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Examining Parent-Child Cross-Informant Reports of Attention and Hyperactivity Problems among Low-Income Latino Youth

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ABSTRACT
Research on informant reports has not focused on the levels of agreement between parents and youth from ethnic minority backgrounds or the factors that influence their agreement levels. The current study examines reports made by low-income Latino parent-child dyads regarding the child’s attention and hyperactivity symptoms, and examines whether problem type, age, gender, and family generation influence cross-informant agreement. The sample includes 94 5th–8th grade students and their parents recruited from a public elementary school in Chicago, Illinois. Results indicate that symptoms were higher when reported by the children than by their parents. Implications for these findings are discussed.

INTRODUCTION
Attention-deficit/hyperactivity disorder is the most commonly diagnosed behavioral disorder for kids in the United States, and its diagnosis typically involves multiple methods and multiple informants (Sibley et al., 2012). In fact, to be diagnosed with ADHD, consistent evidence must be obtained from multiple settings (e.g., school and home) and as a result, parents and teachers play a key role in whether or not a child receives this diagnosis (Sibley et al., 2012). Child self-reports are less commonly used despite growing evidence addressing their importance.

Achenbach, McConaughy, and Howell (1987) established the groundwork of research examining the consistency between different informant reports of behavioral/emotional problems in children and adolescents. They found that when informants shared similar relationships and roles in the child’s life (such as mothers and fathers), the correlations between the reports were higher. However, once the ratings from different pairs of informants were examined for agreement, inter-rater agreement was low. The results reflect an importance of informants to share a similar relationship to the child due to shared perspectives of the child within a particular context in order to increase the likelihood of agreement.

INFORMANT REPORT DISCREPANCIES
Numerous factors contribute to discrepancies between informant reports. These include, for example, the nature of the disorder or syndrome being evaluated. For example, parent and child reports for conduct disorder and anorexia have shown to have higher levels of agreement than separation anxiety disorders, attention-deficit/hyperactivity disorder, and oppositional defiant disorder (Cantwell, Lewinsohn, Rohde, & Seeley, 1997). In addition, age and gender of the child have also been shown to impact informant discrepancies (Smith, 2007).
BENEFITS OF MULTIPLE INFORMANT REPORTS
Numerous studies examined the impact of utilizing multiple informant reports in the diagnostic process of ADHD. Power et al., (1998), found that combining reports made by the parent using the Child Behavior Checklist (CBCL) and reports made by the teacher using the Teacher Report Form (TRF) can be beneficial to diagnosis, however parent reports demonstrated higher accuracy than teacher ratings for hyperactivity-impulsivity symptoms. Nevertheless, teacher reports are regarded as the most reliable informant for ADHD screening in adolescents with an accuracy rating near eighty percent (Power et al., 1998).

Granero, Ezpeleta, Domenech, and de la Osa (2008) found that parents were the primary contributors of information regarding symptoms of disorders primarily during preadolescence. However, they also found that excluding child informant reports from a study or diagnoses would result in loss of cases that require further evaluation.

ETHNIC MINORITIES AND INFORMANT REPORTS
Although minimal research on ADHD in ethnic minorities is currently available, the amount of research on ADHD among Latino Americans is especially scarce. However, Latino research is steadily increasing over the years, especially regarding mental health. In relation to informant report research, Latino parents’ reports of their children’s ADHD symptoms varied by their level of acculturation into American culture. Parents described that in their native homelands such as Mexico, ADHD would not be labeled as ADHD, but as poor manners (Perry el al., 2005). Once parents became more acculturated into American culture, the likelihood of labeling their children with ADHD increased (Perry et al., 2005).

STUDY AIMS AND HYPOTHESES
It is important to understand how parents view their children’s symptoms of ADHD as compared to the child’s self-perception of their ADHD, particularly among Latino children. Additionally, due to previous literature describing child reports as less reliable sources, it would be ideal to determine if Latino children have similar perceptions of their symptoms than parents.

Hypothesis 1: Youth will be rated as having higher levels of attention/hyperactivity problems based on parent reports than based on child self-reports.

Hypothesis 2: Parent-child report agreement will vary by problem type, gender, and age.
• 2a: Reports of hyperactivity problems (overt) will result in higher parent-child informant report agreement as compared to reported inattention (covert) problems.
• 2b: Older children will have higher levels of agreement with parent reports of symptoms for attention/hyperactivity problems than their younger counterparts.
• 2c: Higher parent-child agreement will exist for boys, relative to girls.

We also will explore the role family generation has on the level of agreement in parent-child reports across 1st (immigrant child and immigrant parent), 2nd (US-born child and immigrant parent), and 3rd (US-born child and at least one US-born parent) generation youth.

METHOD
PARTICIPANTS
A total sample of 94 predominately low-income Latino Youth (53 males, 41 females; 5-8th grade) and their parents were initially recruited for participation in a classroom survey. The sample was recruited from a public elementary school located in Chicago, Illinois. There were 17 (18%) first generation (both parent and child immigrants), 49 (52%) second generation (child US born, and parents are immigrants), and 28 (29%) third generation (U.S.-born youth with at least one U.S.-born parent).
MEASURES
Attention-Deficit and Hyperactivity Problems, Parent and Child Reports (Child Behavior Checklist [CBCL] and Youth Self-Report [YSR]). Inattention (covert) and hyperactivity (overt) problems were assessed using the CBCL and YSR (CBCL; Achenbach & Rescorla, 2001; YSR; Achenbach & Rescorla, 2001). The Attention and Hyperactivity Scale is a 7-item measure, using a 3-point Likert scale from “0” (Not True) to “2” Very/Often True. Inattention (covert) i.e. “I have trouble concentrating or paying attention.” Hyperactivity (overt)- “[My child] has trouble sitting still.”

PROCEDURE
Students were initially approached to participate in a classroom survey. A total of 94 parents were interviewed. Parent questionnaires were available in both English and Spanish. Research assistants read items out loud to increase participant comprehension and provide clear response options to the measures.

RESULTS
LEVELS OF ATTENTION/HYPERACTIVITY PROBLEMS BY REPORT
A paired-samples t-test analysis was conducted to examine levels of attention and hyperactivity problems in reports made by both the child and parent. There was a statistically significant difference between the CBCL ADHD reports by parents (M=3.6, SD=2.74) and YSR ADHD reports by the child (M=4.7, SD=3.22); t(2.78), p = 0.007, such that youth reported higher levels of problems than their parents.

BORDERLINE AND CLINICAL LEVELS OF ATTENTION/HYPERACTIVITY PROBLEMS BY REPORT
More children scored in clinical and borderline on the YSR, while 9.6% (9) youth fell into the borderline clinical range on the CBCL; with a child to parent ratio of 2:1.

CORRELATIONS BY PROBLEM TYPE, GENDER, AND AGE
Fisher’s z correlation analyses were conducted for each variable. Parent-child scores for covert problems (i.e., inattention) within ADHD were significantly correlated, r(94) = .58, p < .01; however the parent-child correlation was not significant for overt problems (i.e., hyperactivity), r(94) = .39, p = .06. The correlations between symptoms were significantly different, Z=-1.774, p < .05., thus parent-child informant report agreement were greater for hyperactivity problems than inattention problems. The parent-child correlation for reports of ADHD problems in female children were higher than the correlation for male children; however, the difference was not significant; females, r(41) = .179, p=.263, males, r(53) =.229, p=.099; Z=0.242, p=0.404. Age of the child also did not make a significant difference, younger children, r(30) = .231, p=.220; older children r(64) = .175, p= .167; Z=0.53, p=0.400.

FAMILY GENERATION CORRELATIONS
A Fisher’s z correlation analysis was also conducted to test agreement of parent-child reports across generation. The difference between first to third generation parent-child agreement was not significant, Z=.17, p=.433; second to third generation parent-child agreement was not significant, Z=0.273, p=0.392; first to second generation parent-child agreement was not significant, Z=0.037, p=0.485.

DISCUSSION
Parent-child informant research highlights parents as reporting overall higher levels of both attention and hyperactivity problems in standardized reporting measures (Cantwell, Lewinsohn, Rohde, & Seeley, 1997). This study examined the level of agreement between parent-child reports of attention-deficit and hyperactivity problems in Latino families specifically. Parents were
found to report significantly lower symptoms of attention and hyperactivity problems than their children. Contrary to previous findings, children were found to report more symptoms than their parents. This finding is particularly noteworthy because in most cases hyperactivity problems are frequently reported by parents, and typically leads to diagnoses of ADHD (Cantwell, Lewinsohn, Rohde, & Seeley, 1997; Granero, Ezpeleta, Domenech, & de la Osa 2008).

Children were also found to have the ability to identify their attention/hyperactivity problems to a greater extent than their parents, especially when reporting of symptoms in the clinical/borderline range. In studies such as the Smith (2007) study, children were labeled as being incapable of accurately reporting their own attention and hyperactivity problems.

**LIMITATIONS AND CONCLUSION**

The discrepancies between both parent and child reports in this study were remarkable and highlighted the significance in examining child reports of behavior problems in Latino youth. However, due to the characteristics of the sample (socioeconomic status, Latino backgrounds being primarily Mexican and Puerto Rican), these findings are not generalizable to every population of Latino youth and parents. Nevertheless, results showing the existence of cultural differences in perceptions of problem behaviors can inform future informant report studies.
REFERENCES


