The purpose of this study is to explore how cultural norms and levels of acculturation influence parenting styles and child responsiveness within English- and Spanish-speaking Latino families when the children have been referred for mental health services because of their difficult-to-manage behavior. In this study, we ask how differing acculturation levels influence parenting styles and child responsiveness within English- and Spanish-speaking Latino families when their children have been referred for mental health treatment. Results showed that high commands at pre-treatment predicted low child emotional availability for both groups. Interestingly, high amount of questions asked by English-speaking parents at pre-treatment predicted lower child emotional availability, however there was no relation between questions and emotional availability for Spanish-speaking Latino parents.

INTRODUCTION

Acculturated Latino parents have been found to display more authoritative parenting practices similar to mainstream Anglo-American parenting behaviors (Grau et al., 2009; Fallaco, 1998; Fontes, 2002; Hill et al. 2003). Contrarily, less acculturated Latino parenting behaviors have been described as more controlling and strict, consistent with an authoritarian parenting style (Burriel, 1993; Chun & Akutu, 2003; Cabrera et al., 2006; Grau et al., 2009).

The use of controlling behavior and parental intrusiveness among less acculturated parents has been found to have less negative outcomes than its use among more acculturated parents (Gonzalez et al., 2000; Grau et al., 2009; Ispa et al., 2004). Ispa et al. (2004) examined Latino mothers of varying acculturation levels in interactions with their children. The researchers evaluated the mother’s warmth and intrusiveness and its effect on their child’s response and engagement. Both groups demonstrated intrusiveness in their interactions with their children, which predicted child negativity. However, more acculturated Latino parents who demonstrated high levels of intrusiveness had children who were negative and less involved with their parent. This was different from less acculturated Latinos in which maternal intrusiveness was unrelated to the child’s engagement with their parent.

Because previous research has used community samples of normally functioning children, the negative effects of certain styles of parenting may have been difficult to detect. This study will use a population of children referred to Parent-Child Interaction Therapy (PCT) for treatment of disruptive behaviors.

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METHOD

Participants

Participants in this study were referred to the UC Davis CAARE Center for Parent-Child Interactive Therapy (PCT) treatment because of the child’s behavior problems. A total of 95 mother-child dyads were selected for this study according to the caregiver’s ethnicity. Children used in the sample were between the ages of 2 and 8 years old. Dyads were then categorized based on the preferred language of the caregiver, which was also the language used during PCT treatment. There were 27 Spanish-speaking dyads and 68 English-speaking dyads.

Procedure

Prior to the start of PCT treatment, Mother-child dyads were assessed in three 5-minute parent-child interaction analyses, which varied in the amount of control required of parents. These 15-minute taped interactions were then coded according to the Emotional Availability coding system (EA; Birring, 2000) and the Dyadic Parent-Child Interaction Coding System (DPICS-III; Eyberg, Nelson, Duke, Boggs, 2009).

• EA scales consist of eight global parent scales and two child scales measuring specific dimensions of caregiver-child relationships. Parent scales measure parental sensitivity to the child, non-hostility, non-intrusiveness, and ability to structure activities and interactions during each segment. Child scales measure the child’s responsiveness to the parent and the degree to which they involve the parent in their activities.

• DPICS-III (Eyberg et al., 2009) was used to code the number of parent verbalizations according to various speech categories; including acknowledgments, informational descriptions, unlabelled and labeled praises, reflections, behavior descriptions, questions, reflective questions, commands, and negative talk (or critical statements). Commands were further categorized into direct commands and indirect commands.

• Spanish-speaking video tapes were coded for inter-rater reliability by two bilingual and bi-culturally competent undergraduate level researchers reliable in EA and DPICS coding.

• English-speaking videos tapes were coded for inter-rater reliability by undergraduate and graduate level researchers reliable in EA and DPICS coding.

RESULTS

Regression analyses showed that more commands at pre-treatment predicted low child emotional availability for both English-speaking and Spanish-speaking Latinos. Results also showed that more questions at pre-treatment predicted lower child emotional availability for English-speaking Latinos, but not for the Spanish-speaking Latinos. Further exploration revealed that for English-speaking Latinos, high questions at pre-treatment were correlated with high parental sensitivity, low hostility, low intrusiveness, high child responsiveness and high child involvement. For Spanish-speaking Latinos, high amount of questions at pre-treatment correlated with low parental intrusiveness, and high parental passivity (see Tables 2 and 3).

DISCUSSION

The purpose of this study was to explore how cultural norms and levels of acculturation influence parenting styles and child responsiveness within English- and Spanish-speaking Latino families when the children have been referred for mental health services because of their difficult-to-manage behavior.

Contrary to our hypothesis, both groups of children showed less emotional availability when their parents were more authoritarian (i.e., gave more commands). This finding could be accounted for by the fact that all children met medical necessity for mental health treatment because of their disruptive behaviors, and may not reflect interaction patterns in the general population.

Also contrary to our hypotheses, we found that the effects of questioning on child behavior (which are intrusive, per PCT protocol) differed from the effects of commands, and that these effects also varied by acculturation level. The finding that more questions at pre-treatment predicted higher child EA for English-speaking Latinos, but not Spanish-speaking Latinos suggest that possibly the comfort of this questioning style for children is one way that culture has imposed itself on Latino families. These findings also suggest that questions are indicators of two different parenting styles- a passive, depressed style among Spanish-speaking mothers and a more engaged style (English-speaking).

Additionally, we wonder whether questioning serves a positive purpose in Latino-parent-child relationships. Latino families emphasize family structure, hierarchy and dominance (Hill, Bush & Roosa, 2003). When a parent indicates interest in a child’s actions enough to inquire about them, this might be an adaptive way to be involved without compromising family structure.

CLINICAL IMPLICATIONS

Findings suggest the importance of understanding the impact of acculturation on parent and child dynamics, particularly in clinical populations.

When coaching English-speaking Latinos, less emphasis should be placed on questioning, but rather focus on other strategies that reinforce family structure.