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Portuguese-American Parents' Knowledge of Attention Deficit Hyperactive Disorder

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This is to certify that the doctoral dissertation by

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Abstract

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Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

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Abstract

According to recent studies, there is an interethnic research gap that exists regarding Portuguese-American parents' knowledge of Attention Deficit Hyperactive Disorder (ADHD). The purpose of this study was to explore Portuguese-American parents' knowledge of the symptoms and diagnosis of ADHD, how they think it impacts their children's education, learning, behaviors, and what interventions they use to address the behavioral issues and learning disabilities that result from ADHD. Guided by family systems theory, with the premise that children are an integral part of the family and cannot be understood in isolation from the family, this qualitative, phenomenological study used semi-structured interviews to gather visual and verbal data to understand Portuguese-American parents' knowledge, perception, attitude, and awareness of ADHD. Inductive analysis allowed for identification of themes and categories of transcribed data and field notes until saturation was reached. Multiple recurring themes found in this study indicated (a) lack of knowledge of ADHD, (b) lack of information provided by professionals, (c) opportunity to be educated about this neurodevelopmental mental health disorder, and (d) lack of the appropriate resources for these parents to get the necessary help needed to cope with their children's symptoms and diagnosis of ADHD. The results could bring about positive social change for this underserved ethnic minority group of people on how to deal and understand their children's learning and behaviors related to ADHD.

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Dedication

I dedicate this dissertation to my parents who instilled in me and preached the value of education, and to never give up no matter how long and tedious the road may seem. Although you both are not here today to see my achievement, I recount daily your words of wisdom, “there is nothing more valuable than a good education, which no one can take away from you. We may not be able to give you material birthday gifts, but the best gift we can give you is an education”.

Mom and Dad, today, I am able to see my success through all your self-sacrifices and manual hard work. Even though you did not have the opportunity to get a higher education, you continuously, until your last days on earth, encouraged and pushed me and my siblings to stay in school until the objective is accomplished. Yes, with your blessings, I am happy to say that the objective has been accomplished!

I will follow in your footsteps to continue this trend to encourage and motivate my children to do the same. I also dedicate this dissertation to my four children: Vidya, David, Vishwanie, and Dharam. My hopes are that you will take every opportunity to be better educated and intellectually superior, as I make similar self-sacrifices and hard work to help keep my parents’ dreams alive.

Acknowledgement

I would like to express my gratitude to the Staff and Administration of Walden University who contributed in some role or the other for me to obtain my PhD Degree from this most reputable institution. Specifically, I would like to acknowledge Mr. Reidel, the Vice Presidents and Deans in their efforts to maintain such an educational institution with ethical integrity and resourcefulness.

I would also like to acknowledge my Committee members: Dr. Baker – thank you for being my chairperson, mentor, and advisor, but most of all to be there whenever I needed help and support through this long and tiring path. Words cannot express my appreciation for your encounters. Dr. Frierson, thank you for your help and support as a methodologist; your role is appreciated more than you think. Dr. Kladapoulos, my URR reviewer - thank you for your meticulous review of my dissertation. You did an excellent job in pointing out things to me with alternative recommendations as to how and why statements could be worded to make logical and meaningful sense to enhance the knowledge of my audience. I appreciated your input and feedback with respect for the care and dedication you demonstrated.

To my children Vidya, David, Vishwani, and Dharam - thank you for your patience, tolerance, love, and support during this long journey of my dissertation process. I try to live by example to demonstrate that when you set your mind to do

something, it will get done no matter the obstacles or hurdles you may encounter along the path. Self-determination with hard work can move mountains. Yes, you can achieve anything you set your mind to – the sky is the limit; the immortal words of the great Mahatma Gandhi, Live as if you were to die tomorrow; learn as if you were to live forever". Love always, maa!

Table of Contents

List of Tables

Chapter 1: Introduction to the Study

Introduction

Nearly 8% of mainstream school-aged children in the United States have been diagnosed with (ADHD) (Garnier-Dykstra et al., 2010). This trend is growing. There was an average yearly increase in the number of cases of 5.5% from 2003 to 2007(Centers for Disease Control and Prevention (CDC), 2010). A literature search showed multiple ADHD research studies that were carried out on White Americans, and dominant ethnic minority groups of people such as Black, Cuban, and Hispanic Americans (Hughes, Valle-Riestra, & Arguelles, 2008); Perry, Hatton, & Kendall, 2005; Pham, Carlson, & Kosciulek, 2010; Race on the Agenda, 2013. Most noted by me were studies relative to African-Americans (Miller, Nigg, & Miller, 2009), Hispanic-Americans (Domínguez & Shapiro, 2005), and Cuban Americans (Alves-Silva et al., 2000; Arcia & Fernandez, 1998; Schneider et al., 2011). However, I was unable to find studies related to the Portuguese-Americans.

The diagnosis and symptoms of ADHD can present severe consequences to children with early hindrance to their learning, education, behavior, social life, general well-being, and future outcomes; these consequences can be transitioned into adulthood and successive future generations (Pham, Carlson & Kosciulek, 2010). Despite the abundance of research related to the number of diagnoses and the impact on learning and behavioral impairment associated with ADHD, studies about the Portuguese-American families, especially the parents and their knowledge about this mental disorder, could not be obtained in a literature search. For example, Florida showed that the 11.6% of children

diagnosed with ADHD included Latinos, African-Americans, and Cubans, but no data could be acquired about the prevalence of ADHD among Portuguese-American children (National Institute of Health, 2011).

According to the Portuguese Association of the Hyperactive Child (2015), it is estimated that at least 80,000 Portuguese children in Portugal suffer with the symptoms and/or diagnosis of ADHD. There were no studies carried out on the prevalence of ADHD among this population of children or adults within the United States. In order to bring awareness of ADHD to the parents of these children with ADHD, the copywriters and art directors of the Lisbon creative agency, 'Nylon', created radio shows with therapeutic effects on hyperactive children rather than just discussions about hyperactive children (Gomes de Almeida, Mateus, Santos, & Garcia, Nylon Advertising Agency, Lisbon, Portugal, 2015). The method used by the Radio Sound Therapy merges children's fantasy stories that are described by "Portugese celebrities with sound frequencies emitted by Tibetan singing bowls. The vibrations from the bowls produce specific frequencies that trigger changes in brain wave frequency from beta (alert) to alpha (relaxed)" (Gomes de Almeida et al, 2015, n. p.).

I have found that there is no demographic or descriptive data of Portuguese-American children with ADHD in metropolitan, suburban, or rural communities in the United States of America. Due to this gap in the data, this study aims to learn about the actual attributes of ADHD relative to the Portuguese-American parents' perceptions about their children's diagnoses and symptoms of ADHD, including how ADHD may affect their children's education and learning. Until this is accomplished, there will

continue to be disparities in identification, access to treatment, and reports of the manifestations of ADHD and its co-existing conditions in this ethnic group of American citizens (dosReis, Barksdale, Sherman, Maloney, & Charach, 2010; Harkness & Keefer, 2000).

Statistical data that I obtained from government websites revealed shallow or superficial demographics, frequencies and percentages of the number of children affected by the symptoms and diagnoses of ADHD. However, the same statistical data does not disclose the deeper understanding of the thought processes at work for the Portuguese-American parents. These are parents whose children face adversities in everyday life of learning and abnormal behaviors due to symptoms and diagnoses of ADHD (Breslau, Miller, Chung, & Schweitzer, 2010). Examining the reported lived experiences of Portuguese-American parents who have one or more children with symptoms and/or diagnosis of ADHD contributed to the purpose of this research study, which was to explore Portuguese-American parents' knowledge of the symptoms and diagnosis of ADHD, how they think it impacted their children's education, learning, behaviors, and what interventions they utilized to address the behavioral issues and learning disabilities that resulted from ADHD (see Morrow & Smith, 2000; Morrow, 2007). I carried out this exploration, harnessing participants' thoughts, feelings and expression via interviews.

This introductory chapter highlights the social problem of ADHD as it relates to the Portuguese-American family. I provide a brief history of statistical data of ADHD in the United States. I also discuss the interethnic gap that exists in research studies about ADHD and the Portuguese-American people and the social implications for Portuguese-

American parents who lack knowledge of ADHD. I provide a guiding problem statement to describe the social disadvantages of ADHD and how it affects this ethnic minority group of people. I present the purpose for this study and research questions. Using the conceptual framework Bowen's family systems theory (1978), which is based on the premise that a child is an integral part of the family system; it is important that I work with parents to understand the rest of the family and seek to understand the phenomenon of this study.

Background

Though I was unable to identify research on Portuguese-American families and ADHD, I found multiple studies on how to involve other ethnic families in the understanding and treatment of ADHD (Arcia, Reyes-lanes, &Vazquez-Montilla, 2000; Chavira, Lopez, Blacher, & Shapiro, 2000; dosReis, Barksdale, Sherman, & Maloney, 2010; Kendall, Hatton, Beckett, & Leo, 2003; Yeh, Hough, McCabe, Lau, & Garland, 2004). These studies reported that there is the tendency to blame parents for a lack of discipline in atypical behaviors instead of viewing their children's ADHD diagnoses and symptoms as a mental health illness. Furthermore, these studies showed a lack of needed communication to educate parents about causes and effects of ADHD and a lack of education regarding available treatment options and outcomes (including pharmacological and non-pharmacological treatments like cognitive behavioral therapy) .Research also showed that education on coping skills for parents with children diagnosed or with symptoms of ADHD was lacking and that there exists a secretive and unspeakable cultural stigma attached to an ethnic child's diagnosis and symptoms of

ADHD; and intra- and inter-ethnic support groups (Arcia, Reyes-lanes, &Vazquez-Montilla, 2000; Chavira, Lopez, Blacher, & Shapiro, 2000; dosReis, Barksdale, Sherman, & Maloney, 2010; Kendall, Hatton, Beckett, & Leo, 2003; Yeh, Hough, McCabe, Lau, & Garland, 2004).

Problem Statement

The problem studied with this research project is the degree of knowledge and insights that the Portuguese-American parents have about ADHD, and how it affects the education, learning, and behavior of their children. Additionally, I seek to learn more about the types of interventions and treatments the parents use to address behavioral and learning difficulties associated with ADHD.

Portuguese-American parents may be unaware of the consequences of their children's current learning, emotional issues, cognitive and behavioral problems associated with ADHD. Thus, it may be possible that these parents may experience a lingering uncertainty regarding their offsprings' short-term and long-term outcomes as adults with ADHD, such as the social stigma and problems associated with ADHD (Pham, Carlson & Kosciulek, 2009). While an overwhelming body of research literature addresses the knowledge and resources available to other ethnic minority groups of parents (Arcia, Reyes-lanes, &Vazquez-Montilla, 2000; Chavira, Lopez, Blacher, & Shapiro, 2000; dosReis, Barksdale, Sherman, & Maloney, 2010); Kendall, Hatton, Beckett, & Leo, 2003; Yeh, Hough, McCabe, Lau, & Garland, 2004), research findings did not address the knowledge or available resources of the Portuguese-American parents and families.

ADHD is a neurobehavioral disorder with notable symptoms in childhood that can continue into adulthood (Cortiella, 2011). ADHD is associated with developmentally dysfunctional inattention and hyperactivity with consequential functional impairment in academics, family, and social situations (American Psychiatrist Association, 2000). According to the Center for Disease Control and Prevention (CDC, 2010), currently there are 5.4 million children, four years and older, with parent-reported ADHD diagnosis, an increase from 7.8% to 9.5% during 2003-2007; this represents a 21.8% increase in 4 years. Data showed one in 10 children, four years and older with a diagnosis of ADHD by 2007 (CDC, 2010), which helped to further characterize the impact of ADHD on families. Although a literature review showed multiple studies of the impact of ADHD on other ethnic families, no relative studies could be found on ADHD and the impact on Portuguese-American parents. Thus, an interethnic gap may exist for Portuguese-American parents not having the same knowledge and insights, as other ethnic groups, of the symptoms of ADHD, and the consequences it bears on their children's learning and behavioral problems. This first-hand knowledge is based on my personal experience of working with a few Portuguese-American families whose children demonstrated signs of ADHD. However, after longstanding observations of approximately one year with these children, it was apparent that the symptoms of ADHD may be related to lack of concentration, extreme hyperactivity, bizarre thought processes, hyperverbality, and inattentiveness. I sat down with the parents, and discussed the signs and symptoms of ADHD, but the parents did not want to hear about it. Instead, they often spoke of their children being lazy, needs to be left alone to fend for themselves, and if they cannot

change their behaviors, they will not learn and become a "nothing". Instead of giving thoughts to what I was seeing and reporting, some of the parents decided to follow-up on their thinking and stopped the tutoring process for their children. Hence, the purpose of this study was to explore Portuguese-American parents' knowledge of the symptoms and diagnosis of ADHD, how it impacts their children's education, learning, and behaviors, and what interventions they utilize to address behavioral issues and learning disabilities that result from ADHD.

Purpose of the Study

The purpose of this qualitative phenomenological study was to explore Portuguese-American parents' knowledge of the symptoms and diagnosis of ADHD, how they think it impacts their children's education, learning, and behaviors, and what interventions they utilize to address the behavioral issues and learning disabilities that resulted from ADHD. By conducting interviews, I made use of the power of words in order to relate to their knowledge and experiences of their children, and the effects of ADHD (Morrow & Smith, 2000).

Throughout the course of this study, I collected verbal and observational data gathered from interview sessions with participants. **I** made every effort to capture the description of the inner values of each parent's knowledge, perception, attitude, and awareness of ADHD through one-on-one, face-to-face, and telephone interviews. Qualitative research may prove most successful in obtaining first-hand valid and reliable data collection of the Portuguese-American parents' experiences and knowledge of their child's ADHD (dosReis et al., 2010; Wengraf, 2001; Wilcox, Washburn, & Patel, 2007).

This positive outcome of knowledge and experiences may help to fill a gap in research literature examining ADHD awareness among the under-researched minority of Portuguese-American communities. The raw data collected from participants' knowledge and experiences were transcribed and analyzed. Results were anticipated to offer valuable insight into the nature of the phenomenon of Portuguese-American parents' knowledge of ADHD and their experiences of the effects with their children's education, learning, and behavioral changes. In addition, the results of this study may increase understanding on the part of a range of care givers who work with this population.

Research Questions

This qualitative study addressed the following research questions:

Research Question 1: What is the knowledge of Portuguese-American parents about ADHD?

Research Question 2: What do Portuguese-American parents know about the effects of ADHD and its symptoms on their children's education, learning, and behavior?

Research Question 3: What interventions do the parents utilize to address behavioral issues and learning disabilities that result from ADHD?

Theoretical Framework

The theoretical framework for this study is based on Bowen's (1978) family systems theory. This theory is based on the premise that children cannot be understood in isolation from the family. A child is an integral part of the family system, and the fundamental element of this theory is to serve children well. It is important to work with parents to understand the rest of the family system, their knowledge-base and awareness

of the child's problems with ADHD (Jacobvitz, Hazen, Curran, & Hitchens, 2004). In using the family systems theory, the goal was to study parents whose children have been diagnosed with ADHD based on the criteria of the DSM-5 (2013), or unspecified ADHD DSM-5 (2013), but with symptoms of ADHD, and ways to help them better understand the implications and consequences of the diagnosis.

Using the family systems theory, the aim of the proposed study is to explore Portuguese-American parents' knowledge of the symptoms and diagnosis of ADHD and how they think it impacts their children's education, learning, and behavior. In addition, based on the obtained findings, this study may help pave a way to help other ethnic minority parents, such as Blacks, Hispanics, Greeks, South and East Asians, Arabs, Irish, Italians, etc., whose children have been given a diagnosis or near diagnosis of ADHD, to better understand the effects, implications and consequences of ADHD on the lives of their children. According to the family systems theory, people are attached to their family in one way or another, and each person within the family has a role to play within the everyday life of the family as a whole (Bitter & Corey, 2009). Changes in behavior or impairment to one family member most likely will affect the entire family, as they are all interconnected. It is the author's contention that the fundamentals of the family systems theory can possibly be applied to the effects of ADHD in any family, especially the interaction between parents and children (Bitter & Corey, 2009). An example would be that children's dysfunctional behaviors, due to ADHD, can affect the family as a whole in terms of activities of daily living, thereby having an effect associated with the inner core of peace, tranquility, and harmony in the relationships of family members (Bitter &

Corey, 2009). Therefore, it is important to get the insights of parents to increase their awareness of the impact ADHD can have on their family as a whole, affecting not only the child with symptoms of ADHD, but the entire family dynamics (Dombeck & Wells-Moran, 2006).

The theory of family systems relates to all families to include the different races, colors, and creed, such as the multiple diverse ethnic minority groups (Jacobvitz, Hazen, Curran, & Hitchens, 2004). However, it is implied that not all families deserve the same treatment as related to the theory of family systems. This idea is based on the fact that the majority of research studies gather statistics on mainstream American families and not the lower social economic or the diverse multicultural families (e.g. Bruchmüller, Margarf, & Schneider, 2012; Yeh et al, 2004). Research studies have shown that despite cultural differences, family income, or status quo, parental involvement plays a very integral role in minority children's overall mental health well-being, and successful educational outcomes (Fan, 2001; Meece & Kurt-Costes, 2001). A more detailed explanation of family systems theory is included in Chapter 2.

Garcia Coll & Pachter (2002) reiterated how vitally important it is to expand the application and growth of societal understanding of ethnic minority parenting styles in mainstream United States of America. The majority of literature referred to the norms of parenting based on middle class–socioeconomic status (SES), Anglo-Saxon population and language, and the use of samples taken only in the United States of America (e,g, Dixon, Graber, & Brooks-Gunn, 2008; Kuruppuarachchi & Wijeratne, 2004). This type of research strategy posits that certain facets of parenting are different among groups of

people that differ based on ethnicity and culture. Thus, if the same parenting behaviors were to be applied across the board with all children, this may result in relative differences in the degree of positive developmental outcomes across groups.

Additionally, parental involvement in their children‘s every-day life has been established as a key influence to promote and support educational success (Anguiano, 2004). The subject of ethnic minority parental involvement has been neglected for too long (Anguiano, 2004). Minority parents are made to feel that their involvement in their children’s education is viewed as being worthless and not valued by the creators of mainstream educational systems (Anguiano, 2004). Thus, most ethnic minority parents are left feeling helpless in having a say in their children’s educational success.

History has noted that the educational system in the United States was created primarily for White mainstream families and their children, and not for minority parents and their families (Ho, Raley, & Whipple, 2001). To be a member of an ethnic minority group is like taking part in a battle with the powers of negative social identity. According to the theoretical models of (Ho et al., 2001), there is a persistent achievement gap among ethnic minority groups of people. These models explained reasons such as cultural deprivation, cultural difference, and socio-systemic factors that influence the achievement gap for minority multicultural students.

Cultural deprivation may be the result of poor impoverished and restricted home life of ethnic minority students. It can also be hypothesized that a fundamental reason for the continuous underachievement by ethnic minority students may be due to being culturally deprived or socially and economically disadvantaged. Growing up in

environments that are not cognitively stimulating may help to produce a persistent achievement gap for this population, whose situations may never change throughout the growing stages of life (Ho et al., 2001). A more detailed discussion of ethnic minority parenting styles and involvement is provided in Chapter 2.

The overall philosophical and practical views of the family system theory (Bowen, 1978) coincide with this study and research questions. It highlights the most noted focus of the family which usually consists of parents and children. The main premise of the family systems theory is that all members in a family are attached to each other in one way or another. Each person within the family has a role to play for the family's overall safety, security, health, well-being, and successful outcomes in all endeavors in everyday life (Bitter & Corey, 2009). Changes in behavior or impairment in one of the family members most likely will affect the entire family, as they are all interconnected.

Family systems theory is applicable to the effects of ADHD in any family especially between the parents and children. Therefore, the research questions in this study are appropriately designed to explore the insights of the Portuguese-American parents' knowledge and experiences of their children's ADHD. Knowledge is power and the more parents learn about the pros and cons of dealing with ADHD, they will become more aware of how ADHD can impact their family as a whole. ADHD not only affects the child with a diagnosis or symptoms, but may have traumatic and dramatic effects on the entire family dynamics (Dombeck & Wells-Moran, 2006). In addition, the results from this study may benefit mental health professionals, school personnel, educators, and

scientists-practitioners as to future diagnosis and treatment of other American ethnic minority children. A more detailed analysis of the literature regarding how a child's diagnosis of ADHD is experienced by the entire family is included in Chapter 2.

Nature of the Study

The nature of this study is involved in the process of discovering and describing the knowledge and experiences of ADHD from the perspective of Portuguese-American parents. Kumar's (2012) qualitative phenomenological approach is rationalized to be appropriate for the noted purposes. The key concept of qualitative phenomenological research is to get the inside thinking and feeling of the targeted audience through the power of words (Morrow & Smith, 2000). The methodology entailed gathering of auditory, observational (visual), and verbal data by the researcher. This method allowed the researcher to obtain information regarding each person's knowledge, perception, attitude, and awareness of ADHD through one to one, face-to-face, and via electronic media (phone or skype) interviews. Consequently, qualitative research may prove most successful in obtaining first-hand valid and reliable data collection of parents' experiences (dosReis et al., 2010; Wengraf, 2001; Wilcox et al., 2007).

Definitions

Attention-deficit/hyperactivity disorder (ADHD): Based on changes in the definition provided by the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association [*DSM-5*], 2013), symptoms of ADHD are categorized as inattention, hyperactive and impulsive, or a combination of inattention, hyperactivity, and impulsivity. Behaviors would include failure to pay close

attention to details, difficulty organizing tasks and activities, excessive talking, fidgeting, or an inability to remain seated for any given length of time.

For a diagnosis to be made, six or more symptoms must be present for at least 6 months. A child must have at least six symptoms from either (or both) the inattention group of criteria and the hyperactivity and impulsivity criteria. Older adolescents and adults (over age 17 years) must present with five of those symptoms. According to revision of symptoms as noted in DSM-5 (2013), symptoms of ADHD must be evident prior to 12 years of age. ADHD symptoms must not be solely presented during the course of schizophrenia or another psychotic disorder and must not be attributed by another mental disorder. Mental disorders would include: depressive or bipolar disorder, anxiety disorder, dissociative disorder, personality disorder, or substance intoxication or withdrawal (American Psychiatric Association [DSM-5], 2013).

Symptoms of ADHD must present difficulties in at least two settings and must be associated with significant impairment in school, at work, and/or social situations. Other possible symptoms of hyperactivity may include fidgeting or squirming around, inability to remain seated for any given length of time, abnormal running or climbing, difficulties to play quietly, always moving around/about, and excessive/loud talking. Possible additional symptoms of impulsivity may include prematurely shouting out answers to questions, impatient to wait for his/her turn in cue, frequent disruptions with attention-seeking behaviors. Possible additional symptoms of inattention may include lack of or poor attention to things and surroundings, difficulties to maintain attention, inability to listen when spoken to, difficulties to understand or follow instructions, unable to

complete schoolwork, difficulty in organizing tasks, refusal of continued efforts toward mental tasks, intentionally losing things necessary to complete tasks, easy distractibility, insensible to or forgetful to daily tasks such as hygiene, personal grooming, cleanliness, and overall general body care (American Psychiatric Association [DSM-5], 2013).

Phenomenology: Phenomenology is a tradition in German philosophy that captures the essence of lived experiences. The aim is the in-depth focus on the meaning of a particular aspect of experience, with the assumption that through dialogue and reflection the essential meaning of the experience will be reviewed. Phenomenology methodology uses interviewing techniques to determine underlying themes from participants' accounts of a phenomenon (Kumar, 2014).

Portuguese-American Parents: Portuguese-American parents refer to an ethnic group of people of Portuguese descent. Individuals of this group have been either naturalized as American citizens or were born in the United States.

Assumptions

The assumptions are that established and documented knowledge and experiences of ADHD from Portuguese-American parents' perspective may provide information useful to other ethnic parents whose knowledge of ADHD is limited. It is assumed that participants will be honest and accurate to the best of their recollections. The first-hand information gathered through a face-to-face or audiovisual interview process and dialoguing with Portuguese-American parents may prove to be invaluable toward this end. This first-hand information obtained may help other ethnic minority populations who are experiencing the same lack of research, services, and treatment of their

children's ADHD. Perhaps, the results from this study may facilitate education and learning of the realities and harsh effects of ADHD (dosReis et al., 2010). It is also assumed that this information may also help teachers, school administrators, and community members to learn, to understand, and to be able to see patterns in perceptions and strategies to address ADHD, parenting styles, and attachment when dealing with ethnic minority parents whose children are diagnosed or have symptoms of ADHD (dosReis et al., 2010).

Another assumption is that the results from this study may also help to facilitate the accuracy of healthcare professionals such as Family Doctors, Pediatricians, Psychologists, and Psychiatrists in identifying symptoms of ADHD, and possible diagnosis in some ethnic groups of people. Mainstream healthcare professionals, who misunderstand or mistakenly interpret symptoms of ADHD for cultural norm in ethnic groups of people, when conducting assessments, usually present a greater risk and clear-cut disparity in representation, adequate service, and ultimately under-treatment of the misdiagnosed symptoms of ADHD (Bruchmüller, Margarf, & Schneider, 2012). The authors also noted that healthcare practitioners would often option to use unclear rules of thumb, and may fail to adhere to even the mainstream standard criteria when diagnosing ADHD among ethnic minority groups. The application of culturally-sensitive, culturally-appropriate, and culturally-ethical considerations to correct these findings may enhance professionalism on an ethical and moral scale of fair treatment for all human beings.

It is assumed that this study may help guide the development of future research, examine new culturally-appropriate criteria, standards for assessments, culturally-

appropriate testing instruments, and treatment options to better serve parents of children with a diagnosis or symptoms of ADHD, and to better inform care givers who work with this population. The results may help to pinpoint specific minority groups of people and their ways of looking at life in terms of what factors can contribute to their children's dysfunctional behaviors, learning disabilities, and inabilities to interact socially (Yeh et al., 2004).

Scope and Delimitations

A deeper understanding is sought of the Portuguese-American parents' knowledge of ADHD. It is the researcher's hope to explore and examine the reported lived experiences of Portuguese-American parents who have one or more children with a diagnosis of ADHD. This study addressed what these parents know and foresee as the present and future functioning of their children's abilities in learning and social outcomes.

This study was conducted in the settings of the Portuguese-American Community in the suburbs of the Miami area. It included 9-10 adult Portuguese-American parents with children who were diagnosed with ADHD or have symptoms of ADHD. Inclusion criteria were based on age, a minimum of 18 years, and participants must be able to speak, read, and write the English language. Participants must have a status of being Portuguese-American citizens, and must be parents of children with an ADHD diagnosis or symptoms. A qualitative phenomenological approach was selected as being appropriate for the purposes of this study. This approach was implemented because of the

contextually based nature of the study with the aim to understand a phenomenon from within the milieu of each participant (Kumar, 2014).

The results of this study will contribute to the knowledge base of the experience of having children diagnosed with ADHD from the perspective of Portuguese-American parents, and also to the scope of knowledge of the experiences of other ethnic minority parents with children diagnosed with ADHD. A deeper understanding of Portuguese-American parents' knowledge of ADHD, who participated in this study, and how the study may improve the expertise of school personnel, teachers, medical professionals, mental health professionals, and family members working with children/students diagnosed with ADHD, is provided in Chapter 2.

Limitations

Limitations of this study included a small sample size, as is the case with a qualitative-phenomenological methodology (Kumar, 2014). The small sample size made it challenging to have a broad view of the overall Portuguese-American population with children diagnosed with or have symptoms of ADHD. However, to gain insight and depth of understanding the phenomenon of this ethnic minority group of people's thinking of ADHD, an understanding of their experiences of the consequences associated with their children's ADHD, may prove beneficial. It may help to lead the way for future research and to implement effective strategies to be used by school personnel, teachers and educators, medical professionals, mental health professionals, other community members, and families with children diagnosed with ADHD.

Another limitation was the possibility that a participant may want to, or may need to, withdraw from the study due to unforeseen circumstances, or due to experienced discomfort or distress, owing to the topic of discussion A strategic plan to aid in this limitation was to use a back-up list of overflow participants who were not included in this study, but who met all the criteria as a participant. However, if this strategy would have failed, the alternative was to continue with the study by interviewing the available participants as originally planned.

Using open-ended questions during the interviewing process may have presented biases in terms of the study outcomes. From a researcher's perspective, it could have been more difficult to assess the reliability and validity of verbal data. In addition, it could have been difficult also to determine the scope of such potential problems as interviewer bias and variability, and participants' pretext, over emphasis, falsifying, and unable to recollect information. According to Kumar (2006), the reliability and validity of qualitative self-report methods are not naturally worse, but just more difficult to gauge, which could leave both the researcher and the reader questioning the credibility of the verbal data. However, I made every effort to minimize biases by keeping participants' responses and researcher interpretations separate.

Significance

There has been extensive research examining psychiatric diagnoses of mental health disorders, including behavioral and learning issues of ADHD. Several of these research studies were conducted in mainstream White America, and selected ethnic minority groups such as Cuban Americans, Latinos, and African Americans (Alves-Silva

et al., 2000; Arcia & Fernandez, 1998; Domínguez & Shapiro, 2005; Miller, Nigg, & Miller, 2009).

However, research conducted as early as within the past few years have not included Portuguese-American families. There are gaps in the literature with regard to this ethnic minority group and parents' knowledge of their children's ADHD diagnoses and /or symptoms. Additionally, there are gaps in the literature regarding challenges to school systems, and medical professions with respect to recognizing symptoms, and accurately diagnosing ADHD in Portuguese-American children (dosReis, Barksdale, Sherman, & Maloney, 2010). These gaps in the literature may result in insufficient services for the treatment of ADHD in Portuguese-American communities.

Research studies conducted on other mainstream groups of people, who are diagnosed with ADHD, provided insightful information to gain knowledge and to help them become aware of the negative impacts ADHD can have in their children's future. For example, studies have shown: Negative social stereotypes (Rahn & Owens, 2005); predictable 30% dropouts/or failure to complete high school (Nelson, 2014); escalated disability rates (Olkin, 2012); depression and social isolation (Waite & Ramsay, 2010); abuse of illicit drugs and exposure to violence (Tepline et al., 2002); development of comorbidities such as: Disruptive Behavior Disorders (Conduct Disorder (CD), Oppositional Defiant Disorder (ODD)), learning disabilities, mood disorders, Tourettes, Tourettes/OCD, anxiety; and health risk behaviors associated with impulsive and inattentive behaviors such as: Smoking, abnormal risk-taking and impulsive behaviors, risks for injury such as irrational driving causing automobile accidents, classroom or

during physical exercise in the school gym; substance abuse, and criminality (Klein & Biederman (CDC, 2014). Other lifelong health issues may include: Eating disorders, childhood/adulthood obesity, which can lead to diabetes, and other health issues (Davis, 2010); and increased rates of suicide (Williams, 2015).

If these studies intentionally or unintentionally did not exclude certain ethnic groups of people, the insightful information and awareness could possibly have helped the Portuguese-American families deal better with their mental health, behavioral health, and learning issues (dosReis et al., 2010). This research study is significant in that it seeks to place a positive emphasis on learning about the Portuguese-American parents' knowledge of their children's ADHD. This specific group of ethnic parents may benefit by receiving necessary empirical information on how to handle or deal with their children's behavioral problems, learning problems, social problems, and the knowledge of how to direct and motivate them for positive and successful outcomes. In addition, the results may help inform parents of ways to deal with their children's behaviors, ways to help them with their learning issues, ways to communicate with their ADHD children, and knowing how to express their concerns to school personnel and educators in a manner that perhaps will benefit their children's future in terms of understanding and making changes for better outcomes for Portuguese-American children.

Gaining an in-depth understanding of the phenomenon of what a small sample of Portuguese-American parents know of ADHD, and hear them describe their experiences with their children's ADHD, can significantly alter the comprehensions of those involved in the lives of these children. These insights may ultimately help to better understand this

ethnic minority group of people, their knowledge of ADHD, and how to assist them in coping and dealing with their children's symptoms of ADHD. To learn about their thinking and experiences with ADHD may help to put in place more effective and efficient treatment interventions for both parents and children. Adequate options for treatment interventions may lead to better learning and better well-being outcomes for the family as a whole. Furthermore, the results from this study may contribute to a better understanding of this group of people culturally by medical professionals, mental health professionals, educators and teachers, and other ethnic minority groups of people.

Summary

In summary, a literature review showed the knowledge and experiences of ADHD in Portuguese-American parents has not been exclusively researched. There is no empirical evidence or studies pertaining to this ethnic minority group of people and how they think, cope, and communicate about their children's diagnoses and symptoms of ADHD. There is need in our society to better understand how this population copes with the dilemma of ADHD. They are misunderstood, misdiagnosed, underrepresented, and mistreated by the academic, social, and medical professional world (dosReis et al., 2010). There were gaps evident throughout the research literature regarding this ethnic minority population and how they deal with their children's ADHD. Owing to the noted prevalence rate of about 80,000 Portuguese children in Portugal alone, who are suffering from symptoms and/or diagnosis of ADHD (Portuguese Association of the Hyperactive Child, 2015), it is critical to establish a deep understanding of the Portuguese-American Parents' knowledge and experiences of their children's diagnoses and symptoms of

ADHD. It is expected that results from this phenomenological study will help to fill the existing gaps in the growing body and future research studies on the Portuguese-American families and ADHD.

In Chapter 2, I describe the contextual framework for this study and provide an extensive literature review. With the literature review, I provided evidence of the gap that exists in research about the Portuguese-American parents' knowledge and experiences of their children's diagnoses and symptoms of ADHD. I provide an overview of the development of ADHD as a recognized disorder in early childhood with progression into adulthood. In contrast to mainstream White Americans and other ethnic minority groups of people, the lack of information as it pertains to the consequences and hardship that may be endured by this ethnic minority group of people in dealing with their children's ADHD is discussed. In Chapter 2, I also reviewed scholarly work on the possible hardships and consequences of being unable to be successful as their peers in their educational pursuits, unable to attain set goals and standards in intellectual functioning, social standings, social and intimate interrelationships, and dialogues of miscommunications. The possibility of how these factors may be hampered or affected due to social cultural biases, cultural unawareness and misunderstanding of medical professionals, teachers and educators, school personnel, and others in society, about the cultural phenomenon of this ethnic minority group of people relative to ADHD is also summarized.

Chapter 2: Literature Review

Introduction

Portuguese-American parents do not have the same knowledge and insights as most other parents of White Americans, Black Americans, Cuban Americans, Hispanic Americans, of the consequences of their children's learning and behavioral problems associated with ADHD and its short- and long-term outcomes (Pham, Carlson & Kosciulek, 2009). This chapter provides a review of literature on the effects of (ADHD) as it pertains to mainstream American children. I discuss in this review of literature the different ethnic minority groups and the gap that exists in research studies of the Portuguese-American people. I examined the Portuguese-American population with regard to the perceived awareness of the consequences of ADHD that guided the development of the proposed study, and the gross underrepresentation of Portuguese-American families, who have children with diagnosis and/or symptoms of ADHD.

The United States of America is deemed the fourth largest country in the world, comprised of approximately 3.79 million square miles (9.83 million km2) and it contains a human population of about 325.7 million people as of 2017 (United States Census Bureau, 2017). It is the world's third largest country in population and is one of the most ethnically diverse and multicultural nations globally (Adams & Strother-Adams, 2001). There are 146 different ethnic groups of people living in the United States (United States Census Bureau, 2013), including Portuguese-Americans. Portuguese-Americans comprise of approximately 1.5 million in number with a family household annual income of approximately $60,000. Portuguese–Americans have lived in the United States since

the 1600s (United States Census Bureau, 2013). Although there are a large number of Portuguese-American families in this multicultural society, I found that research studies on Portuguese-American children with a diagnosis of ADHD had not been done. Furthermore, the experience of their parents on the subject of ADHD was also lacking in the literature. The purpose of this study was to explore Portuguese-American parents' knowledge of the symptoms and diagnosis of ADHD, how they think it impacts their children's education, learning and behaviors, and what interventions they utilized to address the behavioral issues and learning disabilities that result from ADHD (see Singh, 2008; Morrow, 2007). This study helps to fill the existing gap in the research literature regarding Portuguese-American children and parents and their experiences with the consequences of a diagnosis and/or symptoms of ADHD.

Literature Search Strategy

I searched several databases for research studies describing Portuguese-American parents and their knowledge or experience of the effects of their children's diagnosis of ADHD, and the consequences involved in their children's behavior and learning. The Thoreau Database identified one related study carried out by Alves de Moura1 and Burns (2010) in Brazil with Brazilian mothers, fathers, and children. This study primarily focused on distinct behavioral constructs between Oppositional Defiant Disorder (ODD) and Attention-deficit/hyperactivity disorder–hyperactivity/impulsivity (ADHD-HI), and attention-deficit/hyperactivity disorder–inattention (ADHD-IN). However, I found no other studies on Portuguese-Americans and ADHD (for all available years until December 2015) using the following electronic databases: ACADEMIC SEARCH,

BASE (Bielefeld Academic Search Engine), EBSCO, ERIC, Cochrane Library, PROQUEST CENTRAL, PUBMED CENTRAL, MEDLINE, Google Scholar, PsycINFO, Elsevier, Questia, SciELO, Science Direct, Science.Gov, Dissertation Abstracts International, metaRegister of Controlled Trials, Socolar, and worldCAT. The keywords I used for my literature search were: *Portuguese-American parents; ADHD; ethnic parents' knowledge of ADHD; ethnic parents' experience with ADHD symptoms, diagnosis, effects on learning, behavior,* and *education.*

Because of the lack of available data for Portuguese-Americans, I referred to studies carried out by researchers who examined White mainstream Americans, and selected ethnic minority groups such as Cuban Americans, Latinos, and African Americans (Alves-Silva et al., 2000; Arcia & Fernandez, 1998; Domínguez & Shapiro, 2005; Miller, Nigg, & Miller, 2009). These studies pertained to my efforts to explore and learn evidence-based results of how ADHD is viewed by other ethnic minority groups of children and their parents. The overall intention is to bring home the idea that Portuguese-American parents deserve the same fair chance of having their views and experiences be documented. This expressed knowledge and experiences can help to educate and bring awareness to other such parents who do not have the knowledge about their children's struggles with ADHD. The Children's Hospital of Philadelphia (2012), noted "ADHD is best-treated when you know your child's strengths and weaknesses" (p. 1).

Research Gap in Literature

Despite a world-wide view of the large evidence that ADHD is the most commonly diagnosed childhood psychiatric disorder (American Psychiatric Association, 2013), much remains to be learned about the circumstances under which Portuguese-American families experience and deal with this disorder. The gap in understanding how Portuguese-American children and families experience the diagnosis and consequences of ADHD may be due, in part, to no available qualitative studies.

This gap presented in literature research, when compared to studies done on other ethnic minority groups of people, demonstrates the need for a research study to be carried out to explore Portuguese-American parents' knowledge of the symptoms and diagnosis of ADHD, how they think it impacts their children's education, learning and behaviors, and what interventions they utilize to address the behavioral issues and learning disabilities that result from ADHD (Singh, 2008; Morrow, 2007; Morrow & Smith, 2000). The results from this study may facilitate education and learning of the realities and harsh effects of ADHD among families (dosReis et al., 2010).

Because of the unavailability of research studies examining Portuguese-American parents' knowledge and/or experience of their children's ADHD and the difficulty to find adequate literature information, this Chapter of research examined other disciplines of study, which are presented. These disciplines included Cross-Cultural, Sociological, and Anthropological studies on the subject of ADHD and how it relates to parental knowledge in general.

Perspective of Cross-Cultural Psychology

Cross-Cultural Psychology, Sociology, and Anthropology have focused their attention on mental health disorders and special education, of which ADHD is a part of (Harkness & Keefer, 2000; Swirs et al., 2011; Yeh et al., 2006). However, within these disciplines, studies are scarce when it comes to ADHD and ethnic minority families, especially Portuguese-American parents and their knowledge of the signs, symptoms, and consequences of ADHD, and how it relates to their children's well-being.

Geared to psychological and clinical research of education and health is research in Cross-Cultural Psychology. A very limited number of research articles were found that pertained to ADHD and other mental health disorders in people of ethnic origin. However, Harkness and Keefer's (2000) findings showed that various cultural values and parenting styles are often associated with children's learning and school success. Creating awareness and knowledge of the differences to parents from different cultural backgrounds could be used to improve the effectiveness of academic learning through various educational interventions (Harkness and Keefer, 2000).

Pertaining to health of ethnic people, research in cross-cultural psychology has identified that parents from different cultures have specific cultural beliefs in patterns of illnesses and behaviors of their children (Harkness and Keefer, 2000). Frequently, a true mental health disorder such as ADHD would go unrecognized, unattended, and undiagnosed because of cultural beliefs of a lack of awareness that the symptoms of ADHD is a mental health disorder with grave neurobehavioral consequences, and not a cultural norm. This cultural unawareness could also lead the cultural inexperienced

mainstream professionals to label or misdiagnosed impairments of mental health disorders based on the criteria of mainstream medicine, testing, and instrumentation that do not apply adequate consideration of cultural differences.

From a cross-culture psychological perspective, Swirs et al. (2011) used a multi-group confirmatory factor analysis, a mainstream testing criteria and instrumentation, to measure the prevalence of emotional problems, prosocial behavior, and impairment across ethnicity and gender in multiple cultures. There were significant differences in the many elements (emotional symptoms, conduct problems, hyperactivity/inattention, peer problems, and prosocial behaviors) tested among the different cultural ethnic groups of children. The study concluded that the significant differences in the many elements could have been due to a method bias (possible rater bias across ethnicity) implying possible stereotypes of particular ethnic groups may help to explain differences in behavior scores, misinterpretation of actual differences in behaviors, or the use of mainstream criteria instrumentation. There is a need for much further research using the appropriate criteria and instrumentation geared to ethnic and cultural differences, which perhaps may provide more realistic results from the standpoint of ethnic minority families (Swirs et al., 2011).

Another major concern investigated by researchers, Race on the Agenda (ROTA; 2013), was that of cross-cultural misunderstandings among healthcare practitioners and their patients (ROTA, 2013). It was noted that such misunderstandings usually present a greater risk for underrepresentation and misdiagnosis of symptoms of ADHD in some ethnic groups of people. The ROTA (2013) research study showed that many healthcare practitioners fail to adhere to even the mainstream standard criteria when diagnosing

ADHD among ethnic minority groups. Healthcare practitioners would option instead to use unclear rules of thumb, which would deem unethical practices when dealing with human beings (Bruchmüller, Margarf, & Schneider, 2012). Since ADHD is considered a Western concept and symptoms may be seen less unusual or problematic in people of different cultures, there may be a tendency for cultural factors to result in differences in diagnosis when Western Psychological instruments and diagnostic criteria are used to measure behaviors of ethnic minority people. It would be helpful if health care providers would educate, and use more culturally appropriate measurement tools to assess mental health disorders of ethnic minority children. This is an issue which, again, has not been researched in relation to ADHD among the ethnic minority communities and which ought to be further explored. Future research needs to pinpoint specific minority groups of people and their perceptions of what factors contribute to their children's dysfunctional behaviors, learning disabilities, and inabilities to interact socially (Yeh et al., 2004).

Sood, Mendez, and Kendall (2012) examined the beliefs of Indian-Asian American, Puerto Rican, and European American mothers as to their beliefs of what would be the cause for their children's separation anxiety disorder (SAD). Quantitative comparative analysis showed ethnic minority mothers believed more so than Caucasian mothers that the symptoms of SAD were because of medical etiologies and not cultural issues. Cultural factors were discounted as not being contributing elements, perhaps because of lack of parents' knowledge of ADHD and/or experience with ADHD. This is a mental health issue that needs further research and qualitative studies may be helpful to gain insight as to ethnic mothers' beliefs by examining the cultural constructs of

contribution. The power of expressed words tends to bring out inner feelings of cultural expression of values and feelings, when done on a one-on-one, face-to-face, confronted interview with ethnic minority individuals. This approach may provide the opportunity for the researcher to deeply explore the knowledge and experiences lived by the Portuguese-American parents, who have children with the diagnosis or symptoms of ADHD (Sood, Mendez, and Kendall, 2012).

Perspective of Social Science and Medicine

From the perspective of Social Science and Medicine, Yeh et al., (2006), sought to find out parents' thinking and knowledge of racial and ethnic prototypes, and the etiological interpretations for their children's mental health problems. This study recruited parents from ethnic cultures such as African American, Asian and Pacific Islander American, Latino, and non-Hispanic White groups of people. Unfortunately, Portuguese-Americans and other ethnic groups were excluded for there was no mention of these parents as being part of this study. Chi-square analyses (quantitative study) highlighted ethnic minority groups of parents, more so than Caucasian parents, thought that the causes for their children's mental health illnesses could not have stemmed from biopsychosocial factors. In particular, the African-American parents, more so than other ethnic groups of parents, alluded to physical, prejudicial, racial, and discriminatory thinking and practice inflicted on their children through the practice of the American culture as causes for their child's mental health problems. Factors such as internal family issues and trauma were considered less likely by these parents. Broadening of this type of research study to include more specific ethnic groups such as Portuguese-Americans,

could facilitate parents understanding of issues of mental health and the related causes of their children's undisciplined and acting out behaviors. Despite the increasing mental health disorders prevalence rates (United States Census Bureau, 2010; Pastor & Reuben, 2008), the importance of studying the cultural views and knowledge of Portuguese-Americans, as they relate to mental health issues such as ADHD, cannot be overemphasized.

Perspective of Sociology

Bussing, Koro-Ljungberg, Williamson, Gary, & Garvan (2006), explored the overall parent's knowledge of self-care interventions that were taken to help their children with symptoms of ADHD. This mixed statistical analysis of quantitative and qualitative methods assessed five self-care strategies to change hyperactive or dysfunctional behaviors of children with ADHD. The self-care strategies assessed were those of behavior modification, coping techniques, diet changes, over-the-counter medication use, and religious practices. Results from the quantitative analysis showed that parents who tried behavior modification, felt that this method was the most common approach to controlling their children's socially unacceptable behaviors. This method was followed by coping techniques, change in diet, and religious practices. In addition, the study showed that parents tried the least over-the-counter medications.

In a qualitative assessment, researchers use dialoguing to explore parents' insight through verbal communication. It was discovered that two-thirds of the parents, who initially tried the above mentioned self-care strategies that were assessed using only a quantitative method, were willing to change their disciplinary approach in dealing with

their children's ADHD. These parents chose to be proactive to avoid disciplinary problems using strategies such as sustained eye contact, activation, consistency, and clear instructions when communicating with their children.

Additionally, Bussing, Koro-Ljungberg, Williamson, Gary, & Garvan, (2006) found that parents chose to find other ways to solve disciplinary problems by using strategies such as time-out, privilege removal, control their own emotions, be less judgmental and more tolerant, and have a sense of appropriate expectations. The results from this study demonstrated that parents' knowledge of ADHD symptoms can benefit their children in helping them to adjust, cope, and how to use other strategies to help their hyperactive and inattentive behaviors. This research study could be further enhanced to include specific ethnic minority children who are underrepresented and undertreated in the world of ADHD crises (Bussing et al., 2003).

In Australia, Prosser (2014) conducted research on ADHD from the standpoint of sociological deviance. He noted that the sociological perspective of the issues of ADHD has received very little to no attention; specifically, ADHD has been ignored as a diagnosis with real social effect even as a widely-held phenomenon (p. 1). In my search for sociology articles addressing the subject of parents' knowledge of ADHD, only five papers were found that related specifically to the topic of ADHD (Prosser, 2014). However, none of the articles or studies addressed the ethnic or cultural issues of parents' knowledge of the symptoms of ADHD.

In the Western world (United States of America and Canada), ADHD is very prevalent among school age children (United States Census Bureau, 2013), who through

the normal process of growth and development, become teenagers, young adults, and then mature adults. The symptoms and issues of ADHD usually grow and follow these individuals if left untreated. According to the disciplines of psychiatry and criminology, there has been a growing link between ADHD, delinquency, and crime (Prosser, 2014). Very little about this finding has been published in social sciences journals, but has been noted in studies carried out in criminology (Prosser, 2014).

Longitudinal studies among the North American population showed conclusive evidence that ADHD is a genetically-inherited disorder (Prosser, 2014). If the symptoms of ADHD are left untreated, some people with these symptoms may significantly display an increase in their care-free/risk-taking behaviors, dangerous and irresponsible driving habits, the tendency to more frequently use and abuse dangerous substances and illicit drugs, and develop increased symptoms of depression (Prosser, 2014), There may be the propensity for an increase in committed crimes and violence with a higher rate of arrests, convictions, and incarcerations (Prosser, 2014). Also, there may be the tendency for an increase in suicide rate among the victims of ADHD (Pratt, Cullen, Blevins, Daigle, & Unnever, 2002; Gunter, Arndt, Riggins-Caspers, Wenman, & Cadoret, 2006; Rabiner, Coie, Miller-Johnson, Boykin, & Lochman, 2005)., taken from Prosser, 2014).

During my research on this topic, it was noted that there was a lower level of medical treatment among indigenous Australian children, and children whose parents were of Asian Australian background (Coker et al., 2009). This particular observation is also clearly visible among interethnic groups of people in the United States, where some ethnic cultures are omitted from the majority of studies and/or treatments for ADHD

(Coker et al., 2009). This finding could be related to a clear-cut disparity in availability and quality of treatment among ethnic minority people with ADHD. Further research is needed to help mental health professionals develop evidence based practices when working with ethnically diverse populations. The application of the findings such as those presented above may help to inform the development of ethical and moral practices among mental health professionals.

Perspective of Anthropology

From the perspective of anthropology, Jacobson (2002) who at the time was a doctoral candidate, noted from his study on ADHD, that it is a syndrome formed and shaped by specific cultures (culturally-determined). His cross-cultural comparative study did not discern any difference in behavior between children who were diagnosed with ADHD and those who did not have symptoms/diagnosis of ADHD. Jacobson's example as to the reason for his conclusion is that among the English population, there are fewer diagnoses of ADHD than in the United States. One reason for the fewer diagnoses is that British people tend to have a more broadminded definition of the words "normal behaviors" more so than the American people. In comparing the people in England to the people in the United States, cases of ADHD that are seen as medical conditions in the US, would be considered as "disciplinary problems" in England.

Furthermore, the author noted that because of disparities in affordable treatment options for culturally-diverse ethnic minority parents, children with learning disabilities in the US are usually placed or housed in Special Education programs within the school system. While these ethnic minority children are held in Special Education programs in

the US, there are limited or insufficient treatment interventions provided to help with their symptoms or diagnoses of ADHD. In comparison, with non-ethnic parents in the US, who are often wealthier and know how to obtain special public or government-run services for their children; their children usually benefit the most whether or not they have learning disabilities such ADHD (Jacobson, 2002). As noted by Rogovoy (1999), "Affirmative action for affluent white people is what one critic calls special treatment for children with ADHD" (n. p.).

In summary, a literature review of the multidisciplinary studies that included Cross-Cultural, Sociological, and Anthropological studies revealed the high importance of the subject of ADHD and how it relates to parental knowledge in general. In addition, multidisciplinary research studies showed that because of the different cultural beliefs in the patterns of illnesses and behaviors, children with a true mental health disorder such as ADHD would go unrecognized, unattended, and undiagnosed (Singh, 2008; Harkness & Keefer, 2000).

The lack of ethnic minority parents' awareness that the symptoms of ADHD is a mental health disorder with grave neurobehavioral consequences, and not a cultural norm, can result in ethnic minority children's life-long unsuccessful learning, behavioral, and social impairments. The ethnic minority group of Portuguese-Americans has been omitted from the multiple studies of the consequences that the symptoms of ADHD can have on their children's future. There is an urgent need in our society to better understand the Portuguese-American parents' knowledge of the effects of ADHD to avoid being

misunderstood, misdiagnosed, underrepresented, and mistreated by the academic, social, and medical professional world (dosReis et al., 2010).

Chapter 2 also provides a review of the importance of learning about the family as whole, using the family systems theory, with the knowledge of the parents as it pertains to their children's dilemma when suffering with an illness. In addition, this chapter showed multiple empirical studies that were carried out with other ethnic minority groups of people that pertained to the diagnosis, symptoms, consequences, and available resources of ADHD. Creating awareness and knowledge of the differences to parents from different cultural backgrounds could be used to improve the effectiveness of academic learning through various educational interventions (Singh, 2008; Harkness & Keefer, 2000).

Theoretical Foundation

The theoretical framework used for this study was based on Bowen's (1978) family systems theory. This theory is based on the premise that children of all types, albeit ethnic minority multicultural children, cannot be understood in isolation from the family (Bowen, 1978). A child is considered to be an integral part of the family system. The fundamental element of the family systems theory is to serve children well. Therefore, it is important to work with their parents to understand the rest of the family system, and to explore parents' knowledge and awareness of their children's mental health disorders such as problems with ADHD (Jacobvitz, Hazen, Curran, & Hitchens, 2004).

In using the family systems theory, my goal was to study ethnic minority parents whose children have been given a diagnosis or near diagnosis of ADHD. This study explored ways to help them better understand the implications and consequences of ADHD. The family systems' theory believes that people are attached to their family in one way or another in life, and each person within the family has a role to play within the everyday life of the family as a whole (Bitter & Corey, 2009). Changes in behavior or impairment to one of the family members most likely will affect the entire family, as they are all interconnected. Family systems' theory is applicable to the effects of ADHD in any family especially between the parents and children. Therefore, it is important to get the insights of parents to increase their awareness of the impact ADHD can have on their family as a whole, affecting not only the child with symptoms of ADHD, but the entire family dynamics (Dombeck & Wells-Moran, 2006).

Ethnic Differences and Family Systems

The theory of family systems relates to all families to include the different races, colors, and creed, such as the multiple diverse ethnic minority groups. However, it is implied that not all families deserve the same treatment as related to the theory of family systems. This idea is based on the fact that the majority of research studies gather statistics on mainstream American families and not the lower social economic or the diverse multicultural families (Fan, 2001; Meece & Kurt-Costes, 2001). Research studies have shown that despite cultural differences, family income, or status quo, parental involvement play a very integral role in minority children's overall mental health well-being, and successful educational outcomes (Fan, 2001; Meece & Kurt-Costes, 2001).

Garcia Coll & Pachter (2002) reiterated how vitally important it is to expand the application and growth of societal understanding of ethnic minority parenting styles in mainstream United States of America. The majority of literature referred to the norms of parenting based on middle class–socioeconomic status (SES), Anglo-Saxon population and language, and the use of samples taken only in the United States of America (Garcia Coll & Pachter, 2002). This type of research strategy posits that certain facets of parenting approaches are different among different groups of people. However, if the same parenting behaviors were to be applied, this may result in positive developmental outcomes in some groups, but not in others such as ethnic minority groups.

In addition, the studies noted that although parental involvement in their children's every-day life has been established as a key influence to promote and support educational success, the subject of ethnic minority parental involvement has been neglected for too long (Anguiano, 2004). Minority parents are made to feel that their involvement in their children's education is viewed as being worthless and not valued by the creators of mainstream educational systems (Anguiano, 2004). Thus, most of the ethnic minority parents are left feeling helpless in having a say in their children's educational success.

It is noted from history that the educational system in the United States was created primarily for White mainstream families and their children and not for minority parents and their families (Ho et al., 2001). To be a member of an ethnic minority group is like taking part in a battle with the powers of negative social identity. According to the theoretical models of (Ho et al, 2001), there is a persistent achievement gap among ethnic

minority groups of people. These models explained reasons such as cultural deprivation, cultural difference, and socio-systemic factors that influence the achievement gap for minority multicultural students. The family systems theory helped to direct the author to study the Portuguese-American ethnic minority parents of their knowledge about ADHD, and whose children have been given a diagnosis or unspecified diagnosis but with symptoms of ADHD (DSM 5, 2013). The family systems theory believes that people are attached to their family in one way or another in life, and each person within the family has a role to play within the everyday life of the family as a whole (Bitter & Corey, 2009). This study explored ways to help them better understand the implications and consequences of ADHD. The results may also help to educate and enlighten them, and other minority parents, medical professionals, and educators, and help bridge the gap in research about the Portuguese-American people and the consequences of ADHD (Dombeck & Wells-Moran, 2006).

Cultural Deprivation Model

Cultural deprivation may be the result of poor impoverished and restricted home life of ethnic minority students. It can also be hypothesized that a fundamental reason for the continuous underachievement by ethnic minority students may be due to being culturally deprived or socially disadvantaged (Bussing, Gary, Mills, & Garvan, 2003). Growing up in environments that are not cognitively stimulating may help to produce a persistent achievement gap for this population, whose situations may never change throughout the growing stages of life (Ho et al. 2001).

A lack of ethnic parental support, their low worth placed on education, a poor English language environment, or perhaps low intelligence abilities, may be identified as other reasons for the continuous underachievement of ethnic minority students (Bussing et al., 2003). This persistent and continuous underachievement of ethnic minority students may all stem from research studies that have persistently used the White population as the norm to compare ethnic minority groups; this comparison between the White population and ethnic minority people continues to this day, despite the fact that all systems were created based only on the White people's way of life (Garcia Coll, & Pachter, 2002). According to Ho, Raley, & Whipple (2001), **t**his biased strategy continuously and somewhat permanently propagates a deficit model in which ethnic minority groups are second rated to the elite White group used in testing and statistics.

Cultural Difference Model

According to the cultural difference model of Ho et al. (2001), there are differences in values, expectations, languages, and communication styles amid teachers and ethnic minority students. In addition, communication difficulties extend among minority parents, teachers, and school personnel (p. 5). These types of communication barriers only add to the difficulties encountered by minority students and their parents. These parents, who want to have a say in the educational plans for the present and future, are not able to voice their feelings about their own children's growth and success in education. The principal notion is that the "social organization, learning formats and expectations, communication patterns, and sociolinguistic environment of schools" are very much different from the cultural prototypes of the different ethnic groups (Ho et al.,

2001, p. 5); these differences present limited opportunities for success of the ethnic minority students.

The cultural deprivation and cultural difference models reiterated the difficulties that ethnic minority parents are facing because of differences in values, expectations, languages, and not having the mainstream knowledge to appropriately communicate with teachers, and school personnel. The same holds true when they want to communicate with organizations, government, school and medical professionals about their children's mental health issues with ADHD.

It is quite important for society to learn about the Portuguese-American parent's knowledge of their children's mental health issues with ADHD and how it affects their education, behavior, and success for the future. This study is designed to help researchers to understand their thinking of the effects of ADHD and put in place resources and treatment options that will allow them to voice their feelings about their own children's growth and success in education. The socio-systemic model explains the added pressure on the ethnic minority parents that prevent them from being able to voice their opinions due to economic and social opportunities, which is another factor that may limit their children's success to progress in school (Ho et al., 2001).

Socio-systemic Model

Researchers have identified elements in the socio-systemic model that refers to life of minority students outside of the classroom. This model pinpoints the social, economic, and political influences that can cause a gap in successful achievement for ethnic minority students (Ho et al., 2001). The ethnic minority parents and families of

these students realize that economic and social opportunities are limited for their children despite school achievement (Ho et al., 2001).This type of thinking puts added pressure on the ethnic minority students who may become reluctant to take part in any type of formal education. It is my contention that even though ethnic minority students may achieve success in academic advancements, there will remain gaps created by political influence of the elite mainstream society (Ho et al., 2001), who has total and complete control to dictate how far ethnic minority students can venture into the realms of society's status quo. These views may lead students to resist school altogether, especially those whose residency was forced by slavery (Ho et al., 2001). This is just another important reason for the present study to be carried out, to explore the parents' knowledge of their children's problems with ADHD, and how to prevent history from repeating itself. Knowing and documenting their knowledge about this very prominent mental health problem will help to educate and enlighten the Portuguese-American parents of how to better handle another factor in their social environment.

In summary, the long overdue and much needed recognition of ethnic minority parenting styles and differences between the fortunate and unfortunates is warranted. This realization of the differences between ethnic minorities and mainstream America will help promote and protect the well-being of ethnic minority children, in mental health, social issues, and overall successful educational outcomes.

Signs and Symptoms of ADHD

Typically, a child diagnosed with ADHD tends to show multiple and varied problems with behaviors such as inattentiveness, impulsiveness, forgetfulness,

restlessness, and difficulty with organization **(**dosReis et al., 2010**).** These behaviors can be frustrating for the child, as well as the parents, teachers, friends, immediate families, extended families, and caregivers. Treatment interventions for ADHD are most commonly carried out with the use of stimulant medications, behavioral interventions such as Cognitive Behavior Therapy (CBT), or a combination of both (dosReis et al., 2010).

Other research studies examining mental health disorders, such as ADHD that included ethnic minority groups of people, were carried out by Artiles and Trent (2000), Artiles, Harry, Reschly and Chinn (2002), and Rueda and Windmuller (2006). Groups included in these studies were those of African-Americans, typically referred to people of African descent to include refugees and immigrants from Sudan, Nigeria, and other African countries; and Chicano-Latino or Latino-Hispanic, a generic term used for multiple Spanish-speaking groups to include Mexicans, Puerto Ricans, Cubans, Venezuelans, and Columbians. However, these studies made no mention of Brazilians who are descendants of Portuguese indigenous from South America (Alves-Silva, da Silva Santos, & Guimarães et al., 2000). Native-Americans were included as part of the authors' studies. Native-Americans included the many tribes of American Indians, as well as Alaskan natives; and Asian-Americans, a generic term referring to individuals with historical ties to China, Hong Kong, Taiwan, Korea, Vietnam, Cambodia, Laos, Philippines, Malaysia, India, or other Asian countries, as well as native Hawaiian and Pacific Islanders. These are some of the most commonly represented groups of ethnic people in research studies pertaining to mental health issues, while other ethnic groups

such as Portuguese-American families are grossly underrepresented or omitted from studies.

In 1979, the National Alliance on Mental Illness (NAMI) carried out research for a period of more than three decades until 2009, when they gathered information on ethnic groups and mental health issues. Their findings noted slow progress being made in the field of mental health for children and adolescents of color. Also, it was noted that children who were most in need of mental health services were not receiving service or were inappropriately served. This problem was especially compounded by cultural and language barriers for ethnic minority children of color (Knitzer, 1982). The Portuguese-American children with ADHD, or other mental disorders, were not mentioned in the report of NAMI's three decades of research study.

Yeh, Hough, McCabe, Lau, & Garland (2006) assessed unmet needs in the patterns of youth mental health care in the Public Service Systems and found that there were significant differences of unmet needs based on race and ethnicity. Percentage of unmet needs shown for African Americans, Asian Americans, and Latino Americans were 47.7%, 71.8%, and 47.2%, respectively. There was no mention of Portuguese-American children in this study.

A research study conducted by Pham, Carlson & Kosciulek (2009) investigated ethnic differences in parental beliefs of the causes of ADHD. The sampled population was primarily ethnic minorities of Caucasians (Whites), African Americans (Blacks), and Latino Americans (Hispanics). The focus was to explore ethnically diverse parents' knowledge of children with ADHD in terms of biological and psychological causes.

Results showed that individual ethnic parents believed that biological and genetic factors were the reasons for their children's ADHD symptoms. This may also be true for Portuguese-American families if their views and experiences of how ADHD is affecting their families are examined (Tellier-Robinson, 2000).

In a related study exploring parental knowledge about ADHD with regards to treatment options, Stroh, Frankenberger, Cornell-Swanson, Wood, & Pahl (2008) reported that parents who were more knowledgeable and better informed about ADHD chose behavioral interventions rather than pharmacological treatments for their children's symptoms of ADHD. Although this study revealed that parents who were more knowledgeable tended to choose non-pharmacological treatment options, a literature review showed increased usage of pharmacological interventions as opted by some parents (Stroh et al., 2008). The stated reasons were unclear as to why parents with higher knowledge of ADHD would endorse non-pharmacological treatment options while still using pharmacological interventions for their children's ADHD. Research has shown that most often (40% to 77%), it is the teachers (who are not quite knowledgeable about ADHD) that would make the initial referral source for possible ADHD and medication treatments (Stroh et al., 2008).

Stroh et al. (2008) noted that school personnel would call Latina mothers to get their children out of school because of behavioral issues, failing grades, and warnings of grade retention and/or suspension in order to persuade mothers to medicate their children. This researcher proposes that perhaps the children of Portuguese-American parents are put in the same category and maybe worse off since no studies have been conducted to

explore their views, knowledge, and experience with their children's symptoms of ADHD.

Cobb (2010) sought to find answers through qualitative methods as to why some minority parents and their children are more likely to be omitted from special education identification, placement, and program delivery in the Ontario, Canada, School system. The study noted three dimensions for parental inclusion, one of which was parents bringing awareness, dialogue, and physical presence to discuss the omission of their children having the help needed in special education classes. Awareness is to ensure that the parents understood the ideas, results, and choices in situations where the well-being of their children's mental health takes precedence to be included in special education within the school system.

In the 21st century, one would think it is morally ethical for "all people to enjoy the same kinds of opportunities in life" (Cobb, 2010, p. 4). This would be especially fitting for the Portuguese-American parents and their children in the Portuguese-American communities, who suffer from mental disorders such as ADHD requiring special education classes or special treatment interventions (Torres-Burgo, Reyes-Wasson, & Brusca-Vega, 2008).

According to Hughes, Valle-Riestra, & Arguelles (2008), "educators need to develop programs that target the unique needs, values, and beliefs of Latino families, but in order to do this we need to know more about Latino families and check to see if programs we design and implement are appropriate" (p. 254). Hughes et al's. (2008) study was conducted in the Miami area where there were about 15,000 Portuguese-

speaking families (Center for Disease Control and Prevention, (CDC, 2007).This number has grown tremendously since 2007 because of the influx of people from parts of South America and Latin countries. There was no mention by Hughes et al., (2008) of this ethnic group (Portuguese-Americans) of people and the need to learn about their families, especially their children who may have a diagnosis or symptoms of ADHD or are classified as having special needs.

Cross-cultural psychological research, as discussed by Harkness & Keefer (2000), can make a difference in the contributions to close the gaps of interethnic misrepresentation in research studies. Harkness & Keefer (2000) referred to a first-generation Portuguese-American couple and their young son who demonstrated health-related issues. To explore and learn about the different cultural values and parenting styles, the authors used the "constructs of individualism and collectivism" (p. 92). This approach allowed them to gather important data on the perceived effectiveness of educational (school success) and health-related interventions. Cross-cultural psychological research may help to identify culture-specific beliefs about mental health issues such as Attention Deficit Hyperactivity Disorder (ADHD), and Attention Deficit Disorder (ADD), which can contribute to the designing and implementing of appropriate interventions (Harkness & Keefer, 2000).

In 2003, a survey study was conducted by the Centers for Disease Control and Prevention, along with Johnson & Johnson Pharmaceutical Company that focused on the concerns of African American and Hispanic communities about the labeling of their children's Attention Deficit Hyperactivity Disorder (ADHD). Questions pertained to

issues such as not having adequate information about the disorder, not knowing where to find help, and barriers that may prevent them from finding the proper evaluation and treatment interventions for their children.

As part of gathering information on Mental Health Disorders and treatment, Dr. Eric Tridas, Medical Director of Developmental and Behavioral Pediatrics at Tampa Children's Hospital, noted that

> "In certain communities, mental health disorder is considered something that must be kept hidden and, as a result, parents are usually reluctant to talk about it." "They often deny the existence of the problem or believe it is simply a phase that the child will eventually outgrow. Left unmanaged, children with ADHD often suffer academically and can experience behavioral and emotional problems throughout adolescence and into adulthood" (Evaluategroup.com, 2003, n. p.).

During the literature search for Portuguese-American parents' knowledge and experiences of their children's ADHD diagnosis or symptoms, one related study was found that was carried out in Brazil with Brazilian children. De Moura and Burns (2010) explored how Brazilian mothers and fathers rated the occurrences of their children's behaviors of oppositional defiant disorders (ODD), as well as attention-deficit/hyperactivity disorder–hyperactivity/impulsivity (ADHD-HI), attention-deficit/hyperactivity disorder–inattention (ADHD-IN), and academic competence (p. 23). A confirmatory factor analysis (CFA) using the Portuguese version of the Child and Adolescent Disruptive Behavior Inventory (CADBI) showed that separately, fathers and

mothers rated different behavioral constructs for ODD and ADHD-IN and ADHD-HI (de Moura1 & Burns, 2010). No such studies of this type, or other related studies of mental health issues of Portuguese-American children, were carried out in the United States of America.

Summary

In summary, the literature review firmly established a gap in research studies examining the Portuguese-American parents' knowledge about ADHD and the need for exploratory research to be carried out on Portuguese-American parents, who have children with a diagnosis or symptoms of ADHD. Attention deficit hyperactive disorder is a common mental disorder in children and adolescents that can be found in diverse cultures and ethnic groups of people within the United States (CDC, 2011). ADHD has received considerable public attention over the past few decades. However, although a vast amount of literature exists regarding ADHD, its diagnosis, comorbidities, and internal and external (social) stressors experienced by families, no research studies were identified examining the experiences of Portuguese-American parents with a child diagnosed with ADHD.

Notwithstanding the vast number of patients who receive clinical services for this disorder, there are numerous interethnic and racial disparities that exist in diagnosis and treatment of ADHD, that may be reflected in Portuguese-American communities, as can be seen from a literature search for studies pertaining to this population. For example, most noted were studies relative to African-Americans (Miller, Nigg, & Miller (2009), Hispanic-Americans (Domínguez & Shapiro (2005), and Cuban Americans (Arcia &

Fernandez, 1998); Alves-Silva et al., 2000). This ethnic disparity may have caused this population to be underrepresented, understudied, and in turn perhaps underdiagnosed, underserved, and undertreated (National Alliance on Mental Illness (NAMI), 1979). A lack of parental knowledge of ADHD, due to cultural and language barriers, and limited access to available resources for treatment, may result in a considerable level of unmet needs for Portuguese-American children (Tellier-Robinson, 2000).

Thus, the discovery of a substantial research gap made in this review of the literature offers a profound explanation as to why qualitative research is warranted to explore Portuguese-American parents' knowledge of the symptoms and diagnosis of ADHD, how it affects their children's education, learning, and behaviors, and what interventions they utilize to address behavioral issues and learning disabilities that result from ADHD (Morrow & Smith, 2000). Qualitative research would allow for exploration as to how Portuguese-American parents feel and think about their children with ADHD (QSR International, 2007). From the results obtained via the proposed exploratory process, results of this study may help parents conceptualize ways of realistically dealing with their children's disorder. In addition, appropriate education and training programs may be developed to help parents cope with their children's symptoms and diagnosis of ADHD. Chapter three (Methodology) of this dissertation proposal discussed the proposed research design and rationale for this study, role of the researcher, instruments, population sampling and recruitment of participants, data collection procedures, and data analysis procedures.

Chapter 3: Research Method

Introduction

Portuguese-American parents do not have the same knowledge and insights, as most other parents, of the consequences of their children's learning and behavioral problems associated with attention deficit hyperactive disorder (ADHD) and its short-term and long-term outcomes. There is a great deal of literature on the effects of ADHD, as it pertains to White American children and also to children of some ethnic minority groups (CDC, 2011). However, my literature review showed a gap in research studies with Portuguese-American families who have children with a diagnosis and/or symptoms of ADHD as underrepresented. The purpose of this qualitative phenomenological study was to explore Portuguese-American parents' knowledge of the symptoms and diagnosis of ADHD, how it affects their children's education, learning, and behaviors, and what interventions they utilized to address behavioral issues and learning disabilities that result from ADHD.

Methodology is defined as a systematic analysis of the method used in a study to gain knowledge, understanding, and new insights of a phenomenon through exploratory or theorem techniques (Irny and Rose, 2005). In this methodology chapter, I describe the research design of my study. I also explain the theory of phenomenology and include subsections describing the participants, the instrument used to collect data, and various procedures I used to ensure research quality. I also include a description of the data collection and analysis procedures that I used to address my research questions (see Rudestam and Newton, 2007). The primary focus and purpose of this chapter is to

provide clear and complete details of the steps that I took to address the research questions using a qualitative research design

Research Questions

This qualitative study will address the following research questions:

Research Question 1: What is the knowledge of Portuguese-American parents about ADHD?

Research Question 2: What do Portuguese-American parents know about the effects of ADHD and its symptoms on their children's education, learning, and behaviors?

Research Question 3: What interventions do the parents utilize to address behavioral issues and learning disabilities that result from ADHD?

Research Design and Rationale

This qualitative study is based on Kumar's (2012) phenomenological approach. The aim was to obtain information regarding the thoughts and feelings about the knowledge and experiences of ADHD of the Portuguese-American parents. The power of their words relates to their knowledge and experiences of ADHD in their children and related parent coping strategies (Kumar, 2012). I interviewed participants regarding their lived experiences and knowledge. To best capture each parent's knowledge, perceptions, attitudes, and awareness of ADHD, I used one-on-one, face-to-face interviews. Qualitative research may prove most successful in conducting first-hand valid and reliable data collection of Portuguese-American parents' experiences and knowledge of their child's ADHD,

Research Tradition

In analyzing qualitative research, I made every effort to understand the phenomenon as a whole. Qualitative investigation is predominantly geared towards the process of exploration, detection, and discovery based on inductive logic. Inductive analysis is a process that begins with specific observations of a selected population and builds towards a general pattern (Kumar, 2014). In this study, a phenomenology methodological approach was used. Phenomenology is dedicated to describing experiences and not to looking for explanations or to conduct analyses to arrive at results. According to Patton (2002), “phenomenology requires methodologically, carefully, and thoroughly capturing and describing how people experience a phenomenon – how they perceive it, describe it, feel about it, judge it, remember it, make sense of it, and talk about it with others” (p. 104). Thus, a phenomenological approach enabled me to mitigate my beliefs in order to investigate, describe and understand how these objects are experienced.

In addition, another rationale for choosing the traditional qualitative phenomenological research approach was to obtain a clear description of "lived experiences" of participants’ verbalized stories as a raw phenomenon. Qualitative research emphasizes understanding of the participants’ experiences by paying close attention to words and body language (Kumar, 2014). In comparison, the traditional quantitative methodology to research tends to bypass the words and actions of participants, and places emphasis on mathematical connotation and quantification of observations (Kumar, 2014).

To synthesize the methodological and philosophical assumptions and characteristics of phenomenological qualitative research and how they relate to this study, Creswell (2012) noted that the phenomenon of qualitative research is more concerned with the process of capturing data of the participant's inner feelings rather than the outcome. This method seeks to find patterns of meaning that may surface from the data provided by the participants in their own words. Phenomenology places emphasis on individuals' subjective experiences, and this study sought to describe how Portuguese-American parents**,** with one or more children diagnosed with ADHD, interpret the world of ADHD and its consequences. That is, the researcher wants to understand how the world of ADHD appears to them.

In addition, qualitative-phenomenological research is interested in meaning, particularly how individuals manage and make sense of life experiences (Kumar, 2014). This is an area of inquiry that requires the researcher to interview the Portuguese-American parents involved in this study. This process is designed to help enable the researcher to obtain in-depth feedback on how these parents cope with their experiences of living with a child with ADHD.

Qualitative-phenomenological research is also interested in the nature of reality (Creswell, 2007). Reality is created by the people involved; this would include the researcher, the participants taking part in the study, and the observers interpreting the study. It is essential that the researcher report the realities obtained from direct voices and interpretations of participants. These realities can be further enhanced using the technique of analyzing extensive quotes, presenting themes revealed through words used by the

participants, and suggestions of the different viewpoints on each theme (Creswell, 2007). A face-to-face semi-structured interview with the Portuguese-American parents of children with ADHD allowed me to obtain information regarding the innermost thoughts and feelings about the knowledge and experiences of ADHD of the Portuguese-American parents. In addition, I learned about the reality of what these parents have to endure in their daily lives having to live with a child with ADHD (Polkinghome, 2005).

Role of the Researcher

In qualitative research, the researcher becomes the human instrument for data collection (Barrett, 2007). It can be conceptualized that the data gathered for this research study was obtained through this human instrument, rather than through case studies, data bank, or questionnaires (Denzin & Lincoln, 2003). The role of this qualitative researcher was one that is "etic" rather than "emic". I took the position as an outsider and viewed the social issue of the underserved Portuguese-American parents and children from the outside. This approach was a more objective one without the chances of forming any biases (Denzin & Lincoln, 2003). My intent was to ask ethical exploratory questions, listened attentively, thought about the answers, and then formulated more inquisitive questions to get to the inner levels of the dialogue. In other words, I made every effort to capture and understand the experiences of Portuguese-American parents regarding how they deal with their children's diagnoses and symptoms of ADHD.

To accomplish the task of obtaining gainful exploratory findings, I endeavored to build a good rapport from the first encounter with recruited participants utilizing methods to make-the-client-feel-comfortable with dialoguing approaches (Liamputtong & Ezzy,

2006). This rapport-building process enabled me to create a relationship that allowed access to each participant's personalized story (Liamputtong & Ezzy, 2006).

The aim of a qualitative researcher is to provide a representation or account in words of the insiders' reality (Mehra, 2002). Insiders' reality refers to the knowledge and experiences of the participants taking part in the study. These participants would be viewed as the experts, and the researcher the learner, in the process of this research study. Thus, I had to learn all about their stories to be able to retell them like it is. "This approach would allow the researcher to move beyond his or her bias and talk about the knowledge gained from the participants - who may be on the other side of the argument" (Mehra, 2002, p. 8).

To keep my biases separate from the study findings, Mehra (2002) recommends to distinguish emic (insiders'/ participants') and etic (outsider/ researcher's) voices to the degree possible in the collection, analysis, interpretation, and presentation of data. This study focused on the emic voice, the voice of the participants, and it was of utmost importance to minimize as much as possible my personal judgments and interpretations when relating their stories.

With me being closely involved with the study, it was prudent and ethical for me to ensure the proper protocol and integrity throughout the research process (Mehra, 2002). This was done through "checks and balances" that ensured the quality of scientific work, double-checked participants' information, and I made sure that ideas were evaluated fairly to ensure that integrity is maintained (Mehra, 2002).

One of the philosophical criteria of qualitative research is the emphasis on the values of a study. Values such as trustworthiness, authenticity, typicality, and transferability should be maintained at all times. As noted by Creswell (2007), in a qualitative study, the researcher must disclose the beneficial values found in the study, and must enthusiastically reports her values and biases, and the valuable nature of information gathered throughout the data collection process.

It was anticipated that the participants in this study would disclose emotional and sensitive information that is too often tabooed in their culture; to which they delivered. Thus, it was my responsibility to maintain a relationship of high regard and respect between me and the interviewee. Participants were informed of their rights to withdraw from the study at any time, and the appropriate referrals were provided in the case of reported or apparent adverse impact. According to Haverkamp (2005), "the qualitative research enterprise is fundamentally relational and our competence, expertise, and power are inescapably embedded in our role as applied psychologists" (p. 151).

Qualitative Research

Denzin and Lincoln (2011) defined qualitative research as a situated activity that locates the observer in the world.

> "Qualitative research consists of a set of interpretive, material researcher practices that make the world visible. These practices transform the world. They turn the world into a series of representations through qualitative inquiry and research methods including field notes, interviews, conversations, photographs, recordings, and memos to the self. At this

> level, qualitative research involves an interpretive, naturalistic approach to the world. This means that qualitative researchers study things in their natural settings, attempting to make sense of, or interpret, phenomena in terms of the meanings people bring to them" (Denzin & Lincoln, 2011, p. 3).

Using language as a tool, I endeavored to obtain in-depth parents' experiences. Core meanings were extracted that otherwise could not be observed, and could not be garnered by the use of surveys or other data-gathering techniques. Rather than spend an excessive amount of time to explain the philosophy of science to support this research design, which would seem verbose and redundant, I got to the core points of this proposed methodology (Denzin & Lincoln, 2011).

In the following subsections of this chapter, I outlined details regarding recruiting participants, sampling of the population, ethical considerations, instruments used, methodological approach for analysis of data, and dialoguing with participants. In addition, I discuss the transcription, coding, and analysis of data for this research study.

Methodology of the Study

Participants and Targeted Population

Participants were recruited based on a purposeful sampling technique rather than a random approach. According to Kumar (2005), purposive sampling can be very useful in an effort to bring out the truth, describe a phenomenon, or to expound on an unspecified something for which only a little is known (p. 179). The most important consideration in purposive sampling is to decide who can provide the best information to

achieve the researcher's objectives of his or her study (Kumar, 2005).The aim of this qualitative research was to collect data that are powerfully descriptive and which can passionately exemplify the phenomenon of interest (Patton, 2002). Purposive sampling involved the researcher seeking out participants with certain criteria in mind. Participants were recruited from Portuguese-American communities throughout the United States. Criteria for recruitment were based primarily on parents who have children with symptoms of ADHD, diagnosis of ADHD, and/or were being treated for ADHD. The approach to gathering participants was initiated through the "snow-ball" method. The technique of snowball sampling is a recruitment method that uses participants' social networks to access specific populations (Browne, 2005), which may be done across schools, requesting that principals recommend other schools to participate.

The process for recruiting Portuguese-American parents with related ADHD children was initiated by seeking permission to place a recruitment advertisement on the website of the Portuguese-American Historical & Research Foundation, Inc. (PAHRF), and elementary and middle schools in the Doral area in Miami-Dade county. This advertisement and flyers described the focus and purpose of my study and the need to recruit parents with ADHD children. The recruitment advertisement was to provide parents of information to make contact with me via a phone number or email address, which were provided. I was to then get in touch with each parent who voluntarily responds via the telephone or email. At the time of each initial telephone conference, discussions were carried out about the related research study and the need for me to recruit Portuguese-American parents. In addition, during the call, a request was to be

made to arrange a one to one telephone conference or face-to-face meeting with each parent who were willing to volunteer for this study.

Study Sample

Sampling is a process that is invariably strategic and sometimes mathematical. It can be accomplished using practical procedures to obtain a sample that would best represent a larger population (O'Leary, 2004, p.103). According to Brynard & Hanekom (2005), sampling from a population can also be used to simplify the research process by studying a representative part of, rather than the entire population. It can also help to save time as studying an entire population can be time-consuming. In addition, it can also help to cut cost since collecting data from a population that is geographically dispersed can be a costly expenditure (Brynard & Hanekom, 2005).

Exploratory research calls for small samples (Kumar, 2005) that are chosen through a purposeful process to represent a desired population. In a phenomenological study, it is recommended that approximately ten people be assessed. Fewer than 10 participants will be used if and when saturation or redundancy of information is reached prior to assessing 10 people (Kumar, 2005). This research study utilized a small purposive sample size of about 9-10 participants from the desired Portuguese-American population.

Procedures to Identify, Contact, and Recruit Participants

Potential participants were identified as Portuguese-American parents or guardians of children with or without a medical diagnosis of ADHD, but with symptoms of ADHD. These people were deemed potentially relevant to the study with the required

information and experience to contribute to data collection. Initial contact was then to be made to potential participants who would have responded to the internet placed advertisement on the PAHRF website or the flyers posted in the different schools in the Miami-Dade County area. During my initial contact, I would have explained to them the nature of the study and sought their approval to take part in the study. If their answer was positive, I would then request an email address or snail-mail address to send the necessary consent forms and confidentiality contract for signatures. In addition, the potential participants would then be advised to contact me with any further questions they may have about the research study. In addition, I obtained from each participant, prior to the onset of data collection sessions, a signed consent form to audio-record the interview. After all signed documents were received, I made contact with each participant to arrange a time, and date that was convenient for them to carry out a 50 minutes, but no more than one hour, telephone interview. For those participants who preferred a face-to-face interview, I explained to them a place that was of a quiet uninterrupted setting, with the potential to maintain confidentiality and anonymity, such as a private study room in a public library or in the participant's own home. For those participants who preferred a telephone interview, I explained and requested a convenient, quiet, and uninterrupted time for the phone interview.

The main criteria for recruitment of participants were based on the parents/guardians being Portuguese-Americans. Portuguese-Americans parents are defined as an ethnic group of people of Portuguese descent. Individuals of this group have been either naturalized as American citizens or were born in the United States. They

must have at least one child, be a legal guardian, or caring for a child diagnosed with or has symptoms of ADHD, based on the DSM-5 criteria. Parents must be able to communicate in English such that they clearly understand the nature and purpose of the study, the information in the consent form and confidentiality agreement, and that participation in the study was voluntary. They must be willing to sign an approved contractual agreement to participate in the study (consent form and confidentiality agreement) without any compensatory benefits, risk of privacy, or psychological and physical harm (Kumar, 2005).

The selection process to recruit participants for this study was protocoled by sufficiency of data and not numbers (Kumar, 2005). Methodologists of qualitative research tend to apply the criteria of superfluous or redundant collection of data and theoretical saturation to determine if sufficient data has been collected. Redundancy may emerge when there is no new data to be included into the analysis, and no new findings can be made (Kumar, 2005). Although true redundancy can never be acquired due to the individuality of each participant's experience, surplus data (until saturation is reached) may be of added value to benefit the analysis (Kumar, 2005).

I continued to recruit participants until saturation of required criteria for demographic data was reached (Portuguese-Americans, parents or guardians with children who have symptoms or diagnoses of ADHD. This process took place as often as deemed necessary until sufficient recruitment results, as described above were obtained.

Ethical Obligations

Researchers are obligated to carry out safe and ethical research with minimal to no risks to recruited candidates (Kumar, 2005). In this qualitative study, ethical considerations were given to protecting all human participants recruited to take part in the proposed face-to-face, phone, or skyped interviews. Care was taken to not expose the participants to physical or psychological harm. In addition, care was also taken to ensure that each participant fully understood the nature of the study and that their participation was on a voluntary basis prior to signing the consent form and confidentiality agreement. Participants were also informed that they may withdraw from the study at any time without any adverse consequences. They were advised that taking part in this study is without any monetary compensation. A statement was made that confidentiality of data and anonymity of each participant would be upheld at all times during and after the study. Each participant was provided with an informed consent form, which included the confidentiality description to be signed prior to my commencement of the study (Kumar, 2005). The Informed Consent form provided information about the study such as: Confidentiality and privacy, purpose of the study, procedure, possible risks, voluntary nature of the study, benefits of the study, contact information (email, phone number) of the researcher and the researcher's supervisor (Andanda, 2005).

Institutional Review Boards (IRBs)

An Institutional Review Board (IRB) is a Federally-regulated system that dictates the rules and regulations for research proposals of studies that involve human subjects. These rules are specified in Title 45 Code of Federal Regulations Part 46 (45 CFR 46)

and Title 21 Code of Federal Regulations Parts 50 and 56 (21 CFR 50 and 56, Office for Protection from Research Risks, OPRR, 1991). The IRB overlooks important issues that may include participant's safety and freedom from coercion and possible benefits and risks of research. Benefits from research may include enhancement of physical and mental health, and information that brings awareness to the well-being of society (OPRR, 1991). Risks in research may include "physical, psychological, social, or economic harms, invasion of privacy, and violations of certain basic human rights" (OPRR, 1991, n. p.).

Psychological researchers must adhere to applicable federal rules and regulations when human participants are involved in research. Strict adherence must be reviewed and approved by the institution's IRB (APA, 2002).

For this research study, it was mandatory for me to make a request for IRB approval to carry out the proposed research project. An IRB application was submitted to Walden's IRB in accordance with the Code of Federal Regulations (45 CFR 46.102). The IRB had to grant approval prior to recruiting, or contacting potential participants in any manner, and subsequent commencement of data collection (IRB, Walden University, 2010). The rationale for this request was because the data collected and presented within the study was obtained from participating parents from the Portuguese-American community. Approval from the IRB validated that participants would not be identified (confidentiality maintained). Due to anticipated disclosure of sensitive and emotional (e.g., culturally-tabooed information) by some participants, there may be minor psychological or emotional impact (distress or discomfort) on some of the participants. If

any of the participants experience an adverse impact such as psychological, emotional distress, or discomfort, the proper referrals for psychological services were provided by me. There were no risks for invasion of privacy, and the participants were not coerced or mislead to participate in this research, but were willing to volunteer their contribution to the study (APA, 2010). Recording, transcription, and statistical analysis data of each participant's interview will be kept confidentially stored in a locked personal file cabinet that only the researcher can have access to, for seven years (Tiedens & Fragale, 2003). After seven years, the stored data will be destroyed using a shredding machine to shred pages of information to bits and pieces, and the audio-recording will be also be shredded to pieces.

Saturation and Sample Size

The criteria of sufficiency as to the adequate number of participants and saturation of information are useful in research studies. However, practical constraints of time, money, and other resources must be taken into consideration when conducting doctoral research (Kumar, 2005). Sample size is important in any research study. Sample size is typically smaller in qualitative studies than in quantitative studies. The perceived conception is that qualitative research is more interested in finding the deeper meaning of a phenomenon instead of making generalized hypothetical proclamations (Crouch & McKenzie, 2006).

In a phenomenological study, it is recommended that approximately ten people be assessed. If saturation or redundancy of information is reached prior to assessing ten people then fewer than 10 may be used (Kumar, 2005). In this research study, a small

purposive sample size of 10 participants from the Portuguese-American population was obtained.

Saturation of information is redundancy of information provided by participants in the study. Kumar (2006) noted that the interviewer may recognize that he or she is not learning anything new from the participants. Instead, the interviewing process is becoming arduous rather than gratifying with nothing left to learn about the topic. There will be no gain in information when no new concepts, themes, or identifying consistent patterns of information can be obtained from the recruited 10 participants who were to take part in the study (Kumar, 2006).

Instrumentation

According to Kumar (2006), qualitative research studies that involve interviews should have an interview protocol to include the instruments to be used. This protocol enabled me to be consistent in the process of data collection for each participant. The following instruments were used for this qualitative phenomenological study:

Demographic questionnaire. A demographic questionnaire (see Appendix A) was used to obtain each participant's demographic information. Questions were posed to learn about the participants' age, month and year of birth (to verify that the individual was an adult), ethnicity (to verify that the individual was a Portuguese-American), language of communication (to verify that consent and confidentiality agreements, and all dialogue with me would be understood in English), and grade level in school of their child(ren) with ADHD. The questionnaire also integrated specific questions pertaining to diagnosis and/symptoms of ADHD. These items included questions such as current

diagnosis and how old the child was when he or she was first diagnosed with ADHD, and for participants who have children with symptoms but not a diagnosis of ADHD, at what age the symptoms of ADHD were first noted? I also asked the parents if the child was currently undergoing therapy for ADHD, and if so, how long was the child in therapy, and was the child on any type of medication.

Audio-recorder. A tape recorder was used to capture and preserve each participant's spoken words during the individual interviews. These recordings will be kept for a period of seven years, when all recordings will be destroyed.

Semi-structured interview protocol. The interview format was an in-depth face-to-face interview with a time frame of approximately 50 to 60 minutes in duration. There were open-ended questions pertaining to the interviewee's knowledge and/or experience of his or her child's diagnosis or symptoms of ADHD. I encouraged the respondent to talk freely. I used a flexible, open-ended questioning approach with the subsequent direction of responses to the interview questions being determined by the respondent's initial reply. I then probed for more details using probing open-ended questions. The initial and probing questions were prepared by me in advance (see Appendix C) and were adjusted accordingly as the interview progressed. According to Rudestam (2007), a phenomenological researcher should "think of the questions as tools to draw out the participant to reflect on the experience and its implications in his or her life" (p. 109).

Computer Microsoft Word software. Microsoft Word processing software was used to transcribe verbatim transcription of raw data (audio recordings) and field notes collected for each participant during the interview. The aim of transcription is to convert

oral speech into a printed copy of the exact words of each dialogue (Halcomb & Davidson, 2006).

Manual analysis of data to look for key themes. The transcribed interview responses were analyzed using a color-coded system to highlight and reflect on key themes within the raw data until saturation was reached. A qualitative software, such as NVivo, with potential benefits of: identifying themes a researcher may not identify, verifying accuracy of researcher analyses, and helping to identify or reduce potential researcher bias, may have been helpful in analyzing raw data. However, Welsh (2002) noted that the qualitative software requires researchers to break interviews into smaller excerpts and then classify and re-classify those excerpts. This approach to analyzing raw data has the dangerous potential to detach or distance the researcher from capturing or acquiring the in-depth and true meaning of the original interview transcripts and/or field notes (Welsh, 2002).

Individual Interview

A semi-structured interview was carried out with each parent or guardian of Portuguese-American descent, who has a child(ren) with a diagnosis of ADHD or symptoms of ADHD. A semi-structured interview is an appropriate and more commonly used instrument in family research. It offers a more befitting technique to understand the experiences, knowledge, meanings, and interpretations that families attribute to events in their lives (Kumar, 2006). Interview time was approximately 50 to 60 minutes in duration. It consisted of approximately 9-10 open-ended, flexible and informal questions pertaining to the topic of study, as well as appropriate follow-up probes (see Appendix

C). A balanced degree of flexibility and informality was used to elicit novel and unanticipated responses about their true knowledge and experiences about their children's diagnosis and/or symptoms of ADHD. At the end of the interview, each participant was debriefed and provided an open-door format for further communication regarding the study.

Exit from Study/Debriefing

At the conclusion of each interview, parents were debriefed. At this time, the demographic questionnaire that was given to parents at the beginning of the interview was reviewed for accuracy. The option of using a pseudonym instead of their real name on the demographic questionnaire was presented to each parent or guardian for their input. Then, I discussed with each parent any thoughts, feelings, and questions they may have about the study with an open-door format for future concerns and questions. A follow-up discussion was scheduled to enable me to clarify queries, and check the accuracy of data analysis via member checking.

Data Analysis Plan

Interview data collected and transcribed were coded using a qualitative methodology. This approach provided an ideal method for me to identify the inner voices of parents or guardian's knowledge and experiences of ADHD (Kumar, 2014). The aim was to discover the experiences and knowledge of participants through the power of words. I followed the analytical recommendations of Miles, Huberman, and Saldana (2014), who noted three concurrent phases of analysis to summarize qualitative data from interviews.

The first phase involved an independent, line-by-line analysis of transcripts to be carried out by me. Then, I identified information that was relevant for categorization and open coding. The second phase of analysis included further grouping of information obtained from each participant into categories and units with similar content. This allowed for initial development of a data summary for each major theme such as background, experiences, knowledge, parental involvement, parenting philosophy of treatment options, and communication. Categories and themes were continuously reviewed until no new category of information was found. This was the saturation phase of information. Themes were then reviewed for differences and similarities (inter-relationships) among categories, overlaps, and completeness. Any recurring themes found were identified as themes or sub-themes. An index of central themes and sub-themes were constructed for each participant.

Data was then synthesized and subsequently presented in a matrix. The creation of the matrix helped to categorize and contextualize data, which allowed for cross-case analysis. Cross-case analysis is defined as "a research method that facilitates the comparison of commonalities and difference in the events, activities, and processes that are the units of analyses in case studies" (VanWynsberghe & Khan, 2007, p. 1). This approach may enhance analysis of generalizability of findings across participants and may provide a deeper understanding and explanation of the obtained data as related to the research questions of the proposed study (Miles et al., 2014).

The third phase of the analysis was to arrive at conclusions pertaining to the research questions and to verify the findings by cross-case analysis. Any noted

contradiction in findings between subsequent analyses of the obtained data resulted in re-examination of the data to ensure reliability of analysis, and corresponding presentation of findings, before definitive conclusions were made.

To summarize the data analysis process, data was unitized, emergent categories were designated, negative cases were analyzed, and then data was bridged, extended and surfaced (Folkestad, 2008, p. 5). This approach allowed for an iterative analysis of raw data with a combination of "both inductively identifying a theme, and verifying or confirming the finding (deductive), which gave an inductive loop. Huberman and Miles see it as legitimate and useful to both start with conceptual analytical categories, that is deductive, or to gradually develop them, that is inductive" (Ryen, 2002, p.157. taken from Folkestad, 2008, p. 8).

Discrepant or negative cases that did not support or appeared to contradict patterns or explanations that emerged from data analysis were treated by the following approach: I used the process of re-examining the data, revising and refining the analysis until an explanation was found and the cases were then corrected. This approach entailed follow-up conversations with participants to confirm details (member checking), to clarify cross-examinations, to review transcripts and field notes, and to discuss discrepant data collected.

Another method to dealing with discrepant cases would have been to use triangulating analysts or peer-review to independently analyze the same qualitative data and compare their findings (Patton, 2005, p. 560). However, the set back to this approach was that it may have led to misunderstanding rather than validation or clarity of

discrepant data. Patton (2005) noted that an external analyst would not be able to know the data as well as the researcher who is fully involved in the study. In addition, the outside analyst may not share the same points of view and may disagree with the researcher's interpretations. However, this approach may help identify/reduce instances of researcher bias. This may lead to different understandings of the data. Then the issue may arise as to whose interpretation should stand. Then, the author would have made use of the NVivo software, which is described by its designers (QSR International, 1999) to facilitate interrogation of data, and designed to help qualitative researchers organize and analyze non-numerical or unstructured data. The NVivo software could have been used to explore systematically the data collected to enhance the quality, rigor, and trustworthiness of the research (Welsh, 2002). Data could have been analyzed using a coding system to formulate themes of verbalized information obtained from each participant in the study. This process can be tedious and unreliable if done manually; however, the NVivo software would have enabled me to gain a deeper understanding of the data (Welsh, 2002).

Trustworthiness (Validity, Reliability, and Saturation)

Qualitative research is deemed trustworthy when it accurately represents the experience of the participants (Streubert & Carpenter, 1999, p. 333). Relevant and valuable to any investigative study is its credibility and the extent to which data has been obtained. To make this assessment, it is necessary to consider how reliable, and valid are the data collected (Kumar, 2005). On the other hand, O'Leary (2004) described reliability as being concerned with internal consistency (p. 58). The focus is whether data collected,

measured, and/or generated would be the same under repeated trials. Kumar (2005) noted that validity is the degree to which an instrument measures what it was intended to measure (p. 153), and seeks to confirm the truth and accuracy of any findings or conclusions drawn from the data. These met criteria would indicate that the conclusions drawn are trustworthy and that the methods warrant the conclusions (O'Leary, 2004, p. 61).

In a qualitative research study, trustworthiness is important to evaluate its value and substance. This research study is based on and follows the premise of Lincoln and Guba (1985), who described four criteria to show the soundness or trustworthiness of a qualitative research study. These criteria were provided as an alternative to the criteria for traditional quantitative research. Trustworthiness may be achieved through credibility, transferability, dependability and confirmability (Kumar, 2014; Trochim, 2006):

Credibility refers to the internal validity of the study and indicates the level of confidence other researchers can have in the accuracy of the findings. The credibility criterion is used to establish that results of a qualitative research study are reliable and believable from the participant's viewpoint. Trochim (2006) noted that the primary reason for conducting qualitative research is to be able to explain and recognize the phenomena of interest as viewed by the participants. In addition, Trochim also noted that the individuals in a study are the ones who can justifiably assess the integrity and reliability of the results.

Transferability refers to the external validity of the study and denotes how the results of a qualitative research study may be generalized or shifted to other contexts or

settings. If a phenomenon is described with the appropriate context and assumptions that are central to the research study, other researchers would be able to evaluate how the decisions were drawn and apply the details to other times, settings, situations, and people (Kumar, 2014).

Dependability, also known as reliability in quantitative studies, allows for the findings in a research study to be consistent if the process was to be replicated. The concern is whether the same results would be obtained if observations of the same thing were to be done a second time (Kumar, 2014).

Confirmability, referred to as objectivity in quantitative studies, refers to the degree of impartiality of the findings of the study. This means that the findings are formed by the participants and not by the researcher's biases, motivation, or self-interest. In addition, other researchers should be able to ratify or verify the results of a specific research study (Kumar, 2014).

I employed credibility and trustworthiness of reliability and validity of data. This process entailed continuous examining and re-examining of all categories and themes of transcribed data until no new category of information could be found. This was deemed to be the saturation phase of information. Using the concept of a grounded theory, themes were then reviewed for differences and similarities (inter-relationships) among categories, overlaps, and completeness. Duplicates of themes were labeled as themes and sub-themes. Data were then synthesized, categorized, and contextualized. This process allowed for cross-case analysis and a deeper understanding and explanation of issues that

are part of each individual parent's interview (Miles et al., 2014; O'Leary, 2004; Kumar, 2014).

Follow-up Procedure

Following initial interviews, I met with each participant to review transcripts and field notes, and discuss any questions or concerns. I made every effort, with their permission, to continue to interact with all participants for a follow-up meeting, if necessary, to verify or clarify information provided (including member checking), over a period of no more than two months.

If I was unable to meet the required minimum sample size, then a follow-up recruitment procedure would have been applied until the minimum sample size is acquired. I would then continue to advertise on the Portuguese-American websites and at the IRB approved public schools as described in Chapter 3 (method). However, if sample size was not met via this approach, I would request meetings with the Principals of the neighboring district's Elementary and Middle schools in the area. A permission request would be made to continue the process of placing flyers within the school system. Upon receiving permission, and IRB approval, to continue recruiting participants via the procedure described in Chapter 3 (method), the same process for recruiting participants would be followed as described above.

Summary

In this chapter on methodology, I described and discussed the process of a qualitative research design to examine the Portuguese-American parents' knowledge of the diagnoses and symptoms of ADHD and how they think it impacts their children's

education, learning, and behavior through their innermost thinking and feelings, and their expressions and the power of words. Also included in the discussion was the use of a phenomenology approach. I provided an explanation as to the criteria used for recruiting participants and the sample size for this population. The instruments used in this research study are discussed. Also included is a review of procedures for the collection of data through face-to-face individual interviews, and procedures for statistical data analysis of a qualitative study. My role as the researcher and ethical responsibilities are described. The role of IRB as it pertains to qualitative research with human participants, safety and freedom from coercion, and possible benefits and risks of the proposed research are reviewed. I made a request for approval of this project from the Walden University IRB. I described in the subsequent chapter the results obtained from my analysis of the data.

Chapter 4: Results

Introduction

The purpose of this phenomenological qualitative study was to explore the experiences and knowledge encountered by Portuguese-American parents with their children who were diagnosed or had symptoms of ADHD. According to Glaser and Strauss (1967) and Kumar (2014), researchers who conduct phenomenological studies must set aside their personal experiences and knowledge so as to comprehend the phenomenon from the participants' perspectives. Kumar (2012) noted that phenomenological studies require careful description of the individual's experiences and meanings attributed to the experience and that the phenomenon is explored "through direct interaction between the researcher and the objects of study" (p. 793). In addition, phenomenological research is based on an individual's initial reflection of an endured specific experience and this reflection is of a primary interpretation (Brevan, 2014, p. 137).

The results of the data collected were from 10 Portuguese-American parents who have children with the diagnosis or symptoms of ADHD. Details of the experiences of each Portuguese-American parent were described from their perspectives. Each parent took the time out of their busy schedule to facilitate an initially pre-arranged 50 minute interview. All interviews, however, took longer to complete. As initial questions were posed and answers provided, there was the need to ask further questions for clarification and justification for interview responses. This led to an extended length of the interview process to allow each participant the opportunity to go into sufficient depth expressing

their experiences living with a child with ADHD. I transcribed the interviews verbatim for analysis. In Chapter 4, I have summarized the results of my research aimed at exploring what and how the Portuguese-American people think of ADHD. The themes that emerged from the research were framed by the research questions.

The results from this research included information that may bring about positive social change for this underserved ethnic minority group of people on how to deal with and understand their children's learning and behaviors related to ADHD. It may also serve to help advocate their needs and wants for helpful resources in their communities and schools to better understand their needs, and to help and educate them on how to cope, communicate, and overall how to handle their children's diagnoses and symptoms of ADHD. These findings may also be of use for teachers, medical professionals, psychologists, school counselors, social workers, and state legislators who could use results from this research, respectively, to prevent mislabeling, misdiagnosing, mistreating, mismanagement, misplacement, and to support funding to cover special education programs to help this population of parents and children on how to deal with this issue (Antczak, 2011).

Demographics

To gather this information, I interviewed 10 Portuguese-American parents who have children with the symptoms or diagnosis of ADHD (see Appendix A for questionnaire). I sought an in-depth understanding of (a) how much the participants knew of the mental health neurodevelopmental disorder of ADHD (U.S. Department of Human Health and Services, 2017), and (b) the lived emotions, thoughts, and experiences

of the participants as they determine the future outcome of their children's learning and education (Caelli, Ray, & Mill, 2008; Hancock, Ockleford, & Windridge, 2009). Data gathered from the interviews were stored and transcribed at the end of six months. This delay was due to difficulty in meeting the number of participants required. Recruitment of participants was delayed due to participants missing interview appointments. I made multiple follow-up phone calls in order to secure appointment dates, but I still experienced cancellations, postponement, and having had to find new participants. Fifty percent (five of 10) of the first 10 potential participants dropped out altogether, citing discomfort to participate in an interview. Some of the reasons given were that of a culturally tabooed subject matter, and not wanting to discuss their children and family's issues. Eventually, I was able to recruit 10 participants for interviews.

Rather than adhering to the preset questions as per Appendix A, and following Kumar's (2014) strategy, I carried out the interviews as conversations using the main questions as a guide. Thus, throughout the interviews I asked both preset and spontaneous questions. At times, a participant's reflections prompted me to formulate and ask a number of follow-up questions. Once I completed the interviews with 10 participants, I transcribed the responses and analyzed the transcripts to determine common themes in the participants' responses.

Based on the thematic data analysis protocol (Braun & Clarke, 2006), I carried out the following steps: (a) review of the transcripts. (b) organization of the codes into discrete units for analysis, and (c) demonstration of the associations between the different themes. This chapter includes description of data collection, recording and coding of

data, analysis techniques used, presentation of the findings, and discussions of the issues of validity and trustworthiness.

Participant Recruitment and Data Collection

Participant Recruitment

After the approval for data collection was granted by the Walden University Internal Review Board (IRB), Walden IRB number 11-08-16-0186980, a purposive sample of 10 Portuguese-American parents, who met the criteria for the study were selected to participate in this phenomenological research study. Recruitment for the study was primarily by telephone communication as an invitation to take part in the study.

Of the initial 20 potential participants with whom I met and requested to talk to about my study, none were receptive, claiming of not speaking or understanding proper English, and did not want to talk about their children and family. The posting of flyers for recruitment resulted in no response, and after weeks of waiting, I decided to walk the streets knocking on doors of organizations, banks, and commercial businesses, and stood in front of schools seeking out potential Portuguese-American parents with children who were diagnosed or with symptoms of ADHD. Gradually, 12 potential participants agreed for a first meet-and-greet meeting. However, after appointments were set up, some of them were cancelled at the last minute, thus it was necessary to reschedule meeting appointments, some successful and some unsuccessful. Only five potential participants agreed to complete the interview. After each potential participant agreed to meet with me for a meet-and-greet first appointment, the nature of the study was explained to them, and I responded to their questions and concerns about participation. Potential participants

who expressed willingness to participate and met the research criteria were provided agreement and consent forms to be signed to participate in the study. Participants were informed that they did not have to complete the interview and have the right to withdraw at any time without any consequences. It was also explained to them that everything disclosed during the interview would be kept strictly confidential. A request was made to conduct the interview at the same time, but in most cases, a second appointment was needed at a convenient time for the potential participant.

The process continued to find the remaining five participants who were recruited in order to meet the sample of ten participants. Again, I walked the streets with a new list of places to venture into; I made every effort to recruit five more participants who would meet the criteria for this study. This process was unsuccessful, and I had to revert to the snowball method of recruitment to obtain five additional participants to achieve a total of ten participants. Snowball recruitment is defined as a technique in which participants are asked to assist researchers in identifying other potential subjects (Kumar, 2014).

I sent out emails to previous participants for their help in referrals. Some names and numbers were provided, and I reached out to them via telephone. Of the eight referrals, two resulted in no answer, six answered and I was able to explain the study to them; they met the criteria for the study, and again I explained to them of their rights to withdraw from the study, told them of confidentiality of information, and answered their questions and concerns about the study. Eventually, four of the six participants agreed to carry out telephone interviews, reporting of not having time for face-to-face interviews. The other two potential participants called at the last minute to cancel their appointments,

and in several attempts at follow-up phone calls, no response could be obtained, and thus reaching out to them was aborted.

I sent informed consent forms via emails to the four newly recruited participants, who agreed to participate, for their consent signatures, which were signed and returned. The telephone interviews were completed, recorded, and hand-written notes taken.

The process of finding one last potential participant had to start all over again. It took a considerable amount of time to obtain that participant and the plan was to stop recruiting, and to interview only nine participants. Then, I received a text message from one of my contacts (anonymous for privacy) with another referral, and after reaching out to the referred candidate, who was at the time in her home country on holidays, with a return date to the US scheduled, an agreement was reached to schedule an appointment for telephone interview on her return. Eventually, the potential participant reached out to me on her return to the US. A telephone conversation ensued when I explained to her the nature of my research study, her rights to withdraw from the interview at any time without hard feelings or consequences, and the disclosure of confidentiality of information provided. Informed consent and agreement forms were sent and returned with signatures, questions and concerns were answered, and an appointment was scheduled for a convenient time for a telephone interview. Thus, I reached the goal of interviewing a sampled population of 10 Portuguese-American Parents. Interviews were audio recorded, and handwritten notes were taken during the interview process for transcription. Transcription of each interview was approximately 14-16 pages in length, and since phenomenologists carry out research that is based on lived experiences, the

interview questions posed were open-ended and non-directive so that the data obtained was not limited (Appendix A) (Kumar, 2014).

The final list of participants comprised of seven females and three males (see Table 1).

Table 1

Participant Characteristics

Ethnicity	*Citizenship*	*Education*	*Age*	*Gender*	*Languages*
P1: Portuguese/Brazilian	American	*Higher Edu	49	Male	English/Portuguese
P2: Portuguese/Brazilian	American	University	41	Male	English/Portuguese
P3: Portuguese	American	*Higher Edu	45	Male	Eng/Portug/Spanish
P4: Portuguese/Brazilian	American	*Higher Edu	35	Female	English/Portuguese
P5: Portuguese/Brazilian	American	*Higher Edu	44	Female	English/Portuguese
P6: Portuguese/Brazilian	American	High School	52	Female	English/Portuguese
P7: Portuguese/Brazilian	American	*Higher Edu	41	Female	Eng/Portug/Spanish
P8: Portuguese/Brazilian	American	*Higher Edu	40	Female	English/Portuguese
P9: Portuguese/Brazilian	American	*Higher Edu	47	Female	English/Portuguese
P10: Portuguese/Brazilian	American	*Higher Edu	49	Female	English/Portuguese

Note. P stands for participant. Eng mean English/ Portug means Portuguese. *Higher Edu means that the participant chose not to be specific about level of education.

The participants' audio-recorded files were assigned a file number, and each participant's transcription was assigned a letter of the alphabet and a number as an identifier to ensure anonymity.

The central questions examined for this research were the following:

RQ 1: "What is the knowledge of Portuguese-American parents about ADHD?"

RQ 2: "What do Portuguese-American parents know about the effects of ADHD and its symptoms on their children's education, learning, and behavior?"

RQ 3: "What interventions do the parents utilize to address behavioral issues and learning disabilities that result from ADHD?"

Setting for Interviews

This grounded theory research approach (Kumar, 2014) was carried out in South Florida. Multiple sites were used to conduct interviews, and collect data for this research study. Sites were chosen based on each participant's convenience for time and place. A calm and quiet atmosphere was established when choosing a site for the interview to take place: in participants' home, a church of choice, an empty pool house, a room in the library, or an office in participants' place of business. Most interviews were carried out during the day, and at times during the evenings and weekends.

Interviewing, Transcribing, Coding, and Analysis of Data

Over a six-month period, (December 2016 to May 2017), I interviewed ten parents who were from a minority Portuguese-American background, primarily of Portuguese-Brazilian origin. The primary mode of communication was via the telephone and face-to-face meetings, which were scheduled in a variety of locations. While some of the interviewees favored to meet at an outside location, others preferred to be interviewed in their homes or in their office at a workplace. With the consent of participants, all interviews were recorded on a digital recorder. Data collected from the interviews were transcribed from the audio-recorder, and additional pen-to-paper notes from phone interviews and field notes were also documented. All interviews were transcribed during the months of June and July 2017. Each transcript was created as a Microsoft Word document and was numbered individually. The more than 160 pages of transcribed

interviews were gathered in a small binder, which were utilized throughout the data coding, analysis, and writing process. After compilation of all transcribed data from 10 interviews, the transcripts were analyzed using thematic analysis. Each participant's transcribed interview was given an alphanumeric pseudonym to protect their identities.

Data Analysis from Interviews

Data analysis began with a review of the transcripts using the thematic approach (TA) to determine common themes that emerged from the participants' responses. "The process of transcription, while it may seem as time-consuming, frustrating, and at times boring, can be an excellent way to start familiarizing yourself with the data" (Braun & Clarke, 2006, p. 17). The purpose of thematic analysis of data is to identify patterns of meaning and issues of potential interest followed by a phased process (Clarke & Braun, 2013). The second stage of data analysis was the manual reduction of data via coding. Coding can be carried out via a manual process or the use of a software program (Kumar 2014). This process yielded the final results of a selective phase showing the associations between themes. Table 2 demonstrates the thematic approach process:

Table 2

Phases of Thematic Analysis (Braun & Clarke, 2006, P. 35)

Phase	Description of Process
1. Familiarizing yourself with your data:	Transcribing data (if necessary), reading and rereading the data, noting down initial ideas.
2. Generating initial codes:	Coding interesting features of the data in a systematic fashion across the entire data set, collating data relevant to each code.
3. Searching for themes:	Collating codes into potential themes, gathering all data relevant to each potential theme.
4. Reviewing themes:	Checking if the themes work in relation to the coded extracts and the entire data set.
5. Defining and naming themes:	An ongoing analysis to refine the specifics of each theme, and the overall story the analysis tells; generating clear definitions and names of each theme.
6. Producing the report:	Selecting vivid, compelling extract examples, final analysis of selected extracts, relating back of the analysis to the research questions and literature, producing a scholarly report of the analysis.

Transcribing Raw Data

After collection of raw data from interviewees, I transcribed each interview, which was about 14-16 pages in length, and saved each document in a password-

protected file. Then, I had a research assistant (DP) assist me in reviewing the transcribed data from the voice-recorded interviews and hand written notes from phone interviews that were taken during data collection. This process was done to decrease misinterpretation, subjectivity, and biasness (Kumar, 2014). I then proceeded to the next phase of data analysis, which was the coding process.

Coding Interesting Features of Data

For this phenomenological research study where expressed words, statements, and sentences are important to capture each participant's expressed inner feelings of their knowledge and experiences, I opted to manually code the data instead of using a qualitative software in the coding process. Reasons for manually coding the data were because of: (a) a small sample size of 10 (Kumar 2012), (b) because a qualitative software would have resulted in the breaking up of raw verbatim data collected from participants' interviews into smaller excerpts, and (c) having to classify and re-classify those excerpts when using qualitative software. This process presents the danger to distance the researcher from original interview transcripts and field notes (Kumar, 2014). While I reflected on the key themes and subthemes found within the data, I did not want to utilize a program that could direct me into an ongoing cycle of re-categorization. Thus, I chose not to use the qualitative software, as I wanted to continue to be more closely in tuned with the original verbatim interview transcripts and field notes (Kumar, 2014). I did not want data to be extracted and subtracted out of context, thus, possibly changing the true meaning of participants' expressed thoughts and experiences. This approach allowed me to prevent the compulsion to reconfigure themes and subthemes repeatedly.

Participants' names were not used in this research, as codes were appropriately established to protect their confidentiality and privacy (Kumar 2014).

Data Analysis

An inductive data analysis approach was employed to find similarities or patterns that may exist among the ten participants interviewed. In this study, I was interested in finding like-mindedness of concerns and similar components that existed among the Portuguese-American Parents and their knowledge of ADHD. My goal was to make every attempt to allow the participants' voices to be heard in this research study by using the in vivo coding method, and code actual terms and phrases used by the participants (Saldana, 2015).

First, a descriptive coding process was carried out to show the demographic information collected for each participant. Descriptive coding is a first cycle coding method used in qualitative research (Saldana, 2015). This level of coding consisted of basic categories relevant to this research study, providing the characteristics of participants: gender (male, female), age, ethnicity, citizenship, level of education, and languages spoken. I coded this data in a word document and presented that information in Table 1.

The second level of the coding process was done using an open coding or (in vivo) approach in which categories are initially identified during qualitative data analysis (Saldana, 2015). I used open coding, which involved reviewing the entire text for descriptive categories. Using the constant comparative method, categories were refined by seeking examples across all transcripts until approximately no new information

yielded additional meaning. As the categories emerged and were refined, I considered how they might be related to one another across all participants' transcripts with the emerging patterns forming the specific themes. At this level of coding, I was able to develop themes. The data were analyzed by identifying emerging themes from the participant responses, and "it is through thematic verbalizations of this reflected experience that we gain access to the thing experienced, its modes of appearing in natural attitude, and its meaning" (Brevan, 2014, p. 137). Also, thematic analysis is connected to phenomenology; it concentrates specifically on the subjective human experiences (Kumar, 2014). It helps to emphasize, pinpoint, examine, and record patterns or themes within data. The themes identified and verified by my helper, a research assistant, were found to be patterns across data sets that were important to the description of a phenomenon and were closely associated to my specific research questions. These themes then became the categories for analysis (Kumar, 2014).

This procedure involved arranging data into categories, and then labelling the categories with a term for specific words or statements frequently used by each participant (in vivo term) (Kumar, 2014). The process involved transcribed data, which were color-coded using a multi-colored highlighting technique to determine if any common themes emerged. For example, if the words "no knowledge of ADHD" was used it was highlighted in RED. Other key expressions such as "did not know where to get help" were highlighted in BLUE, and similar phrases grouped according to the emerging themes. Common themes and saturation or redundancy of data were achieved from the

10 participants of similar or same experiences, knowledge, and perceptions, which showed consistency in the data obtained.

The coded responses were associated with the research questions, and emerging themes/subthemes were framed and categorized by the research questions. Table 2 was developed with common elements grouped together according to themes related to the research questions presented during interviews. Each transcribed interview was approximately 16 pages, and coding with emerging themes were concentrated on key research questions as described in Table 3. It shows the common themes that emerged from the expressed knowledge of the participants in their own words.

Table 3

Common Emerging Themes/Subthemes Related to Research/Interview Questions

Research/Interview Questions	Emerging Themes/ Subthemes	Excerpts of Participants' Responses/Experiences Data extracted and Coded
How much do you know of ADHD?	(1) Lack of knowledge. (2)Cultural misconception. (3)Unawareness of disorder	"Nothing, did not know what ADHD is". "Never heard of this type of disease where I came from in my country". "When growing up did not know of such a thing". "Never heard my parents or family talk about this". "No mention of this in the schools, church, or synagogue, not even the doctors talked about it". "Trained to work with mentally retarded kids, but never knew of symptoms of ADHD". "Certified to help Mongoloid kids, but never heard of ADHD". "Very surprised to hear this was such a problem with children here". "Didn't think child's behavior is not normal". "Probably well hidden by the Portuguese community".
What do you think of your child's behaviors?	(1)Culturally normal effects of behaviors. (2)Cultural misnomer of mental issues.	"Thought it was normal for a growing child to have such behaviors". "We were the same when growing up". "Still have some of these behaviors as an adult". "Other children showed these behaviors when we were growing up".

	(3)Cultural misunderstanding.	"Parents thought nothing of it, and it seemed normal for a boy or girl to act in such a way". "Thought my child is behaving crazy at times, that's all". "My child behaved as if possessed". "Often laughs of how funny they behave". "Wondered if it is the environment or the people". "Very bizarre and frightening at times".
What are some of your experiences of having a child with the diagnosis or symptoms of ADHD?	(1)Lack of knowledge of symptoms of ADHD. (2)Teachers' lack of knowledge of ADHD. (3)Schools' lack of communication with parents of the issues. (4)Lack of skills to handle difficult behaviors. (5)Interethnic biasness in getting help. . (6)Child not provided adequate placement to deal with dysfunctional behaviors.	"Very difficult, frustrating/worried". "Did not know why he behaved like that". "Never heard of such a thing as ADHD before". "My child's behaviors are bizarre". "Child does not sleep, do not want to eat or drink". "Child could not sit in one place for too long, always moving around, jumping here and there, causing much problems". "Screaming, fighting with siblings, me and mother". "Thinking maybe he is going crazy". "Have no control over my child". "Could not and do not know how to help her". "Did not know where to look for help". "Teachers are of no help". "School is of no help, they don't know anything". "School only say to take your child to the doctor, get them tested, get them on some medications, or something else so they don't have to deal with the child". "When my child is failing his classes, I thought of my child being lazy and does not want to work in school". "My child has failing grades, his level of thinking and behaving is not the same as other kids his age". "Teachers send notes or phone calls to come in for meetings". "No one explained what or why my child is behaving like this".
What are some of the resources you used to help your child with his/her symptoms of ADHD.	(1)Lack of knowledge. (2)No helpful resources. (3) Schools not providing appropriate placement for child's best interest to educate and learn. (4) Culturally tabooed subject in the community.	"Talk to teachers, school personnel, other parents in the community". "They told us to take our child to doctors, family doctors, psychologists". "It looked to me as if no one in the school wanted to help my child". "My child is being repeatedly put in detention for bad behaviors of screaming, disrupting, hitting, fighting, not being able to sit in seat throughout the class". "Other Portuguese parents did not want to talk about their children if they are having difficult time in class". "Portuguese parents are full of pride; gave the impression that their children are doing well in school, no problems". "Portuguese parents in the community and in the

		church give the impression that everything is always good with their family".
How did you handle your child's Dysfunctional or abnormal behaviors?	(1) Lack of knowledge. (2)Lack of coping skills.	"Tries to work with my child to see things their way". "Talk to child, tries to explain what is wrong, and what is right". "Have to repeatedly tell my child what to do, how to do it, and help her with the task". "Child finds it very difficult to understand and follow directions". "Have to repeatedly explain things at a slower pace, especially when doing homework. It takes for hours until late hours in the night". "It is very tiring after a long day at work, and it gets me very frustrated. I have to walk away from my child in order to keep my composure". "I often ask God, why me? What have I done to have this type of punishment?" "Have to help my child with personal hygiene, feeding, and dressing problems". "Teachers don't care to see my child as needing extra help".
Is your child taking medications or going to therapy?	(1) Lack of knowledge. (2) Not well informed (3) Lack of education and awareness.	"Does not want my child to take medications anymore". "Doctor put my child on medication, this made her very sick, I stopped it. New medication also made her sick. We then stopped it altogether". "Tried the old and new medications, but this seemed to make my child's symptoms worse". "Child could not sleep, does not want to eat, got more angry and irritable, more screaming, more fighting, more restlessness". "We had to force my child to eat very little food, and rock him to sleep in our bed". "My child was not able to concentrate at all, found him sitting in a corner in his room with door closed". "Taken off of medications for good. No more". "We are willing to try therapy". "We cannot afford the therapists' fees".
How have the symptoms of ADHD affected your child's education, learning, and social behaviors?	(1) Lack of education and training to cope with changes and expectations. (2)Lack of coping skills.	"My child is learning below age level". "My child functions socially below age level". "We do not take part in social gatherings, birthday parties, going out to dinner because we are afraid of child's behavior". "We stay at home most of the time, do things just by ourselves". "Our child does not concentration on tasks". "My child continues to have difficulties in school".

"We are fearful of future life for child".
"What will life be like as an adult?"
"Try to avoid going out among friends and family gatherings".
"Child does not have friends because of behavioral issues".
"Parents do not want their children to mix with my child, sees my child as somewhat not normal".
"My children, as adults, have to live with us at home; do not want them to go out on their own, people will take advantage of them, symptoms still present since childhood".
"My child still struggles to learn as he grows, very immature behaviors".

Validity and Trustworthiness

This qualitative study was carried out on the principle of honesty and trustworthiness, which were used to ascertain if the information collected was accurate and if it completely exemplified the participants' expressed thoughts. Kumar (2014) noted that a researcher must use various methods, such as a third party member or peer examination, to establish the accuracy of findings in qualitative research. Member or peer examination/checking also add validity to a research study because it helps to determine if the stories communicated by the participants are accurate from the presented recordings. Peer examination provides another independent person to review the questions and responses presented to the interviewee during the interview. This process ensured the validity of the study, as the second party assistant was able to correct the researcher's misinterpretation of data and to search for inconsistencies (Kumar, 2014). A second party reviewer was used to ensure the validity of this research study. My colleague who is an experienced research assistant, reviewed the data to determine whether or not the findings were legitimate. This measure of validity ensured that the information presented was true and reliable.

Based on participants' responses to the research questions, themes and subthemes were analyzed and narrowed down to the most prominent of concern related to ADHD. Also, I took into consideration what triggered a motivation for these Portuguese-American parents to openly discuss a tabooed topic about their knowledge and experiences of their children' symptoms of ADHD. Presented in the following sections are the most prominent themes of concern related to the Portuguese-American parents who told their stories and shared their feelings with the researcher. The four themes that evolved were (a) lack of knowledge of ADHD, (b) lack of information provided by professionals, (c) opportunity to be educated about this neurodevelopmental mental health disorder, and (d) lack of the appropriate resources for these parents to get the necessary help needed to cope with their children's symptoms and diagnosis of ADHD.

Results/Findings

Emerging Themes Relative to Research Questions/Interview Questions

Four insightful themes emerged which reflected the experiences and knowledge of Portuguese-American parents whose children were diagnosed with or have symptoms of ADHD:

- Lack of knowledge of ADHD – in country of origin.
- Lack of education and training - to deal with child's symptoms of ADHD.
- Lack of resources – no community support.
- No academic support – teachers and school personnel not helpful.

Research Question #1

What is the knowledge of Portuguese-American parents about ADHD?

Emerging theme: Lack of knowledge of ADHD.

Emerging subthemes: Cultural misconception.

Not knowledgeable/unaware of disorder.

A fundamental theme that emerged from the data gathered and analyzed was the widespread nature of the knowledge of ADHD and its consequences. Dictionary.com (2016) defined knowledge as "the facts, feelings or experiences known by a person or group of people" (n. p.). The Portuguese-American parents interviewed disclosed in almost all cases (nine of ten) that they were not knowledgeable about the mental disorder associated with ADHD. On further exploring their thoughts, it was discovered that the majority of them (nine of ten) never heard of this disorder, never knew it existed, and no one talked about it when they were growing up. A few (four of ten) of the parents reflected that during their childhood school days, some of their peers acted very strangely with what seemed to them today, as symptoms of ADHD. However, those children or their peers were passed off as "nothing is wrong and that they were just acting stupid" (P#3), as was the story told by their parents to others in the community. This is a typical scenario of cultural taboo of a subject that presented consequences in their children's health, learning, education, and social life (Singh, 2008).

Excerpts from data collected from participants.

"Nothing, did not know what ADHD is" (P#1).

"Never heard of this type of disease where I came from in my country" (P#2).

"When growing up did not know of such a thing" (P#3).

"Never heard my parents or family talk about this" (P#4).

"No mention of this in the schools, church, or synagogue, not even the doctors talked about it" (P#6).

"Trained to work with mentally retarded kids, but never knew of symptoms of ADHD" (P#8).

"Certified to help Mongoloid kids, but never heard of ADHD" (P#10).

"Very surprised to hear this was such a problem with children here" (P#5).

"Didn't think child's behavior is not normal" (P#9).

"Probably well hidden by the Portuguese community" (P#7).

Research Question #2

What do Portuguese-American parents know about the effects of ADHD and its symptoms on their children's education, learning, and behavior?

Emerging theme: Lack of insight

Emerging subthemes: Lack of education and knowledge.

Lack of skills.

The present findings seem to indicate that in a new environment and a new culture, the Portuguese-American parents were not prepared to deal with such a shocking revelation of unexpected behaviors emanating from their children. Owing to what may be relatively little previous experience or knowledge of what ADHD is, nine out of ten parents may have been caught off guard when called into school by first the teachers, to be told that their child is failing his or her grade, child has behavior problems, child has

learning difficulties, and must take their child to see a doctor for assessment. According to Singh (2008), "reliable diagnosis rates for ADHD are difficult to find in most countries because medical or scientific are not used to diagnose ADHD. Instead, teachers or parents observe symptoms of ADHD in a child and refer the child to doctors" (as cited in Lee, 2008, p. 3). When those 9 of 10 parents asked the teachers to tell them more about what is happening to their child, the teachers would only tell them to get the child tested to see what is wrong with him or her. When asked for a referral, the teacher's response would be, for example: "I will get those and give them to you soon" (P#3). Although most schools have a school counselor or a school psychologist, referral was not made for the parents to see one of these professionals to get more information about their child's academic underachievement or behavioral issues. Nine of ten parents reported these incidents with the teachers. In the school classrooms, on the physical education field, or in the gym, teachers are the first ones to recognize the symptoms of ADHD, and it is essential for them to draw upon a current and accurate knowledge base as they communicate with parents about their child's behaviors and academic progress (Singh, 2008).

Excerpts from data collected from participants

"My child is learning below age level" (P#2).

"My child functions socially below age level" (P#5).

"We do not take part in social gatherings, birthday parties, going out to dinner because we are afraid of child's behavior" (P#3).

"We stay at home most of the time, do things just by ourselves" (P#6).

"Our child does not concentration on tasks" (P#1).

"My child continues to have difficulties in school" (P#7).

"We are fearful of future life for child" (P#9).

"What will life be like as an adult?" (P#4).

"Try to avoid going out among friends and family gatherings" (P#10).

"Child does not have friends because of behavioral issues" (P#8).

"Parents do not want their children to mix with my child, sees my child as somewhat not normal" (P#8).

"My children, as adults, have to live with us at home; do not want them to go out on their own, people will take advantage of them, symptoms still present since childhood" (P#6).

"My child still struggles to learn as he grows, very immature behaviors" (P#7).

Research Question #3

What interventions do the parents utilize to address behavioral issues and learning disabilities that result from ADHD?

Interview questions as posed for clarification:

Interview question #1: *How did you handle your child's dysfunctional or abnormal behaviors?*

Emerging theme**:** Lack of education and training.

Emerging subtheme**:** Lack of coping skills.

Nine of the ten Portuguese-American parents interviewed, reported that they believed in working with their child (ren) the best way they knew how and that is to

follow their parental instincts to do what emotionally comes naturally**.** For example, "We just went along with my child in whatever made her comfortable" (P#3). Not having the proper knowledge of ADHD and the appropriate skills to deal with the erratic or bizarre behaviors may make parents vulnerable and helpless to cope with their children's odd behaviors, academic failures, and social misgivings (Singh, 2015). Parents (nine of ten) noted that they are filled with anxiety, feel desperate and helpless, as they are parents whose responsibility is to protect and take care of their children when it comes to their well-being through life. Yet in nine of ten cases, they did not know how to, but tried to make their child feel loved, cared for with lots of hugging and cuddling going on, and at times three out of ten parents noted having to allow the child to sleep in their beds for a feeling of comfort for both parents and child.

Education and training resources could have helped these parents to gain the knowledge and skills to effectively help their child (ren) with their activities of daily functioning, both at home and in school. If community resources and services were to be installed by the multiple Portuguese churches in their neighborhoods, this could be an asset to help formulate group education. "Behavioral parent training programs have proven efficacious in improving parent-child interactions and, in turn, reducing children's externalizing behaviors" (McMahon et al., 2006, pp. 137–268). These role-modeled behaviors by parents may take effect and become habitual and maintained in the long run by their children.

Excerpts from data collected from participants

"Tries to work with my child to see things their way" (P#1).

"Talks to child, tries to explain what is wrong, and what is right" (P#6).

"Have to repeatedly tell my child what to do, how to do it, and help her with the task" (P#4).

"Child finds it very difficult to understand and follow directions" (P#9).

"Have to repeatedly explain things at a slower pace, especially when doing homework. It takes for hours until late hours in the night" (P#8).

"It is very tiring after a long day at work, and it gets me very frustrated. I have to walk away from my child in order to keep my composure" (P#1).

"I often ask God, why me? What have I done to have this type of punishment?" (P#2).

"Have to help my child with personal hygiene, feeding, and dressing problems" (P#1).

"Teachers don't care to see my child as needing extra help" (P#4).

"I'm so scared of what will become of my child as an adult. How will she be able to take care of herself if I'm no around?" (P#3).

Interview question #2

What are some of the resources you used to help your child with his/her symptoms of ADHD?

Emerging theme**:** Lack of resources.

Emerging subthemes**:** No available help.

Schools not providing appropriate placement for child's best interest to educate and learn.

Culturally tabooed subject in the Portuguese community.

According to medical professionals such as psychologists, psychiatrists, family doctors, and behavioral therapists, support is necessary for parents of children with ADHD (Singh, 2008). Parenting is a difficult task in any circumstances, but parenting a child with a neurological disorder, such as ADHD, comes with distinctive challenges that sometimes seem overwhelming to cope with. Parents are encouraged to be part of an ADHD support group that can help parents deal with the difficult and troubled situations associated with raising a child with the symptoms or diagnosis of ADHD (Singh, 2008).

Of the Portuguese-American parents who were interviewed for this research study, and voiced their knowledge and experiences of living with a child or children with symptoms and diagnosis of ADHD, some of the mothers-who were less proficient in the English language, reported finding it very difficult to venture into the main stream American culture to ask for help in learning ways to help their children with ADHD. As noted by nine of ten participants, as reflected in the following example, "we depend and trust the school system to help us protect and care for our children within the school culture, but because of interethnic biasness we find our children are being pushed to the side and not given the same opportunity to get treatment in an appropriate time frame" (P#3, P#6, P#7).

Excerpts from data collected from participants

"Talk to teachers, school personnel, other parents in the community" (P#9).

"They told us to take our child to doctors, family doctors, psychologists" (P#4).

"It looked to me as if no one in the school wanted to help my child" (P#6).

"My child is being repeatedly put in detention for bad behaviors of screaming, disrupting, hitting, fighting, not being able to sit in seat throughout the class" (P#8).

"Other Portuguese parents did not want to talk about their children if they are having difficult time in class" (P#1).

"Portuguese parents are full of pride; gave the impression that their children are doing well in school, no problems" (P#2).

"Portuguese parents in the community and in the church give the impression that everything is always good with their family" (P#5).

Interview Question #3

What are some of your experiences of having a child with the diagnosis or symptoms of ADHD?

Emerging theme: Lack of academic support

Subthemes: Lack of knowledge of symptoms of ADHD.

Teachers lack of knowledge of ADHD.

Schools lack of communication with parents of associated ADHD issues.

Lack of skills to handle difficult behaviors.

Interethnic biasness in getting help for child.

Child not provided adequate placement to deal with dysfunctional behaviors.

Nine of the ten parents interviewed expressed that they did not receive satisfactory help or directions from the school personnel about their child's behaviors.

This finding may have been due to the lack of knowledge about the symptoms of ADHD, and the teachers were unable to recommend proper placement for the child. For example, P#1 stated, "my child was not placed in Special Education classes, while other ethnic groups of children, like the Spanish kids were being given preference." P#10 stated, "My child was not provided a one-on-one teaching aid in a contained classroom." Several of the parents (P#1, P#6, P#4, & P#9) disclosed that they were being ignored by the classroom teachers and/or school personnel and there was a waiting game for information as to the next step in getting their child the appropriate help he or she needs.

According to Lee (2008), teachers in the classrooms are usually concerned about children who demonstrate ADHD behaviors that are disturbing to the regular flow of their class. They would tend to focus their attention on the student(s): "who do not pay attention, who are being repetitively off task, who move around uncontrollably and are unable to sit still in their seats, who would talk during teaching lessons thus preventing or disrupting other students from paying attention, and are physically and verbally hostile to other children" (pp. 415-439). In addition, Lee (2008) noted that teachers would tend to be more concerned about satisfying the curriculum for instruction time, especially when they have to stop their teaching routine to implement control of the interruptions and to get students back on task. Typically, teachers' reactions would be to refer the child to a school personnel such as a counselor, principal, or special education teacher (Lee, 2008). However, for three of the ten parents, referral was punishment to detention for the day (P#3, P#1, P#7). Singh (2008) also noted that "since 1991, ADHD has been an eligible

condition under the US Individuals with Disabilities Act (IDEA), which provides children with ADHD the right to special educational services" (p. 354).

It seems as if the schools were under-resourced to deal with children with ADHD-type behaviors or the teachers did not know very much about the diagnosis and behavioral or educational methods of how to handle such situations (Singh, 2008). Educators should remember that a well-conceived educational program should be put in place to effectively address a child's complete academic and social needs (Lee, 2008).

Excerpts from data collected from participants

"Very difficult, frustrating and very worried" (P#1).

"Did not know why he behaved like that" (P#3).

"Never heard of such a thing as ADHD before" (P#6).

"My child's behaviors are bizarre" (P#4).

"Child does not sleep, do not want to eat or drink" (P#1).

"Child could not sit in one place for too long, always moving around, jumping here and there, causing much problems" (P#9).

"Screaming, fighting with siblings, me and mother" (P#1).

"Thinking maybe he is going crazy" (P#2).

"Have no control over my child" (P#10).

"Could not and do not know how to help her" (P#3).

"Did not know where to look for help" (P#7).

"Teachers are of no help" (P#6).

"School is of no help, they don't know anything" (P#5).

"School only say to take your child to the doctor, get them tested, get them on some medications, or something else so they don't have to deal with the child" (P#10).

"When my child is failing his classes, I thought of my child being lazy and does not want to work in school" (P#3).

"My child has failing grades, his level of thinking and behaving is not the same as other kids his age" (P#2).

"Teachers send notes or phone calls to come in for meetings" (P#6).

"No one explained what or why my child is behaving like this" (P#7).

Interview Question #4

Is your child taking medications or going to therapy?

Emerging theme: Lack of knowledge.

Emerging subthemes: Not well informed.

Lack of education and awareness of the use of medications.

Five of the ten parents who had their children assessed by a doctor noted that they trusted their family doctor to prescribe some type of medication for the child to take for their behavioral and concentration problems. Those parents reported that they were told by their trusted family doctor to try the medications and if the child does not improve, a follow-up visit would be advised. The prescribed medications were tried and that was when the parents found out the bizarre and dramatic reactions of their child (ren) with changes in behavioral pattern "almost from bad to worst" (P#1). Some of the changes noted were those of : "it made her sick to the stomach, vomiting after taking it in the

mornings before going to school" (P#9), "behavior got worst" (P#2), "it made my child not being able to sleep" (P#4), "my child looked like a zombie" (P#6). These were some of the reported side effects of prescribed medications to children with ADHD, as described to me by the Portuguese-American parents. It is unfortunate that these side effects were not disclosed to these parents by the doctors who prescribed them or an alternative approach provided to help with the symptoms of ADHD. Rabiner et al. (2009) noted that children may experience side effects from medications such as: "decreased appetite, weight loss, sleep problems, headaches, jitteriness, social withdrawal, and stomachaches" (as cited in Lee, 2008. p. 3).

> According to Graf & Singh (2015), "in young children with concerning ADHD behaviors, clear emphasis was placed on the importance of parent training programs that "must include helping parents develop age-appropriate developmental expectations and specific management skills for problem behaviors." For preschool children ages 4 and 5, the action statement stressed "the primary care clinician should prescribe parent and/or teacher-administered behavior therapy as the first line of treatment (quality of evidence A/strong recommendation)" (p. 1344).

Excerpts from data collected from participants

> "Does not want my child to take medications anymore" (P#1).
>
> "Doctor put my child on medication, this made her very sick, I stopped it. New medication also made her sick. We then stopped it altogether" (P#9).

"Tried the old and new medications, but this seemed to make my child's symptoms worse" (P#2).

"My child could not sleep, does not want to eat, got more angry and irritable, more screaming, more fighting, more restlessness" (P#4).

"We had to force my child to eat very little food, and rock him to sleep in our bed" (P#6).

"My child was not able to concentrate at all, found him sitting in a corner in his room with door closed" (P#4).

"Took her off of the medications for good. No more!" (P#6).

"We are willing to try therapy" (P#8).

"We cannot afford the therapists' fees" (P#3).

"No community service for therapy here (in the neighborhood)" (P#10).

"My child looked like a zombie" (P#6).

Summary

This qualitative phenomenological study was performed to obtain an understanding of the lived experiences and knowledge of Portuguese-American parents relative to ADHD. The phenomenological approach was employed to get first-hand information from the answers to research questions provided by the research participants. Interviews were conducted in order to hear from the participants' perspective of how much they know about ADHD, and the elements and events that occurred in their lives due to having a child or children with a diagnosis or symptoms of ADHD. The reason for using the phenomenological approach was the need to understand how they handle the

lived experiences of their child's dysfunctional behaviors, and to hear them verbalized their concerns and knowledge of the many factors of ADHD.

The participants' responses to each of the research questions seemed to indicate that their knowledge about ADHD were similar, and their experiences bear similarities within the family unit, schools, and in their communities. The common emerging themes were identified and grouped. The four emerging themes provided details of the knowledge base and experiences of the participants as it related to having a child or children with a diagnosis or symptoms of ADHD.

There is the possibility that due to the lack of the appropriate knowledge and education about the symptoms and diagnosis of ADHD, parenting style may cause an increase in the presentation of symptoms and changes in comorbid behaviors (Ellis & Nigg, 2009). This ethnic minority population of Portuguese-American parents would benefit tremendously from much more needed resources such as better school and classroom environments, caring and knowledgeable teachers and school personnel trained in working with the neurobiological disorder of ADHD, more special educational services such as on-the-premises school psychologists for immediate testing and appropriate placement for children diagnosed with ADHD, smaller classroom sizes to reduce the need for more ADHD diagnoses and stimulant drug use, education and training for parents to achieve the appropriate skills to handle their children's dysfunctional behaviors, and education and training for parents to become more aware of the advantages and disadvantages of medication use and alternative treatment for their children with the symptoms and diagnosis of ADHD (Singh, 2008). Chapter 5 will

provide interpretation of these findings, describe the limitations of the study, propose recommendations for future research, and look at the implications of this study for positive social change.

Chapter 5: Discussion, Conclusions, and Recommendations

Overview

This qualitative study focused on the interethnic research gap that exists regarding Portuguese-American parents and their knowledge of ADHD. The purpose of this phenomenological study was to explore Portuguese-American parents' knowledge of the symptoms and diagnosis of ADHD, how they think it impacts their children's education, learning and behaviors, and what interventions they utilize to address the behavioral issues and learning disabilities that result from ADHD. The emotions, thoughts, and experiences were provided by each participant as they reflected on their endured specific experiences of having to deal with a child who has been diagnosed with or has the symptoms of ADHD (Brevan, 2014).

The following research questions were used to guide this qualitative study:

Research Question 1: What is the knowledge of Portuguese-American parents about ADHD?

Research Question 2: What do Portuguese-American parents know about the effects of ADHD and its symptoms on their children's education, learning, and behavior?

Research Question 3: What interventions do the parents utilize to address behavioral issues and learning disabilities that result from ADHD?

Results from phenomenological interviews revealed the lived experiences of 10 Portuguese-American participants, seven women and three men, ages 35 to 55 years. The key findings from the thematic data analysis included four insightful themes that emerged

from their reflected experiences and knowledge of having at least one child diagnosed with or have symptoms of ADHD:

- Lack of knowledge of ADHD that was inaugurated in their country of origin.
- Lack of education and training to understand and deal with the complexities of their child's symptoms of ADHD.
- Lack of resources within their community to provide the information, support, and guidance for the appropriate treatment of their child's struggles with ADHD.
- Lack of academic support and appropriate guidance from teachers and school personnel due to interethnic biases and/or preferentialism.

Participants greatly emphasized the importance of having knowledge of ADHD and what this neurological disease entailed in order to equip themselves to help their children in the following ways:

- Better use of schools as the resource for improved and progressive learning and education.
- Improved parental role with the ability to communicate with their children.
- Improved ability to facilitate children with the value of appropriate social behaviors.
- Improved ability to promote positive sibling and peer interactions.
- Improved parental motivation and organizational skills to better deal with life's every day challenges.

In this chapter, I will interpret the findings from this study, discuss the limitations and implications of the study, and make recommendations for future research to enhance social change within the Portuguese-American communities.

Interpretation of Findings

The first research question was: What is the knowledge of Portuguese-American parents about ADHD? This study addressed the knowledge of ADHD of this ethnic minority population of Portuguese-American parents who have children with a diagnosis or symptoms of ADHD. As discussed in the literature review in Chapter 2, there was a lack of research pertaining to ADHD among the Portuguese-American population and Portuguese children globally. There were other factors such as: exclusion of the Portuguese-American minority population in available ethnic research studies, underrepresentation, misdiagnosis, underdiagnosis, neglect of care in the school system, misinformed about the consequences of this neurobiological disorder, and quality of available treatment (Spencer, Biederman, & Mick, 2007; Singh, 2008; Lee, 2008; Singh, & Wessely, 2015; Sebra-Santos et al., 2016). These factors also included the responses from school personnel and teachers that pose barriers to close the gap of achieving knowledge of the effects of ADHD to the Portuguese-American parents and their children (Guerra, 2015).

Based on a research literature search for studies that included Portuguese-American parents with knowledge of ADHD, none were found. However, in the present study, results would suggest that Portuguese-American parents could benefit from better knowledge and insights of the consequences of their children's learning and behavioral

problems that are associated with attention deficit hyperactive disorder (ADHD), and its short-term and long-term outcomes. This study also revealed that the primary focus of research of ADHD and its consequences have been centered primarily on White Mainstream Americans and other ethnic minority groups such as African Americans, Cuban Americans, Hispanic Americans, and Asian Americans (Bailey et al., 2010; Bailey, Jaquez-Gutierrez, & Madhoo, 2014; Collins & Cleary, 2016; Lawton et al., 2014; Guo et al., 2014). The literature search revealed a profound gap that exists regarding research studies that included the Portuguese-American population. This omission creates a racial/ethnic disparity for diagnosing, treatment planning, appropriate in-school placement, appropriate social and cultural guidance, and a hindrance to accommodate effective learning, educational, and social growth (Singh, 2014).

This study focused specifically on the ethnic minority population of 10 Portuguese-American parents who have been persevering with their emotions and experiences in handling and caring for their children with a diagnosis or symptoms of ADHD, and without the necessary degree of knowledge of what ADHD entails in terms of the effects on their children's education, learning, and social behaviors. The findings exemplified the criticality of the value of knowledge, or as demonstrated in this study, the lack of knowledge to participants' self-subsistence. The findings also revealed the importance of how education and training can enlighten the participants' attitudes and beliefs about the rationale for their children's academic underperformance, and social and behavioral diversities.

Parents lack of knowledge about ADHD

The impact of Attention Deficit Hyperactive Disorder (ADHD) can be overwhelming on the lives of the knowledgeable mainstream American parents with children diagnosed or have symptoms of this disorder. Knowledgeable parents who are dealing with the symptoms of unacceptable and abnormal behaviors of ADHD "often endure a depressed quality of life with decreased emotional, physical, and financial well-being" (Al-Sharbati et al., 2008, p. 264). There have been cases of children with symptoms of ADHD in every culture (Singh, 2008). However, findings revealed that the participants in this study, who grew up and matured in another culture, discussed not having had any previous knowledge of the existence of this neurodevelopmental disorder and participants were not able to recognize or identify the symptoms demonstrated by their children. As such, parents may not understand why their children were having behavioral problems in school, why their academic learning was failing, why their children were getting into conflicts with the teachers and other students, and why their children were being sent to detention instead of being taken care of in the American School System culture that they believed to be one of the best to look after their children in all areas of their health and well-being (Singh, 2008).

According to Singh (2008), anticipatory guidance is considered an important component of a child's well-being prior to pregnancy. This point indicates parents should be proactive in thinking and discussing the issues of developmental disorders in their contemplation to bring another human life into the world. Discussion and education should have been foremost to gather this type of information. However, data analysis

from this study revealed that nine of the ten Portuguese-American parents reported that they had not thought of discussing neurodevelopmental disorders, or any type of congenital disorder with their physicians prior to contemplating to become pregnant. Researchers at the Center for Disease Control and prevention (CDC, 2013), recommended that potential future parents ought to make every effort to obtain information necessary in preparation of having a healthy child, what to expect, and to proactively know how to take care of their children if and when the situation arises with such disorders. This study showed that only one in ten participants consulted with a doctor because of an anticipated late stage pregnancy and mature age. This proactive approach was done because of reported fear of producing a child with congenital anomalies and other problems such as neurodevelopmental disorders. The pros and cons of the effects of a late pregnancy were provided to the participant for consideration in their decision-making process.

Based on research data from the Center for Disease Control and Prevention (2013) that showed when planning for a pregnancy, the ultimate wish is for the production of a healthy being. Statistics showed that the rates of chronic health problems in children are rising: the rates of autism have increased from 1 in 2,220 children in 1982 to 1 in 50 children in 2013. Attention deficit hyperactivity disorder (ADHD) is also increasing in rate with approximately 9.5% of American children affected. Barkley (2016) summarized the statistical situation as: “to put it in a nutshell, you’ve got 55% - 75% of the disorder is genetic, you’ve got about another 20%-25% that’s prenatal injuries and another 5%-10% that’s after birth. It can be multiple things that are contributing to

this…" (n. p.). The AAP (2011) and the United Kingdom National Institute for Clinical Care and Excellence (2015) reiterated the importance of behavioral training for parents who have children with behavioral problems. It may be that parental participation in education and training will help the Portuguese-American parents to be able to deal with their children's ADHD related dysfunctional behavioral issues with more successful outcomes.

As revealed by this study, nine of ten parents interviewed would jump to the moral conclusion and attribute their child's academic learning difficulties to lack of effort or laziness. This type of thinking, as reported by parents, would then lead to back-and-forth verbal dialogues, punishments, and a gradual tension between parents and child with a feeling of disrupted mood to the entire family circle. The child is then left with a feeling of shame and diminished sense of self. It is the researcher's belief, based on the findings from this study that it is important for parents to keep in mind that a more appropriate diagnosis of a child suffering with the perils of ADHD should be that of a neurobiological disorder and absolutely not because of a moral or personal inadequacy. It is essential for the parents to be aware that ADHD is a neurobiological disorder that generates symptoms as a result of decreased activity in the frontal cortex. The frontal cortex is the brain's control center for attention, self-control and executive functioning. Brain scans have shown that an individual with a diagnosis or symptoms of ADHD typically would show decreased blood flow in the frontal cortex along with decreased levels of glucose metabolism, and lower levels of the neurotransmitters dopamine and

norepinephrine, which are some of the most common neurobiomedical causes for dysfunctional and erratic behaviors (Murphy & Barkley, 2012; Barkley, 2016).

Parents' Perspectives on the Importance of Support for ADHD in the School System

The results from this study also indicated that ten of ten participants reported a primary perception that there should have been a strong connection between the teachers, school personnel, and parents with children who suffer from the symptoms and/or diagnosis of ADHD. As a result, almost all participants (eight of ten) reported making a personal effort and take the responsibility to initiate daily communications with first the child's immediate classroom teachers, as these teachers were thought of being the primary source to provide on-hand observational insights as to each child's on task and off task behavior in school settings.

Singh (2008) emphasized that schools in the Western world are "mandated to provide children with care not just for their minds, but also for their bodies and their souls, through exercise, health education, meals, basic healthcare screening and moral education" (p. 7). The New Freedom Initiative (2004), states that schools are positioned to support the implementation of some aspects of the national mental health screening programs, as they are equipped and provided the necessary mental health professionals to monitor the well-being of each child's mental health. This point brings to attention, in this study, the question of why the ethnic minority group of Portuguese-American children were reported to be omitted from this implemented mental health screening program, while other ethnic minorities were served with preferential care and treatment.

Research studies of ADHD among other ethnic minority populations (Singh, 2014; Soroa, Gorostiaga & Balluerka, 2016 Awadalla et al., 2016; Taghi-Badeleh, 2013) asserted that if schools are inundated with experts such as school psychologists, guidance counsellors, social workers and nurses to use normative tests to emit and identify the intellectually gifted children, then these same experts should be able to attend to those students who are mentally and socially different. These experts should be readily available on a daily basis within the school system to administer appropriate psychological tests, classroom observation, and to readily know that all children, despite the race or ethnicity, needs to be attended to without a long drawn-out waiting period, thus causing more frustration and anguish to the already distressed and unknowledgeable, ill-informed Portuguese-American parents as indicated in the present study. The schools have a moral and civil responsibility to communicate to the Portuguese-American parents available information about their children's behaviors as related to ADHD.

The findings in this study confirmed the responses often given by the school counselors to the Portuguese-American parents who were not of the same ethnic culture as the school counselors. Nine of the ten parents in this study reported that when it is a child of Portuguese-American background, and not a child who is of the same ethnicity or culture as the school counselor, who presents with symptoms of ADHD, the counselors would tell the Portuguese-American parents that getting the child enrolled for testing will take more time than normal. It was also revealed by nine of ten parents that other Spanish children got first privilege because of a predominantly Spanish-working staff and teachers.

Schools must implement ways to interpret and handle all children who do not meet the normative behavioral expectations, and to function as a mediating mechanism to diagnosis. In other words, school personnel are the ones to "support, negotiate or instigate the pathway towards medical assessment and treatment of a child's behavior" (Singh, 2008, p. 10).

Parents with children of ADHD often require a comprehensive approach in dealing with the symptoms and behaviors of ADHD on a routine basis. This comprehensive approach should include: parents' education about the diagnosis and treatment of ADHD; parents' training in behavior management techniques; types of expected behavioral issues and consequences, physiological reactions and consequences, medication therapy and possible side effects, available alternative therapeutic options; available school programs and supports; and child and family therapy to address personal and family stressors (Hinshaw & Arnold, 2015). Parent training may serve a positive role in helping parents to address the behavior of children with ADHD. It may also help to reduce parental stress and enhance parental confidence. Future research should be undertaken to examine this approach.

Teachers' training to recognize the symptoms of ADHD

The ten participants in this study believed that there is a lack of knowledge among teachers and school personnel about ADHD. Although a lot more information is now available about ADHD, the parents believe many teachers still lack basic information about ADHD, how children in the classroom manifest this neurodevelopmental disorder, how to appropriately teach these children, and how to overall deal with them on a daily

basis. In the classroom, teachers are the ones who hold the key to the success or failure of a child's learning and education. In most cases, next to their parents, teachers can be the most influential role model in a student's life in that the child may believe the teacher if told that they are capable and worthwhile individuals. Some parents disclosed that there is the constant effort on their part, by making every effort (waiting in line, being late for their jobs), to communicate on a daily with the teachers and school personnel to obtain updates regarding their children with ADHD, and to share their children's specific needs. For parents, this effort may result-in more frustration, when they find themselves having to make the time to do this on a daily basis, particularly if they see no progress in their children or improvements in the way their children are being treated in the classrooms. Some parents (six of ten) stated that the teachers only tell them to get tutoring help for their children, and punishments are enforced as school discipline in detention. They reported receiving no concrete advice to help with the children's ADHD symptoms or behaviors. Some parents (six of ten) also expressed that their children continue to show failing grades, despite many hours of tutoring with no effective results. They also reported that there is no placement in special classes to help with reduction of symptoms, increase on task behaviors, and increasing the rate of successful learning. Thus, the child's learning disability and behavioral issues may continue if not placed in special educational classes to help improve these issues. If not corrected or improved, poor educational performance and learning disabilities could be transitioned into adolescence, young adulthood, and adulthood with dire consequences such as: risk for continued school failure, emotional difficulties, other comorbidities which could lead to

functional impairments in multiple domains, psychological maladjustments, poor peer relationships, aggression or delinquency problems causing trouble with the law, such as more speeding violations, frequent job changes, and multiple failed marriages (Murphy & Barkley, 2008; Spencer, Biederman, & Mick, 2007). Parents and teachers should be cognizant that children diagnosed with, or have symptoms of ADHD, demonstrate about a 30 percent lag in their developmental abilities (Barkley, 2016). This means that the child may perform with an emotional age of 30 percent below their real age. This lag may hinder their readiness skills for activities such as babysitting, driving, or venturing away from home to attend college (Barkley, 2016).

As teachers are often the first ones who may be able to recognize the symptoms of ADHD, it is essential for them to have a current and accurate knowledge base as they interact with parents, physicians, and other professionals such as school psychologists and counselors. Teachers will often play the most crucial role before a diagnosis is actually made by the family physician, psychologist, psychiatrist, or pediatrician (Barkley, 2016). Teacher should be aware of students who present with difficulty meeting the behavioral, attentional, and academic expectations for a class. Children who are suspected of having ADHD may be initially identified because of their self-destructive dysfunctional behaviors, and academic underperformance in the classroom for which they do not have self-control over. Without delay, students who are suspected of suffering from ADHD are often referred for assessments and are frequently diagnosed as having ADHD based on the teachers' reports and observations (Singh, 2014).

Teachers should know enough about ADHD to be able to detect the symptoms early and to relate to the individual parent the possibility of this disorder. However, studies have shown that even Special Education teachers have little or no training on ADHD or issues related to therapy, medications or psychotherapy (Hughes et al, 2009; Cobb, 2010; Singh, 2014; Soroa, Gorostiaga & Balluerka, 2016) Results from a survey of 30 mainstream White special education teachers revealed that a good percentage of teachers were not equipped to handle children with symptoms of ADHD (Guerra, 2015). The results also showed that teachers wished that this type of training would be inclusive in their program curriculum (Guerra, 2015).

Through the lack of knowledge of this mental disorder, there may be a tendency for some parents and especially unknowledgeable teachers to jump to what is known as the "the moral diagnosis," and attribute a child's underachievement to either a lack of effort or just being lazy (Hallowell, 2016, n. p.). Hallowell (2016) explained that the "moral diagnosis gets made noting that You're bad. Now go get a doctor and get on medication so you'll be good. This would then lead to lectures, punishments, and a gradual infection of the spirit with the viruses of shame and diminished sense of self" (n. p.).

Some practical approaches recommended for helping teachers to gain useful knowledge and broaden their perspectives about ADHD include: providing them more information on psychopharmacology, providing training in behavioral assessment and specialized interventions, helping them understand the obscurities associated with the diagnosis of ADHD, and providing more opportunities to read and evaluate empirical

research on how to help improve their perception of self-efficacy as teachers of children with ADHD (Soroa, Gorostiaga, & Balluerka, 2016).

Interventions used by Parents to help with ADHD Symptoms

Finally, beliefs about medication use and other interventions were examined. This study revealed that six of ten Portuguese-American parents with children diagnosed with, or have symptoms of, ADHD, reported not believing in the use of medications as a therapeutic solution for their children's neurobiological development disorder. A few parents have cooperated with their children's doctors who prescribed medications on the very first visit to the doctor's office (P#3, P#6, P#7, P#9, P#2, and P#10).

After the use of prescribed medications for their children, all parents, whose children were taking medications, expressed extreme fear and disgust related to the medications; these parents then decided it was best to stop giving the child the medication altogether. They decided to handle the situation the best way they knew how and that was to deal with the child on his or her level of need and attention, always trying to avoid annoyance and stress to the child. These parents stated it was unbearable to hear and see their child (ren) be like a zombie and not the child they once knew. The six of ten parents, whose children were prescribed and took medications, reported that the medication made their child felt sick, nauseous, with frequent vomiting, and unable to eat meals. These six parents reported feeling as if they were dealing with a robot just doing whatever it was told to do and not the same lively child, no smiles, just look sad all the time, did not want to go to school, but only to sit at home with mother by her side for comfort. After witnessing these new and very bizarre changes, the six of ten involved parents expressed

their decision to stop the medications, because they did not like what it was doing to the child.

Alternative to medications, Portuguese parents can learn from training programs about ADHD and how to help their children deal with symptoms of ADHD by providing motivation and consequences in the immediate present or "point of performance" (Barkley, 2016, p. 3). This means that children who have problems relating consequences to actions must be provided with on the spot behavior modifications on a regular basis for their dysfunctional behaviors as each situation arises. In addition, they must be supported with 'tough love' and reinforcement of appropriate behavior to perform better with improved future results. This study revealed that all ten of the Portuguese-American parents felt betrayed and hurt after trying so desperately to help their children, and believed they had no control any more over their own child. Parents need to know how to create strong, but kind rules as to where their own space ends and the child's space begins (Barkley, 2016). Barkley advised that "camps and other stand-alone programs will likely have less success than a carefully thought-out motivation and management program practiced by a child's parents" (p. 3).

The Issuance of the American Academy of Pediatrics' 2011 ADHD guidelines noted that children with ADHD would be better served with a combination of medication and behavioral therapy. The recommended first-line treatment for preschoolers would be behavioral therapy versus medications (Visser et al., 2015). Parents' training and education ought to be the primary source of obtaining knowledge about their children's ADHD diagnosis, what it entails, and how best to handle each individual on a personal

level. ADHD is a neurodevelopmental disorder that does not come with a treatment protocol for the one size fits all. Children with ADHD can be great one day and terrible the next, for no apparent reason (Lange et al., 2016).

Discussion

Participants in this study provided insight into how their knowledge about ADHD and its consequences are much limited, from knowing very little to not knowing anything, about ADHD prior to residing in the United States of America. They advocated the strong desire to become educated in some form or the other, perhaps education and training, on how to deal with their child(ren)'s sufferings from the symptoms of ADHD. Researcher, Dr. Webster-Stratton was the founder of the Incredible Years (IY) program some 33 years ago at the University of Washington. The IY interventions program has been implemented in more than 24 countries with translation into many languages to accommodate a wide range of people from various cultural backgrounds and languages (Stratton, 2013). According to Stratton (2013), there has been much success in training parents the skills necessary to improve the symptoms of ADHD, and other neurodevelopmental disorders and their comorbidities.

Training parents to acquire knowledge about ADHD can help their offsprings to reduce, improve, and sustain progress addressing behavior difficulties, improve social skills and interactions with their peers, and learn how to prevent adverse mental comorbidities**.** Behavioral parent training can be a valuable intervention for Portuguese-American parents to learn about the real effects of ADHD, and how to better cope, and handle/ help their children, with distressing symptoms of ADHD. In addition, by learning

effective ways to help their children, the knowledge may also help to set their minds at ease thereby possibly reducing their own experienced stress levels and distress of having to deal with a child with ADHD. This approach may help to result in positive psychosocial behavioral changes, especially in preschool-age children with ADHD as the "long-term effects on growth and brain development have not been quite established" at such an early age (Sonuga-Barke et al., 2013**,** pp. 275-289).

Participants expressed that their community can be more active in helping Portuguese-American parents, who have children suffering with the consequences of ADHD. The Portuguese-American parents in this study expressed concerns of feeling alone and isolated with no responsible group or association to extend support, information, directions, or advise on how to deal with their sufferings of not knowing what to do about their child(ren)'s well-being. In addition, the ten participants expressed their disgust and disappointment with the school system within their neighborhoods. School personnel and teachers, who are primarily of Cuban Spanish/Hispanic origins, in the schools the children attended, are supposed to be a primary source of providing information about their child's social well-being, education, and learning, often presents a biased interethnic view point of 'them versus us' (Ramos, 2008). This behavior was reported to be demonstrated at the time of need for help as the Portuguese-American parents were trying to get their children the much needed medical/psychological consultation for a diagnosis, treatment, and placement.

The Portuguese-American parents in this study reported that there was the lack of teachers' knowledge about the symptoms and consequences of ADHD. The most

frequent communication statements provided by teachers to parents pertain to ‘discipline, reprimand, medication, and punishment’ (Ramos, 2008). In addition, Ramos noted that Hispanic teachers tend to choose students by their ethnicity when making decisions for referrals for special education, placement, and other such services. The Portuguese-American parents in this study described similar complaints of Hispanic teachers in the school system choosing favoritism with students of their own ethnicity for making referrals for psychological evaluation, wait time for other vital assessments, placements, and treatment options.

Participants’ responses may serve as suggestions and recommendations for school personnel and teachers to evaluate their knowledge base and the process of dealing with children of different ethnicities with ADHD, and to provide adequate communication and information to parents who are not knowledgeable about this neurodevelopmental disorder, and who need directions to the appropriate resources in a timely manner.

Findings from this study may also inform community leaders, and mental health Professionals, as to their efforts and responsibility to develop methods and approaches aimed at supporting the Portuguese-American ethnic minority population. The Portuguese-American parents need sufficient support and motivation to enhance their quest in helping their children live a better and more productive life, socially, emotionally, and academically, despite the consequences of ADHD.

The theoretical framework for this study is based on the family systems theory, which represents the fundamental principle that children cannot be understood and cared for in isolation from the family as a whole (Bowen, 1950; Hargrove, 2010). This present

study demonstrated that a child cannot be served well if parents do not have the knowledge to adequately help their children cope with symptoms and behaviors associated with ADHD. The study also revealed how important it is to work with parents to understand the rest of the family system including their knowledge-base and awareness of the child's problems with ADHD (Jacobvitz et al., 2004).

In keeping with the goal of this study, and consistent with previous research studies of other ethnic minority populations, Portuguese-American parents were interviewed on a one-on-one basis to explore, based on their degree of knowledge of what ADHD entails, their lived experiences with their children who have been diagnosed with or suffer with the symptoms of ADHD. Indeed, this study uncovered the horrible experiences of these parents whose children have been diagnosed with ADHD and having limited resources made available to them in their quest to help their children. The reported experiences of parents indicate many ways that they can be helped to better understand the implications and consequences of the diagnosis, how to help their children with their learning and education, and social and behavioral issues.

In addition, findings from this study revealed that Portuguese-American parents, whose children were on medications, expressed their great distaste for the treatment with medications of their children's symptoms of ADHD. These parents noted that medications made their children behave worst, zombie-like, and other adjectives to describe the undesirable resultant changes in behaviors when taking prescribed medications. This finding is in contrast to other research studies, where medications were chosen by parents as the primary source of treatment for their children's dysfunctional

social behaviors, learning disabilities, and educational misgivings (Shier et al., 2013; Evaluate Group. 2014; Graf & Singh 2015; Benkert et al., 2010).

Limitations of the Study

There were certain key limitations to this study: The accessible Portuguese-American population from which this sample was obtained may not generalize to all Portuguese-Americans in the United States. The sample of Portuguese-American parents was obtained from the area of South Florida, specifically, Miami-Dade and Broward counties. A second limitation to this study was the sample size. This study sample was small comprising only of 10 participants which may not make the results of this study generalizable to the Portuguese-American population at large. However, the results did add to a growing body of evidence that certain ethnic minority parents and their children are being underserved by exclusion from research studies pertaining to neurodevelopment/neurobiological disorders, such as ADHD, ADD, and other learning disabilities, which may affect education and learning, and its consequences to misdiagnosis, under-treatment, social and academic issues. A larger sample of the population of Portuguese-American people would produce more information and might yield greater generalizability.

Recommendations

Attention deficit hyperactive disorder (ADHD) has transitioned to become one of the most common neurodevelopmental mental health issue that affects children in the pre-school years, during school years, and across individuals' lifespan (Polanczyk & Rohde, 2007). This disorder is typically known for its symptoms of inattentiveness,

hyperactiveness, impulsiveness, and distractibility, which can be displayed as age inappropriate, persistent, and widespread across basic everyday living (Graf & Singh, 2015). It can cause significant risks for academic failure, failed interpersonal relationships, mental health comorbidities, and the potential for increased criminal behaviors, and substance abuse (Sonuga-Barke et al., 2013). These dysfunctional events can pose an extensive burden on parents and siblings, as well as on their health, financial strains, social, and daily well-being (Sonuga-Barke et al., 2013).

The following recommendations are made to enhance the knowledge of the Portuguese-American parents on how to deal with their children's diagnosis and symptoms of ADHD. First, I recommend education and training be provided for Portuguese-American parents to acquire the knowledge, skills, techniques, and approaches on how to deal with, and help their children deal with ADHD, its symptoms and consequences, and to develop strategies for successful outcomes: An evidenced-based training program such as the 'Incredible Years' (IY) training program is recommended. An efficacy study suggested that parents who completed this training program found it to be a very helpful and an "effective tool in making a difference in the behavior of Portuguese preschoolers with early signs of AD/HD and their mothers" (Sebra-Santos et al., 2016, p. 1; Azevedo et al., 2013, 2015). In addition, the IY study demonstrated that parents' participation in using the tools taught to change their children's behaviors, resulted in a significant decrease in their child(ren)'s behavioral dysfunctions and improved social skills, and improved parenting and caregivers reactions with a boost in self-confidence in the ability teach and motivate their child (ren) to

improve their behaviors, performance, and social environmental activities (Sebra-Santos et al., 2016). Thus, the cause-and-effect theory of changes in parental self-confidence and self-efficacy influenced their practices to help in the sustained positive changes in the children's behavior (Sebra-Santos et al., 2016). Piquero et al (2016) concurred that parents and family training programs, if started in the early stages of a diagnosis and symptoms of a disorder, can be an effective evidenced-based strategy to combat or avoid antisocial behaviors and delinquency, especially in children with comorbidities to ADHD. It is recommended that training/educational programs for parents, children, and families such as the (Incredible Years Basic Parenting Program) should be implemented in all neighborhood schools, especially in interethnic population communities, and communities with social and economically underprivileged families in different school districts. This implemented program can accommodate parents through education and training to gain the knowledge to deal with ADHD and its consequences, and how to help their children and themselves cope with the everyday living with ADHD (Azevedo et al., 2015).

The programs for parents can promote competencies to strengthen and improve their skills for successful outcomes in the following ways:

- Increase positive parenting, self-confidence, and parent–child attachment.
- Teach parents to coach their children's language development, academic readiness, persistence and sustained attention, and social and emotional development.
- Decrease harsh discipline and increase positive behavior management strategies.

- Improve parents' problem solving, depression and anger management, and positive communication skills.
- Increase family support networks and school involvement/bonding.
- Help parents and teachers work in concerted efforts.
- Increase parents' involvement in academic-related activities at home.

This list of recommended skills was modified for the Portuguese-American parents based on the training program from the Incredible Years BASIC Parent Program as noted by (Seabra-Santos, 2016, pp. 93-104; developer Dr. Stratton, p.2, taken from www.incredibleyears.com/index.asp).

Second, I recommend teacher training be provided to recognize the symptoms of ADHD: Parents in this study have expressed their experiences with the school system, and especially the first responders, the teachers, regarding their children's well-being within the classrooms. There seems to be a deficiency of knowledge of ADHD among classroom teachers that affects their ability to detect its symptoms. To recognize the symptoms of ADHD in students within the classrooms, it is imperative that teachers have explicit knowledge about this neurodevelopmental disorder. Teachers should be trained to make observations and recognize a child with the early symptoms of ADHD. This is a vital first step to detect and communicate the delays in learning, and abnormal behavior patterns, and to make referrals for testing, treatments, and placements of a child with symptoms of ADHD (Awadalla et al., 2016). Adequate knowledge about ADHD may help teachers to engage with children suffering with the symptoms of ADHD, and other comorbid mental health issues such as ADD, ODD, etc. At the same time, the teachers

may be able to pay attention to other children in the classroom who may also be suffering with mental health issues and may need to be referred for help. Therefore, it is strongly recommended that teachers' education to gain knowledge of ADHD should be promoted, supported, and provided via in-house training programs to achieve positive impacts on children and to avoid later complications of this neurodevelopmental disorder that has been increasing in numbers. Providing in-house training workshops on a continuous basis can result in teachers being able to promptly detect symptoms of ADHD in their students, and being better prepared to provide adequate teaching, assistance, and support for all children with ADHD. In addition, a knowledgeable teacher can help a child to avoid further academic, behavioral, learning, and social difficulties (Taghi-Badeleh, 2013).

Third, future practical implications recommended for teachers when working with parents whose children suffer from ADHD include: gain useful knowledge and broaden your perspectives about ADHD; learn about the involved psychopharmacology; train teachers in behavioral assessments and specialized interventions, such as: help teachers to comprehend and realize the much deeper consequences associated with the diagnosis of ADHD, provide more opportunities for teachers to read and evaluate empirical research to improve their perception and capabilities as teachers who teach children with ADHD (Soroa, Gorostiaga, & Balluerka, 2016).

Fourth, I recommend treatment interventions be comprehensive. Some parents whose child(ren) were prescribed medications for their symptoms of ADHD expressed shock and disbelief of their child(ren)'s reactions to the medications. ADHD is a treatable condition that often is managed with stimulant medications, and alternative treatment

interventions such as cognitive behavioral therapy (CBT). There are several factors that tend to influence parents' decision about starting their children on medication and the continuation of this treatment option. The Portuguese-American parents in this study reported having no awareness about the factors involved in making a decision to use medications for their children, except what was conveyed to them by the doctors who examined their children. The symptoms of ADHD can cause conflicts among family members; generate elevated risk of physical injuries, lead to suspension and even expulsion from the classrooms, and can, over time, display signs and symptoms of other psychiatric disorders, and difficulties with social adjustment (Murray et al., 2017). These parents involved in this study, whose children were taking medications, were hard pressed to find some type of help for their children's symptoms of ADHD, and without consulting with others, decided to start their children on the prescribed medications. After a few weeks of trial, and observed changes in behaviors, these participants quickly stopped the medications, and decided to work with their child(ren) on an as-needed basis, working through the emotions of the child to make him or her feel comfortable.

Last, I recommend greater focus on alternative multimodal approaches for treatment of ADHD, such as with a combination of psychopharmacology and cognitive behavioral therapy: These modes of treatment interventions may result in adverse effects on changes in sleep, eating, and growth (Singh, 2008). Non-pharmacological treatments with dietary restrictions and elimination of certain types of foods in combination with CBT on a regular basis are available for ADHD. This alternative treatment intervention remains

uncertain, as more research needs to be done regarding sustained efficacy longitudinally (Sonuga-Barke et al., 2013).

Implications for Positive Social Change

This qualitative phenomenological study was designed to help bridge the interethnic research gap that exists regarding Portuguese-American parents and their knowledge of ADHD. The purpose of this study was to explore their knowledge of the symptoms and diagnosis of ADHD, how they think it impacted their children's education, learning, and behaviors; and what interventions they utilized to address the behavioral issues and learning disabilities that result from ADHD. The outcome of this study shed a deeper light on several issues that affects the Portuguese-American parents and their children who suffer from the everyday symptoms of ADHD. Potential impact of the present findings for positive social change may include informing future research studies, community outreach and support efforts, educational institutions, interdisciplinary teachers' knowledge and training, and psychological and medical professionals.

To bridge the gap that currently exists in the world of research, it is imperative that future research include all children and families, no matter the race or ethnicity, affected by neurodevelopmental disorders, predominantly those groups that are currently underserved, misdiagnosed, underdiagnosed, and undertreated. Researchers need to take additional steps to build community trust and relationships with the Portuguese-American people in order to successfully recruit and retain participants in their studies. Further studies should be done on a qualitative basis, to supplement quantitative research, as people should not merely be treated as numbers, but need to be heard regarding their

experiences in dealing with their children, who suffer from one of the most common neurodevelopmental disorders such as ADHD. Quantitative research allows for correlations (prediction) and cause and effect relationships (experiments), and inferences from samples of populations (Kumar, 2014).

Special attention must be directed to the particular needs of excluded ethnic groups of people such as the Portuguese-Americans and to increase the involvement of low-income Portuguese families in the research of ADHD, including topics such as treatment, social stability, and academic success through deliberate placement to enhance learning throughout early school years and into adulthood (Biel et al., 2015). This approach would require the application of language translation and adaptation of culturally-centered assessment tools to measure treatment outcomes for children and families from a wide range of ethnic and culturally-diverse backgrounds. In the 21st century, measures used for neurodevelopmental disorders such as ADHD, and for its assessment and treatment planning, are extremely limited in languages other than the English language, which is centered to the mainstream elite white population. Published editions do not meet the standards for diverse populations (Soto et al., 2015; Biel et al., 2015).

It is essential that educational institutions include in their employment curriculum the hiring of teachers with at least the basic training and knowledge of how to recognize and best help children with symptoms of ADHD. In addition, teachers must be competent in appropriate and necessary communication skills to relate their concerns to the parents of children with ADHD (Awadalla et al., 2016).

Local and Federal Governments can create outreach programs within Portuguese communities to educate and train parents on how to cope with the everyday stressors of having a child with ADHD. Perhaps the multiple churches in various neighborhoods can contribute to these types of programs and house these classes within their domains (Stratton, 2013).

Psychologists and medical doctors may become more open-minded to the symptoms of ADHD when assessing this ethnic group of children by considering the neurobiopsychosocial aspect of their symptoms, toward more accurate diagnosis, and appropriate treatment and intervention plans to be implemented within a realistic and practical time frame (Ratto et al., 2017).

Conclusion

The fundamental purpose of this qualitative phenomenological study was to explore the knowledge and experiences of Portuguese-American parents about their children's diagnosis and symptoms of ADHD. The findings of this study provided insight into participants' perspectives on the factors that can motivate and help them to mentor their children to succeed academically, socially, and behaviorally, despite the harsh realities of the consequences of ADHD. There are endless numbers of researchers who focus their attention on research studies for specific groups, i.e. the Spanish /Hispanic/Blacks/White population, to seek solutions, bring awareness, and to make progress in promoting evidence-based interventions and treatments to these children and families. The Portuguese-American parents and children who suffer the consequences of neurodevelopmental disorders are nowhere to be found in any of these research studies.

Yet, ample funding is provided to these researchers to study a broad range of children and families with the commitment of these researchers to focus on the underserved for the much needed diagnosis and treatment distribution (Ratto et al. (2017). Ratto et al (2017) declared that researchers must be ready "to move out of the "ivory tower" of research and embed ourselves in local communities to involve all children and families in neurodevelopmental disorders research" (pp. 15).

I conclude that as our intelligence and learning of neurodevelopmental disorders such as: ASD, ADD, and ADHD, becomes more visible due to new innovations in measures and techniques, researchers must take into consideration the needs of culturally-diverse families and their needs. Measuring instruments must be made readily available to all families. This approach will enable research to make a more consequential effect on people who will benefit the most. Researchers must enthusiastically make every effort to include parents and children from all cultures from the beginning and throughout each stage of a research process.

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Appendix A: Demographic Questionnaire

Please complete the following information. If you have any questions, please ask. Thank-you!

Today's Date: _____

1. Age (years only): _____

2. Date of Birth (month and year only): _____

3. Ethnicity (please check all that apply):

____ African-American ____ Hispanic/Latino

____ American Indian/Alaskan Native ____ Native Hawaiian

____ Asian ____ Other Pacific Islander

____ Portuguese-American

____ Other (please specify)

4. Language of Communication:

_____ English _____Spanish

_____ French _____ Portuguese

_____ Other

5. Education Level:

_____ High School _____ Years

_____ College _____ Years

_____ Higher Education _____ Degree(s)

_____ Other

6. Does your child receive special education services?

____ yes ____ no

7. If yes, what kind of special education services does your child receive? (please mark all that apply):

____ Emotional Support _____ ADHD Therapy

____ Learning Support ____ Speech and Language

____ Life Skills Support ____ Other (please specify)

____ Occupational Therapy (OT) _____

8. What is your child's current diagnosis? _____

9. Age when child was first diagnosed with ADHD: _____

10. Age when child first entered therapy for ADHD: _____

Appendix B: Semi-Structured Interview Guiding Questions

Introduction

I am a researcher who is interested in the living experiences of parents with children who have been diagnosed with or have symptoms of ADHD. Being a parent of such a child, you are in a special position to describe what those experiences are like and how they have, and still are affecting you; what impact it has on your child's education, learning, and behaviors; and what interventions do you use to address the behavioral issues and learning disabilities that result from ADHD.

This is what this interview is about - your experiences of ADHD, your knowledge of ADHD; how it affects your child's education, learning, and behaviors, and what are some of the things you do to address your child's behavioral issues and learning disabilities as a result of ADHD. The answers from all the other parents, and I will be interviewing about 10 of them, will be combined in the report. Nothing you say to me will ever be identified with you. As we continue with the interview if you have any questions about why I am asking something, please feel free to ask me at that time. If there is anything you feel you do not want to answer, please tell me. The purpose of this interview is to learn about your knowledge and experiences of ADHD, how it affects your children's education, learning, and behaviors, and how do you handle the behavioral issues and learning disabilities as a result of the ADHD. *Seems so redundant….?*

Do you have any questions before we begin?

Building Rapport with Participant

1. Tell me a little about yourself.

a. What is your name?

b. Where are you from?

c. How many are there in your family?

Questions about ADHD

2. Tell me of your child with ADHD.

   a. How long was he/she diagnosed with ADHD?

   b. Tell me if your child is taking any medication for his or her ADHD.

   c. Tell me what medication(s) your child is taking for his/her ADHD.

   d. Tell me if your child is seeing a therapist for ADHD.

3. Explain to me how much you know about ADHD?

   a. What is ADHD?

   b. Where and how have you learned about ADHD?

4. Explain your experiences having a child with ADHD?

5. Tell me if you find it difficult having a child with ADHD.

   a. How are you coping with a child with ADHD?

   b. Describe to me how you handle the difficulties.

   c. Tell me what are some of the things you do to help you cope with your child?

   d. How do you communicate with your child?

   e. Give me examples.

6. Does your child presents with behavioral problems?

   a. Please describe what are some of the behavioral issues.

   b. What are some skills that you use to cope with his/her behavioral problems?

7. How does the symptoms of ADHD affects your child's education and learning?
8. What interventions do you use to address the learning problems?
9. What interventions do you use to address the behavioral problems?
10. Tell me what it is like at home with your family and a child with ADHD?
    a. Describe your views about your child's behavior with his/her siblings.
11. What is it like for you and your child with ADHD when among families and friends?
    a. Describe a typical day at home.
    b. Tell me about a time that was difficult or challenging.
    c. Tell me how you handled the difficulty.
12. What are some of the most important items related to having a child with ADHD that you would like to get help with?
13. Reflect on your views of the future with regard to your ADHD child, his/her education and learning.
14 What else would you like to describe to me that I have not asked about?

In addition to the aforementioned questions, other clarifying questions may be asked, such as:

What do you mean by _____? Tell me more about _____.