



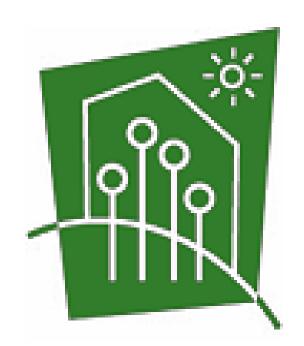
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### **ABSTRACT**

- **\*** The purpose this study was to examine the effects of culture and acculturation in the way depressive affect manifests itself in parent-child interactions and affects child behavior problems.
- \* The sample consisted of 82 English-speaking and 48 Spanishspeaking Latino mother-child dyads. The children, aged 2 through 8 years, were all referred to Parent-Child Interaction Therapy for treatment of disruptive behaviors.
- Results of analyses showed that symptoms of depression influenced Spanish-speaking and English-speaking Latinos differently. It also showed that there were significant group differences for both child risk and socio-economic risk elements.

### **INTRODUCTION**

- Acculturation has consistently been found to be challenging for Latino/a immigrants, increasing stress due to differences in the native versus the new culture, removal from family and friends, language barriers, and various elements of discrimination (Flaskerud & Uman, 1996).
- Spanish-speaking Latinos have been found to have a higher proportion of depression diagnoses than English-speaking Latinos, thought to result from their greater social isolation and socio-economic risk (Ruiz, 2007). Less acculturation is associated with more parental stress and marital problems, which increases the likelihood of negative outcomes for the child (Kim, 2001; Shahbaznia, 2002).
- Research has found that recent immigrants are at risk for developing anxiety problems (Lee, Lei, & Sue, 2001). Elements that influence depression in immigrants include the age of immigration, and the ability to understand and speak English (Chiswick & Miller, 1999; Takeuchi, Chung, Lin et al., 1998).
- However, key to cultural competence is understanding the different meanings behaviors have for people from different races and cultures. For example, Spanish-speaking mothers have been found to be more strict (Buriel, 1993), use more physical guidance, and implement more rules than English-speaking Latino moms (Halgunseth, Ispa, & Rudy, 2006). But, this behavior may not be interpreted as coercive to their children because it is "normal" for them.
- The purpose of this research is to compare the parenting behaviors of English and Spanish-speaking Latino mothers of children referred for mental health treatment because of disruptive behaviors and discover whether their depressive symptoms are likely to have different effects on their children's mental health.





# The Effect of Acculturation on the Meaning of Mothers' Behaviors

**UC Davis Children's Hospital** 

#### **PURPOSE OF THE STUDY** Using mothers' language as a proxy for acculturation, the purpose of this study is to explore differences between English and Spanish-speaking Latino mothers and their clinic-referred children, tracing the role maternal depression plays in the parent-child relationship and child behavior problems. METHOD **Participants** Mother-child dyads were referred to Parent Child Interaction Therapy (PCIT) for treatment of the child's disruptive behaviors. Dyads were categorized according to what language the mothers spoke: 82 English-speaking or 48 Spanish-speaking. Procedure Mother-child dyads were assessed before entering PCIT treatment. Videotapes of a 15-minute observational assessment were coded for the mothers' verbalizations using the Dyadic-Parent-Child Interaction Coding System-II (DPICS-II; Eyberg, Bessmer, Newcomb, Edwards, & Robinson, 1994): questions, reflections, acknowledgments, descriptions, praises, commands, and critical statements. Based on previous research, we examined neutral verbalizations (information and behavior descriptions, and reflections), directives and questions (direct commands, indirect commands, critical statements, and questions), positive verbalizations (praises). For purposes of this study, we calculated percents of total verbalization for use in statistical analyses. \* A variable evaluating child risk was created by combining presence or absence of the following: physical abuse history, neglect history, history of being in foster care, and prenatal exposure to drugs and/or alcohol. ✤ A variable evaluating socioeconomic risk was evaluated by the following: mother having less than a high-school education, being single, and being 26 years old or less. Measures Children's behaviors were rated using the Eyberg Child Behavior Inventory (ECBI; Eyberg & Pincus, 1999). Dyads were categorized as depressed or non-depressed based upon the mother's self-report of depressive symptoms on the SCL-90-R (Derogatis, 1983) or the BSI (Derogatis, 1993). Stress levels were evaluated based upon the mothers' selfreported symptoms on the Brief PSI (Abidin, 1995). Demographic information was obtained through caregivers' reports on a questionnaire administered prior to treatment and through court reports and/or social workers' reports.

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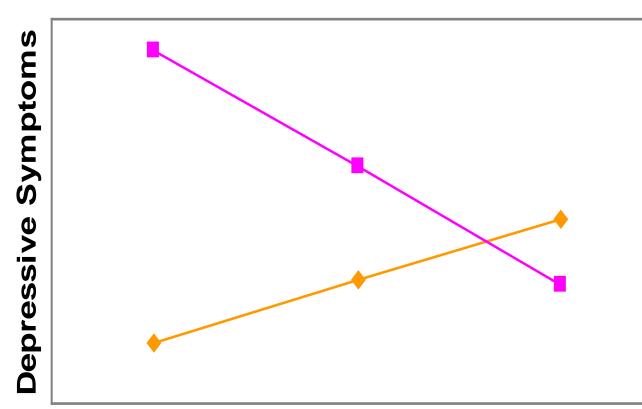
RESULTS

Demographic Differences		
<b>English</b> $(N = 82)$	<b>Spanish</b> (N = 48)	
63.4	65.8	
4.8 (1.5)	4.1 (1.6)	
30.8 (9.1)	34.4 (8.8)	
56.4	13.5 ***	
54.4	55.9	
69.1	35.0 ***	
29.3	14.6	
62.3	16.6 ***	
87	85	
67.1	50.0 *	
53.32 (10.22)	54.04 (10.87)	
2.68 (1.51)	1.10 (1.24) ***	
1.50 (.95)	1.00 (.92) ***	
	English $(N = 82)$ 63.4 4.8 (1.5) 30.8 (9.1) 56.4 54.4 69.1 29.3 62.3 87 67.1 53.32 (10.22) 2.68 (1.51)	

There was a significant difference between the dyads in the English-speaking and Spanish-speaking groups for neglect history,  $\chi^2 = 25.32$ , df (1, 130), p < .001; substance abuse history,  $\chi^2 = 18.88$ , df (1, 115), p < .001; marital status,  $\chi^2 =$ 3.70, df (1, 130), p = .05; history in foster care,  $\chi^2 = 12.81$ , df (1, 121), p < .001; child risk, F(1, 129) = 37.99, p < .001; and socio-economic risk, F(1, 129) = 8.61, p = .004.

#### **Group Differences in Verbalizations**

- Results of a multivariate analysis of covariance of parent verbalizations, with mothers' language and depressive symptom levels as independent variables and child risk, child age as covariates, showed a main effect for language on total verbalizations, F(1, 62) = 9.05, p = .004. Spanishspeaking mothers spoke less than English-speaking mothers.
- The two groups of mothers did not significantly differ in the percentage of directive, positive, and neutral statements.



- English-speaking -Spanish-speaking

#### **Total Verbalizations**

This graph shows that for Spanish-speaking mothers, more depressive symptoms was associated with less total talk; while for English-speaking mothers those with more depressive symptoms talked more. This represents a significant language by depressive symptom interaction when predicting total parent verbalizations F(1, 62) =10.28, p = .002.

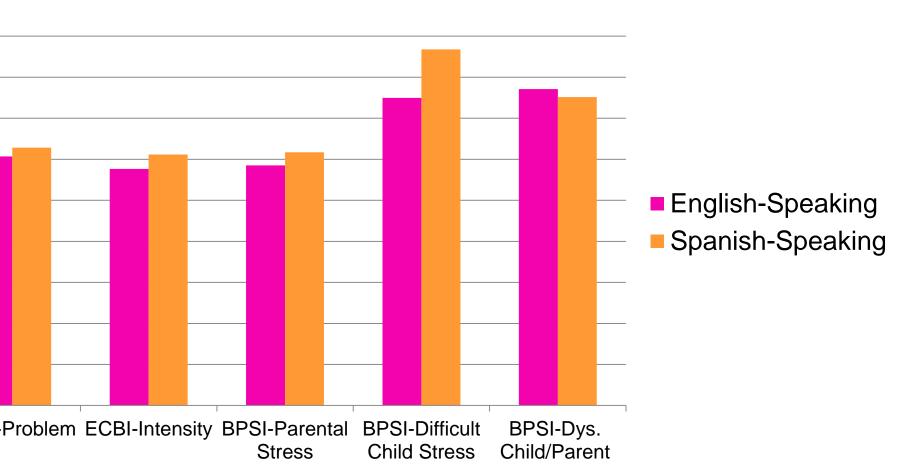
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	Group
	<ul> <li>Mult moth stres</li> <li>effect</li> <li>Engl</li> <li>level</li> </ul>
100 90 80 70 60 50 40 30 20 10 0	
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#### **Differences in Measures**

ltivariate analyses of covariance testing the influence of thers' acculturation and depressive symptoms on parental ss and child behavior problems showed no significant ects for acculturation. All other things being equal, glish- and Spanish-speaking mothers reported similar els of stress and child behavior problems.



ever, when examining potential predictors for reported vior problems, both child risk elements and depressive otoms were significant, and did not vary by acculturation. risk significantly influenced both behavior scores, ECBInsity, F(1, 89) = 4.69, p = .033, and ECBI-Problems, F(1, 89)54, p = .036.

ression also significantly influenced both behavior scores, I-Intensity, *F* (1, 89) = 16.29, p < .001, and ECBI-Problems, (89) = 4.13, p = .045.

### CUSSION

ourpose of this study was to examine the differences en English- and Spanish-speaking Latino mother-child , and to explore the influence that maternal depression n the parent-child relationship and reported child vior problems.

yses of the demographic and risk characteristics showed antial differences in the population of clinic-referred o children. English-speaking children showed a

icant history of exposure to drugs and alcohol, neglect, care, and greater socio-economic risk. However, mothers h groups reported similar levels of depressive symptoms hild behavior problems.

ts' verbalization patterns were similar for English- and sh-speaking mothers, but Spanish-speaking mothers were talkative on the whole. Furthermore, greater numbers of ssive symptoms predicted different interaction styles, more depressive English-speaking mothers speaking more nore depressive Spanish-speaking mothers speaking less. te of the different manifestation of depressive symptoms ir interactions with their children, greater depression and risk predicted more child behavior problems and

ting stress in both groups of mothers. This suggests that igh the way depression affects parent-child relationships differ by cultural groups, its effects on parenting stress and children's behavior problems is invariant.