabe, K. M., Yeh, M., Garland, A. F., Lau, A. S., & Chavez, G. (2005). The GANA program: A tailoring approach to adapting parent child interaction therapy for Mexican Americans. *Education and Treatment of Children*, 28(2), 111–129.
- McCabe, K., Yeh, M., Hough, R. L., Landsverk, J., Hurlburt, M. S., Culver, S. W., & Reynolds, B. (1999). Racial/ethnic representation across five public sectors of care for youth. *Journal of Emotional and Behavioral Disorders*, 7(2), 72–82. doi:10.1177/106342669900700202.
- Moldavsky, M., & Sayal, K. (2013). Knowledge and attitudes about attention-deficit/hyperactivity disorder (ADHD) and its treatment: The views of children, adolescents, parents, teachers and healthcare professionals. *Current Psychiatry Reports*, 15(8), 1–7. doi:10.1007/s11920-013-0377-0.
- Padilla, A. M., Wagatsuma, Y., & Lindholm, K. J. (1985). Acculturation and personality as predictors of stress in Japanese and Japanese-Americans. *The Journal of Social Psychology*, 125(3), 295–305.
- Palacios-Cruz, L., De la Peña, F., Valderrama, A., Patiño, R., Portugal, C., Pamela, S., & Ulloa, R. E. (2011). Conocimientos, creencias y actitudes en padres mexicanos acerca del trastorno por déficit de atención con hiperactividad (TDAH). *Salud Mental*, 34(2), 149–155.
- Pastor, P. N., & Reuben, C. A. (2005). Racial and ethnic differences in ADHD and LD in young school-age children: Parental reports in the national health interview survey. *Public Health Reports*, 120(4), 383–392.
- Piffner, L. J., Kaiser, N. M., Burner, C., Zalecki, C., Rooney, M., Setty, P., & McBurnett, K. (2011). From clinic to school: Translating a collaborative school-home behavioral intervention for ADHD. *School Mental Health*, 3(3), 127–142. doi:10.1007/s12310-011-9059-4.
- Piffner, L. J., Rooney, M., Haack, L., Villodas, M., Delucchi, K., & McBurnett, K. (2016). A Randomized Controlled Trial of a School-Implemented School-Home Intervention for Attention-Deficit/Hyperactivity Disorder Symptoms and Impairment.

- Journal of the American Academy of Child & Adolescent Psychiatry*, 55(9), 762–770.
- Rothe, E. M. (2005). Considering cultural diversity in the management of ADHD in Hispanic patients. *Journal of the National Medical Association*, 91, 175–235.
- Schmitz, M. F., & Velez, M. (2003). Latino cultural differences in maternal assessments of attention deficit/hyperactivity symptoms in children. *Hispanic Journal of Behavioral Sciences*, 25(1), 110–122. doi:[10.1177/0739986303251700](https://doi.org/10.1177/0739986303251700).
- Schofield, T. J., Parke, R. D., Kim, Y., & Coltrane, S. (2008). Bridging the acculturation gap: Parent-child relationship quality as a moderator in Mexican American families. *Developmental Psychology*, 44(4), 1190–1194. doi:[10.1037/a0012529](https://doi.org/10.1037/a0012529).
- Smokowski, P. R., Rose, R., & Bacallao, M. L. (2008). Acculturation and Latino family processes: How cultural involvement, biculturalism, and acculturation gaps influence family dynamics*. *Family Relations*, 57(3), 295–308. doi:[10.1111/j.1741-3729.2008.00501.x](https://doi.org/10.1111/j.1741-3729.2008.00501.x).
- Stevens, J., Harman, J. S., & Kelleher, K. J. (2005). Race/ethnicity and insurance status as factors associated with ADHD treatment patterns. *Journal of Child and Adolescent Psychopharmacology*, 15(1), 88–96. doi:[10.1089/cap.2005.15.88](https://doi.org/10.1089/cap.2005.15.88).
- US Department of Health and Human Services. (n.d.). *Mental health: Culture, race, and ethnicity—a supplement to mental health: A report of the surgeon general*. Rockville, MD: US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.
- Vega, W. A., Khoury, E. L., Zimmerman, R. S., Gil, A. G., & Warheit, G. J. (1995). Cultural conflicts and problem behaviors of Latino adolescents in home and school environments. *Journal of Community Psychology*, 23(2), 167–179. doi:[10.1002/1520-6629\(199504\)23:2<167::AID-JCOP2290230207>3.0.CO;2-O](https://doi.org/10.1002/1520-6629(199504)23:2<167::AID-JCOP2290230207>3.0.CO;2-O).
- Vega, W. A., & Lopez, S. R. (2001). Priority Issues in Latino. *Mental Health Services Research*, 3(4), 189–200. doi:[10.1023/A:1013125030718](https://doi.org/10.1023/A:1013125030718).
- Willcutt, E. G. (2012). The prevalence of DSM-IV attention-deficit/hyperactivity disorder: A meta-analytic review. *Neurotherapeutics*, 9, 490–499.
- Woods, D., & Fassnacht, C. (2016). *Transana v3.02*. Madison, WI: Spurgeon Woods LLC. <https://www.transana.com>.
- Zambrana, R. E., & Carter-Pokras, O. (2004). Improving health insurance coverage for Latino children: a review of barriers, challenges and State strategies. *Journal of the National Medical Association*, 96(4), 508–523.