

**Attention Deficit Hyperactivity Disorder, ADHD Services
&
The Chinese-Toronto Community: A Partnership**

**The ADHD Clinic, Training and Research Institute,
The Scarborough Hospital**

&

The Wellesley Central Health Corporation

Principal Investigator: Atilla Turgay, MD

Project Coordinator: Alan McLuckie, MSW, RSW

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Section One

Wellesley Urban Health Research Program Enabling Award Final Report

1. Abstract

The focus of the current project was to explore the unique needs of a multicultural community related to ADHD assessment and treatment services in the East Quadrant of Toronto. A central goal of the current project was to collaborate with the community to design a research project and secure project funding to explore the needs of a multicultural and multilingual community related to Attention Deficit Hyperactivity Disorder (ADHD). The current project assembled a community-based research team composed of academic researchers, mental health professionals, educators, physicians, key community representatives, parent groups and service users. The Chinese-Toronto community was selected to be the focus of the current project due to its status as one of the largest identified minority groups in the catchment area serviced by the ADHD Clinic, Training and Research Institute of The Scarborough Hospital. This group was viewed as a priority because the Chinese-Toronto community is thought to be under-represented within Children's Mental Health services and possibly serviced in a manner not consistent with the community's unique cultural and language needs. The work with the Chinese-Toronto community enabled the research team to construct a community-based research template to build the capacity of Hospital based programs, and community mental health programs to explore the diverse service needs of the ever growing multicultural communities of Toronto.

Through community workshops, surveys, and focus groups the current project has gained insight into the views of the Chinese-Toronto community related to ADHD and the services available to assess for and treat this mental health issue. This project is proud to have developed a Chinese language version of the most common assessment tool used in clinical work with children and youth at risk for ADHD. Through this project our team was able to design and implement a community based Education Workshop related to ADHD, provided in both Cantonese and Mandarin. With hundreds of community members attending this workshop, we are pleased to announce the launching of our 2nd annual ADHD Community Education Project for the Chinese-Toronto community. This presentation will be facilitated by two key members of the Chinese-Toronto community and experts in the area of ADHD. This presentation will also be video recorded and developed into a professionally produced Educational Video, for dissemination to academic institutions, children's mental health programs, physician groups, parent groups, and public libraries throughout the Greater Toronto Area and across Canada. National distribution will be assisted in partnership with the Canadian Attention Deficit Disorder Resources Alliance (CAADRA). Dr. Turgay is a founding member and the current training director for CAADRA.

The future focus of this project is to seek continued funding through grants from the Children's Hospital of Eastern Ontario (CHEO) and the Wellesley Urban Health Project. Dr. Turgay will be submitting a letter of intent with The Wellesley Central to continue the research partnership.

2. Project Update

Our research team in partnership with The Toronto Catholic District School Board (TCDSB) developed an original community-based parent education workshop related to ADHD. This community presentation was designed to build the capacity of the Chinese-Toronto Community to support children and youth at risk for ADHD and associated learning and behavioural issues. This community presentation was hosted by two key community members with expertise in the area of ADHD. The evening was an overwhelming success, with over 160 participants from the Chinese-Toronto community who were previously unidentified to both the ADHD Clinic and the TCDSB. Exit surveys were also conducted to allow the research team to further understand the needs of the community related their understanding of the issues associated with ADHD. This successful endeavour was possible due to our teams close working relationship with community volunteers. Chinese speaking volunteers, recruited from Mary Ward Catholic High School, participated in various roles, including registering participants, providing verbal and written translation and ensuring exit surveys were completed. These students participated to earn community volunteer hours as a part of their curriculum. An unanticipated gain through working with this ten member student volunteer team included the building of their capacity to work as functional members of a community-based research project. Their knowledge about ADHD was also greatly enhanced, which will directly benefit the school-based environment of the TCDSB. These strong volunteer contributions lead our team to continue recruiting and working closely with community members throughout the course of the research project.

Following the success of our initial community presentation, our research team expanded by recruiting academic consultants to work with the community to develop more sophisticated qualitative methods to broaden our understanding of the community's needs. Ms. Daniela Mares a recent graduate of The Ontario Institute of Studies in Education, The University of Toronto (OISE/UT) teamed with Ms. Seema Aggarwall, who is currently finishing her degree in Community Psychology at Wilfred Laurier University. These Academic consultants joined our team of clinicians and researchers of The ADHD Clinic, Training and Research Institute of The Scarborough Hospital and key community partners. External partnerships were also established with Mr. Anthony of the TCDSB; Saraphina Hui of the Wellness Centre, The Scarborough Hospital; Dr. Christine Wong of Markham Family Life Centre and Child and Family Services of Markham Stouffville Hospital.

Ms. Mares successfully conducted an extensive literature review and compiled an annotated bibliography for dissemination purposes. Ms. Aggarwall designed surveys and focus group structures, as well as coordinated 3 successful focus groups. These focus groups were hosted at The Scarborough Hospital Grace Division in partnership with The Wellness Centre and The TCDSB. Over 40 community members participated providing rich material related to their understanding of ADHD, and the available services to assess for and treat this mental health issue. Central to these focus groups was the design of a Chinese language version of the ADHD Rating Scale-IV (DuPaul). Our team worked very hard with key community members and academics to design an assessment tool that would be sensitive to the cultural and linguistic needs of the Chinese community. The translated version of the DuPaul will be distributed to Physician groups and children's mental health centers across the GTA and Canada.

Building on the success of the initial Chinese language community workshop, our team has organized an annual Community Workshop related to ADHD for the Chinese-Toronto Community. The 2nd annual Community presentation will be held on April 28, 2005 at Mary Ward Catholic High School. This workshop will again be advertised through the Chinese language media and throughout mental health centers, schools, libraries, community centers and churches. This presentation will be facilitated by two speakers on ADHD well known to the Chinese-Toronto community. Based on surveys and focus group responses the research team has also elected to video tape this presentation to create a Chinese language educational video to build the capacity of parents and community members to support children and youth at risk for ADHD.

A professionally produced Chinese Language (Cantonese) Educational Video, designed by Liz Marshal, will be disseminated to academic institutions, children's mental health programs, physician groups, parent groups, and public libraries throughout the Greater Toronto Area and across Canada. National distribution will be assisted through partnering with the Canadian Attention Deficit Disorder Resources Alliance (CAADRA). Accompanying this video will be a manual constructed from the slides generously donated by the presenters. Our team will be submitting proposals to regional and national conferences related to the initial findings from our current project.

The comprehensive literature review and research methodology developed by the research team will create the cornerstone for securing continued research funds. Research proposals will be submitted both to the Wellesley Urban Health Project and the granting body associated with the Children's Hospital of Eastern Ontario (CHEO). Mr. Alan McLuckie, current coordinator of the research team, will also endeavour to bring this project under the auspices of the Centre for Applied Research, as he attending The University of Toronto to complete his PhD in Social Work. Dr. Turgay will also be submitting a letter of intent with The Wellesley Central to continue to the research partnership established through this enabling grant.

3. Reflection

This project posed a unique set of challenges for The ADHD Clinic. The initial difficulty was to adjust the focus of our experienced research team to embrace a community-based participant driven research model. Prior to this project, our team was commonly involved in academic based research of a quantitative nature related to clinical populations and pharmacological studies. This current project challenged our team to develop a research model that fostered a true partnership between a hospital-based mental health program and the service users of an ethnically diverse community. The parameters of the enabling grant also required the team to redefine how we viewed the relevance and importance of the deliverables associated with the project. A shift in perspective was needed to view deliverables as investments in future academic research through the creation of a meaningful and sustained partnership with the Chinese-Toronto community.

Another significant challenged faced by the team, resulted from the large number of uncompensated project hours required of the mental staff. The project coordinator role in specific was very time consuming to ensure that the project moved forward to meet community expectations and contractual obligations with the funding body. In applying for the enabling grant, our team perceived that a large portion of the grant would be directed to securing qualified research consultants. These consultants were to fill pivotal roles, including developing research methodology, literature reviews, and establishing

sustainable community partnerships. These tasks were to culminate with the development and securing of future financing to implement a research project in a related area. Unfortunately, the limited finances allocated by the enabling grant did not allow for the securing of an established researcher. Our team did successfully recruit graduate level students, who functioned admirably in their respective roles, but required continued investments of many hours of clinic staff time foster their abilities and coordinate the overall project. A related barrier that was also very time consuming was the need to establish the necessary relationships with representatives of the academic community who in turn could direct our team to student researchers capable of functioning in a consultative role with our project. Our team did establish connections with the Social Work Faculty at both The University of Toronto and York University. We also established a relationship with the community psychology programs at OISE/UT and Wilfred Laurier University, which incidentally resulted in successful recruitment. As indicated in section 5, our team had perceived that the Wellesley would have already established these vital contacts with academics and research departments of universities, possibly allowing for easier recruitment of academic partners for community-based projects.

4. Next steps

A research methodology, comprehensive literature review and the establishment of community partnerships will be the cornerstone for applications for continued funding. Research grants are being sought through The Wellesley Urban Health Project and the granting body associated with the Children's Hospital of Eastern Ontario (CHEO). Mr. Alan McLuckie, current coordinator of the research team, will also endeavor to bring this project through the Centre for Applied Research, as he attending The University of Toronto to complete his Ph.D in Social Work.

This future grant will allow for the continued exploration of the Chinese-Toronto community related to ADHD. Specifically, a research template will be developed to build the capacity of academics, hospital based programs and Children Mental Health Centers to understand the needs of a culturally and linguistically diverse community related to Children's Mental Health services. Through this process a mixed methodology study will provide normative data for two widely used assessment measures; The ADHD Rating Scale-IV and The Child Symptom Inventory. Through the use of focus groups culturally sensitive assessment and treatment protocol will be developed. Findings will be shared both local and nationally, through community based presentations and academic forums. Collaboration with the Canadian Attention Deficit Resource Alliance will allow knowledge transfer to Academics, Researchers, Mental Health Clinicians, Physicians, Educators and parents groups. This future project will also develop our annual Chinese language community presentation on ADHD into an ADHD Conference. This conference will gather academics, clinicians and community members to participate in lectures, seminars and training opportunities related to best practices in assessment, treatment, community programming and research related to ADHD. This conference will have a special focus on building the capacity within the Children's Mental Health and Educational systems to provide for the needs of multicultural and multilingual service users. This conference will also coincide with the national distribution of the Chinese Language ADHD Educational Video, Translated assessment tools and the newly developed web site. This website will establish a forum for posting relevant and practical knowledge related to ADHD geared to both academic and parent based audiences. This multilingual site will also include an online version of both English and Chinese language educational videos

Section Two



ADHD Programming and the Chinese-Toronto Community: A Partnership Research Template and Summary of Focus Groups and Survey Material

Method

Participants

A community sample of Chinese, Mandarin, and Cantonese speaking parents was obtained. All participants were recruited from a workshop conducted last year to raise awareness and educate Chinese-speaking community members about Attention Deficit Hyperactivity Disorder (ADHD). At the end of this workshop, participants that were interested in receiving more information about ADHD were asked to provide their names and contact information. All workshop participants on this list were contacted by Chinese speaking volunteers and invited to a community forum in which they were given the opportunity to share their opinions, perspectives, understanding, and concerns with regard to ADHD. Please refer to Appendix A for the community forum invitation guide. Of the 36 participants that were invited, 24 parents attended the community forum.

To explore and gain a better understanding of how Chinese-speaking individuals understand and perceive the assessment, treatment, and the services available for ADHD, we used mixed methodologies. To assess how parents perceive ADHD-like characteristics in their child, we used the ADHD Rating Scale-IV followed by three questions that measured their "Cognitive/Severity Appraisal" level. These questions asked parents to make judgements of the severity and the probable stability of the behaviour problem being described. The first three questions were adapted from those used in Weisz et al. (1988). The next list of questions measured the parents' "Affective Reactions" by asking questions that gauged the parents' feelings of guilt and embarrassment that might arise if their child exhibited ADHD. The list of behaviours described in the Affective Reactions list was adapted from Lau (unpublished work). The third set of questions measured the parents' "Help Seeking" and preferences for sources of assistance. These questions were created with the help of the staff at the Scarborough Grace Hospital as to reflect all possible ADHD services in the community. Demographic and SES variables such as age, gender, marital and educational status, and primary language were included as some research shows that they could be significant predictors of mental health use (Briones, et al., 1990; Greenley et al., 1987; Katz, Kessler, Frank, Leaf, & Edlund, 1997; Leaf et al., 1988; Tata & Leong, 1994; Tijhuis, Peters, & Foets, 1990; Tischler, Henez, Meyers, & Boswell, 1975).

The survey and the ADHD Rating Scale-IV underwent translation to Chinese. A Chinese-speaking Psychologist specializing in the ADHD services translated the ADHD Rating Scale-IV. A community-based translator translated the survey and focus group material. The survey was reviewed and revised by one of the community forum facilitators.

Procedure

Three Chinese-speaking community members volunteered to facilitate the community forum. Community members were divided up within the three different groups and began with completing the survey. The time it took to complete the survey was approximately 15 minutes. Please refer to Appendix B for the survey template. Following the survey, participants were offered a light dinner, drinks and dessert that they could take back to their tables while facilitators engaged the community members in a 2 hours or so discussion using a predetermined list of structured questions. Please refer to Appendix C for the community forum questions template. Facilitators jotted down, in Chinese, all answers and additional comments made by participants on a flipchart. Having the flipchart visually accessible to all participants gave the participants the opportunity to elaborate and clarify their responses along with ensuring that all responses were not being interpreted by the facilitator but rather were being written down verbatim. The facilitators concluded each table discussion with inviting participants to ask questions or make comments they had to the community-based research consultant. Additionally, all participants received a voucher that paid for their parking, a twenty-five dollar gift certificate to Indigo Books, a copy of the Scarborough Grace Hospital, ADHD Resource list, and most importantly, a booklet in Chinese that includes a list of recommendations for parents before seeking assessment, information on ADHD and its effect on the family, the impact of ADHD on school performance and success, a list of what children and teens with ADHD need from parents, a chapter on tips and strategies for increasing parent advocacy.

Making Partnerships

The Scarborough Grace Hospital has formed and strengthened its partnerships with key stakeholders in the community. Relationships with staff from the Scarborough Grace Hospital Family Wellness Centre and the Markham Stouffville Hospital were solidified and a commitment to increase partnerships in the future was voiced. For example there is currently a dynamic collaboration between Markham Stouffville Child and Family Services and The ADHD Clinic, to provide ADHD services both to Chinese speaking community and the community at large. Additionally, the help of a social worker from the Toronto District Catholic School Board, Anthony Lee was sought out considering that Mr. Lee is a well-known and respected figure with the Chinese population. Both a staff member from the Scarborough Grace Hospital Family Wellness Centre and Mr. Lee revised the community forum questions. Mr. Lee was also consulted with regard to making sure that the Scarborough Grace Hospital was an easily accessible and comfortable location for the Chinese speaking population and that the ADHD information and gift certificates provided were culturally sensitive and appropriate means of showing appreciation and gratitude for their time.

Dissemination

The knowledge that has been generated throughout this project will be disseminated to a variety of community members and practitioners in the field of ADHD using multiple different mediums. To begin with, the success in using Chinese speaking facilitators and a translated version of the ADHD Rating Scale-IV to help hospitals and other ADHD community services in understanding the needs of this community will be discussed and shared through discussions with ADHD researchers and Dr. Turgay through the Canadian Attention Deficit Resource Alliance (CAADRA). CAADRA is a newly formed national

coalition of academics, clinicians, community members and parents advocating for the needs of ADHD. The objectives of CAADRA is to stimulate research at local and national levels; develop guidelines for best practices; facilitate effective knowledge transfer between researchers, academics and clinicians; and enhance the capacity of the community to support the needs of children, youth and adults impacted by ADHD. Dr. Turgay (Scarborough Hospital-University of Toronto) is a founding member and currently functions as the director of training for CAADRA, along with Dr. Weiss (University of British Columbia), Dr. Hetchman (McGill University) and Dr. Jane (Sick Children's Hospital-The University of Toronto). A translated version of the standardized assessment tool, the ADHD Rating Scale IV has been developed. This instrument may not be sensitive to the distinct cultural and language issues experienced by the Chinese community. Further research is required to determine the need for re-norming of this tool, to enable clinicians and researchers to utilize this tool as a standardized instrument, allowing for accurate assessment of the ADHD symptom severity within the Chinese community. Although not standardized, the present translation will function effectively to address English as a Second Language Issues, experienced by Chinese speaking parents seeking who are the key reporters to Children's Mental Health Centres pertaining to their child's symptom presentation.

To directly disseminate and connect with members of the community around ADHD issues, an annual community presentation are currently being implemented. Based on the number and vast interest that the Chinese population demonstrated at last years ADHD workshop, the ADHD Clinic in partnership with the Toronto District Catholic School Board's Anthony Lee will be offering another ADHD workshop to the Chinese speaking population with parts in English and Chinese. The concerns and workshop topic suggestions received at the community forum will be incorporated into the content of the workshop this year. Through the community forum, parents voiced that one of the sources they look to when finding information on ADHD is the Internet and furthermore, they feel that there is a lack of knowledge provided and accessible to them in both English and Chinese. Therefore, to meet the needs of the Chinese population, the ADHD Clinic and their Information Technology department have agreed to create a link from the ADHD Clinic website to a page that would have a variety of information on ADHD specific to the Chinese population. For example, the workshop presentations would be uploaded onto this site with an audio feed in Chinese and English. Furthermore, lists of culturally sensitive references, resources, and services would be on this site to facilitate Chinese-speaking community members in gaining more knowledge about ADHD.

As part of a dissemination strategy, we agree that retaining funding to further community-based research in ADHD is an essential component. In efforts of finding an organization whose mission fits with our work to further children's mental health research and education, we chose to apply to the Provincial Centre of Excellence for Child and Youth Mental Health through the CHEO Research grants. The next call for proposal submissions is August 31, 2005. The CHEO research grant values increasing capacity, the breaking down of stigma, and the development of evidence-based child mental health knowledge and practices and consequently is a good fit to broadening the initiatives described in the Wellesley Central enabling grant. All components of the grant have been completed and letters of support are in the process of being written. Please refer to Appendix D for a copy of the CHEO grant application.

Community Forum Discussion Themes

Barriers to Accessing Services

Parents voiced language as a major barrier to accessing ADHD services. They feel as though they are not able to effectively communicate with professionals, thus making their unique situations hard to convey. Furthermore, they felt that translators are not often available for them to use. Additionally, parents feel that the waiting times to consult with a professional are not only too long but that they are also constantly being shuffled between the school, doctor, and social worker without any coordination between all these services. Parents voiced that a centralized organization that could organize and coordinate all questions, referrals, and services would be beneficial. A third party support system that is not linked to the school and hospital would act as an appreciated support for parents. Parents were disappointed that the services in the York Region are not available to Toronto residents and vice-versa and also expressed that there is a lack of advertising and awareness of ADHD and ADHD services in the Scarborough area.

The culture itself seems to pose as a barrier to accessing ADHD services. Culturally and traditionally, it is not common to seek medical help for ADHD-like behaviours. Parents simply think that their child is stupid and therefore do not know that their child is suffering from a disorder until a teacher or family doctor advises them to seek help. One parent shared that she would not consult with absolutely anyone if her child demonstrated the behaviours described in the ADHD Rating Scale-IV out of fear that her and her family would be looked down at.

Understanding ADHD

The Chinese speaking parents' perspective and understanding of ADHD can be defined by the following:

- ADHD children are different from other children
- Children with ADHD are unable to concentrate and have difficulties in controlling their emotions
- Parents of children with ADHD find it difficult to coerce their child into working
- ADHD suffers often have destructive behaviours among other behavioural problems
- Children with ADHD suffer from a brain malfunction
- the information provided is inconsistent once translated- there is often confusion between ADHD and ADD

The Chinese translation of ADHD means a lack of attention and the inability to concentrate. There are inconsistencies in the use of the Chinese term for ADHD. Once members point out that even the Chinese translated materials provided at the focus group were inconsistent in translation and language usage.

Services: perceived vs. actual

- School
- Doctor
- Social Worker
- Some paid programs

Parents would not access all of the above-mentioned services when seeking help for their child. They feel that even though the school system is often the first to notice ADHD-like characteristics in their children, teachers are not often helpful and sympathetic to the behaviours. Social workers on the other hand are viewed as helping and reconditioning more positive behaviours from children suffering with ADHD. Many parents voiced the use of alternative treatments such as acupuncture and foot therapy. Counselling is sought after by Chinese speaking parents but is a short-term solution since sessions stop once the school year comes to an end and for much of the time, parents are on a waiting list.

Treatment

Medication Concerns

Parents voiced that taking their child to a doctor leads to the prescription of drugs to help with moderating ADHD-like behaviours whereas changing the actual behaviours will not be a focus in treatment. Additionally, parents are hesitant to begin the prescription drugs since drugs are often costly and may produce unwanted side effects. Parents are left feeling uncertain about the short and long-term consequences of the medication but do see some short-term benefits of the drugs on their child. One parent said that he gives his child half the recommended dosage without consulting the doctor. Following, other parents shared that they struggled for a long time in making a decision on whether or not to give their child medication- it was evident that for some, it is a decision they still struggle with since some demonstrated emotional reactions when answering. They also elaborated on their concerns with the cost of medication. When asked if they are aware of any assistance such as the Trillium Drug plan, they did not have any information.

Psycho-social Treatment

Most parents believe that it is better to give their child praise instead of criticism along with creating an environment in which the child can gain higher self-esteem through positive relationships. They also believe that activities such as music, dance, and exercise helps children with ADHD demonstrate less ADHD-like behaviours.

Improving Relationships

Parents would like to establish long-term relationship with one individual or one group of individuals who would follow-up with their family. This relationship would be not only with the child suffering from ADHD but also provide support for parents and other children in the family. Parents would benefit from a parent support group that was facilitated by professionals in the field that could act as a resource to provide and clarify existing information. Parents also showed interest on being on a mailing list of sorts that would disseminate ADHD related information and events.

Sources of Information

- Many parents have no idea where to ask for help
- Research on the internet, libraries, television, radio, Chinese newspaper
- Doctors
- Seminars
- Very limited Chinese-based resources or support services

Workshop Topic Suggestions

Workshops that would answer all of their questions below along with the following:

- tips on how to discipline a child suffering from ADHD
- how to stimulate and motivate learning
- help children learn social skills and teach them how to express themselves
- an introduction on recent research studies on ADHD and treatment options
- Seminars for teachers as well
- Practical skills that parents can use at home and they can see progress
- Emotional or behavioural control groups for children
- Support groups for siblings of children with ADHD

Parents voiced many questions such as:

- what percentage of children can recover or be cured from ADHD?
- what are the side-effects of newer drugs such as CONCENTA
- what are the short and long-term of prescribed medication?
- any tips on how they can make their child take the medication?
- whether the medications improve the child's school performance?
- does ADHD only effect children under the age of 15?

Ideally, parents would like to have the workshops in the evening or on weekends with daycare services offered. Parents would like workshops to be offered in Chinese by professionals and be held at either the Scarborough Grace Hospital or at a local school.

Appendix A

When: Monday, January 31, 2005 at 6:45pm-8:30

Where: The Scarborough Grace Hospital (parking will be paid for by the hospital). The focus group will take place in the **Strickland Conference Room (lecture hall on the first floor)**

Why:

- the aims of this focus group are the following:
 - for community service providers to learn about how to better serve your and your child(s)'s needs with regard to attention deficit disorder (ADHD)
 - an opportunity to share with us when you would like to have another workshop on ADHD (when, what format, what topics you would be interested in learning more about etc)

****There will be a light dinner provided along with some valuable information on parenting and ADHD for you to take home.**

To volunteer(s): Please use the table below when calling participants:

[illegible]



**The Scarborough Hospital-ADHD Clinic
&
The Toronto Catholic District School Board
present:**

Understanding ADHD
Attention Deficit Hyperactivity Disorder

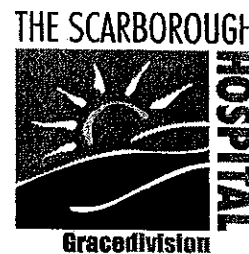
Speakers: Dr. David Ng and Mr. Anthony Lee

Dr. Ng is a child psychiatrist with the Scarborough Hospital and a lecturer with the Faculty of Medicine, The University of Toronto. Dr. Ng specializes in the assessment and treatment of ADHD and related learning, behaviour and emotional issues. Mr. Lee is a school social worker with the Toronto Catholic District School Board with special interest and knowledge in ADHD.

What is ADHD? • academic, social and behaviour difficulties
• distractibility • difficulties with instructions • fidgeting • interrupting • high levels of impulsivity • self-control difficulties • limited organization

Location: Mary Ward Catholic Secondary School
Auditorium 3200 Kennedy Road (at McNichol)
Date: Thursday, April 28, 2005 from 7-9:15pm

Who Should Attend: This *FREE* workshop is for adults who speak Cantonese/Mandarin. Please make your own arrangements for childcare. This workshop will help parents and community members learn about ADHD, successful learning at school, positive behaviour reinforcement, discuss treatment options (medical and non medical) and provide practical strategies to help children who may experience these difficulties. For registration please leave a message at (416) 222 8282 ext. 6230. This event is being videotaped for education purpose.



士嘉堡醫院-分心多動症診所

與

多倫多天主教教育局

合辦

明瞭「分心多動症」講座

Attention Deficit Hyperactivity Disorder

講者：**David Ng**醫生 及 **Anthony Lee**先生

- 醫生是士嘉堡醫院的兒童精神病科醫生，也是多倫多大學醫學院的講師。
 - 醫生專長評估及醫治分心多動症，及與之相關的學習、行為及情緒問題。
- 李先生是多倫多天主教教育局的社會工作者，對分心多動症有特別興趣。

分心多動症是什 ▪ ？

- 學業、社交及行為障礙
- 容易分心
- 不聽指令
- 坐立不安
- 滋擾別人
- 極易衝動
- 難於自制
- 有限的組織能力

地點：Mary Ward Catholic Secondary School

Auditorium 禮堂

3200 Kennedy Road (at McNicoll)

日期：二〇〇五年四月二十八日星期四

- 上七時至九時十五分

誰應該參與：這免費講座的對象是講 ▪ 語的成年人。請自行安排託兒服務。這講座可以幫助父母及各界人士學習有關分心多動症，討論治療方式的選擇，以及提供實際可行的策略去幫助經 ▪ 這種困難的兒童。欲登記參加請致電(416) 222 - 8282 ▪ 線6230。

本項目將會被現場 ▪ 影。

士加保醫院 (ADHD 診所)

多倫多天主教育局

聯合主辦

「注意力不足及多動症」講座

你是否察覺到子女有以下行為：坐立不安、沒耐性完成功課、常搗亂、不排隊玩遊戲、不聽指示、常遺失物品、不理危險、想做就做……

本講座會講解：成因、診斷、藥物治療、行為治療、學校及社區資源、家長工作等

日期：四月二十八日（星期四）

時間：下午七時至九時十五分

地點：MARY WARD CATHOLIC SENIOR SECONDARY SCHOOL

3200 KENNEDY RD., SCARBOROUGH (AT McNicol)

講者：1. Dr. David Ng --- 兒童精神科醫生、醫學院講師

2. Mr. Anthony Lee --- 學校社工、大學社工實習導師

費用：全免，提供托兒服務

語言：國粵語

報名：請致電 416-222-8282 內線 6230

士嘉堡医院-分心多动症診所 与

多伦多天主教教育局

合办：

明瞭分心多動症講座

Attention Deficit Hyperactivity Disorder

講者：David Ng 医生 及 Anthony Lee 先生

吳医生是士嘉堡医院的兒童精神病科医生，也是多倫多大学医学院的講師。
吳医生專長評估及医治分心多動症，及與之相關的學習、行為及情緒問題。
李先生是多倫多天主教教育局的社會工作者，對分心多動症有特別興趣。

分心多動症是什么？

-學業、社交及行為障礙 -容易分心 -不听指令 -坐立不安 -滋擾別人
-極易衝動 -難於自制 -有限的組織能力

地點：Mary Ward High School Auditorium 礼堂
3200 Kennedy Road (at McNicoll)

日期：二〇〇五年四月二十八日星期四

晚上七時至九時十五分

誰應該參與： 這免費講座的對象是講粵語的成年人。請自行
安排託兒服務。這講座可以幫助父母及各界人士學習有關分心多動
症，討論治療方式的選擇，以及提供實際可行的策略去幫助經歷這種
困難的兒童。欲登記參加請致电 (416) 222 - 8282 內線 6230。
本項目將會被現場錄影。

Scarborough Hospital & Toronto Catholic District School Board

ADHD WORKSHOP

(April 27, 04)

EVALUATION

No. of attendance = 122, No. of returns = 79, () = No. of checks

1. How do you know this workshop:

- Toronto Catholic District School Board School ☐ (5)
- Toronto Public School Board ☐ (3)
- Social service agency ☐ (10)
- Chinese News Paper ☐ (43)
- Chinese Radio ☐ (5)
- Chinese TV ☐ (8)
- Scarborough Hospital ☐ (0)
- Scarborough Mirror ☐ (1)
- Markham Economic ☐ (1)
- Friends ☐ (9)
- Others (specify): _____ Family Doctor (3)

2. Please circle the number which best describes your opinions:

	Poor			Excellent	
Guest speakers	1 (0)	2 (1)	3 (10)	4 (30)	5 (33)
Question & answer	1 (0)	2 (2)	3 (20)	4 (31)	5 (17)
Workshop organization	1 (0)	2 (3)	3 (12)	4 (33)	5 (19)
Information provided	1 (1)	2 (3)	3 (15)	4 (33)	5 (20)
Meet my expectations	1 (0)	2 (3)	3 (19)	4 (35)	5 (16)
Enough time for question	1 (0)	2 (5)	3 (21)	4 (25)	5 (15)
Length of the workshop	1 (0)	2 (6)	3 (20)	4 (28)	5 (19)

3. If we organize the 2nd level workshop for more in-depth learning about ADHD, will join?

Yes ☐ (52) No ☐ (1)

4. Suggested topics for the 2nd level workshop on ADHD:

- More methods for working with ADHD kids
- Case studies
- Parents' strategies for the daily life and growth of ADHD kids
- Community resources/programs
- School Board's resources for ADHD students

- **Non medical treatment methods**
- **How to set up the learning schedules**
- **Behavior modification**
- **Diagnosis process**
- **Provide practical methods for handling child's behavior, i.e. listening to instructions for lining up, care of public properties, etc.)**
- **Future perspective of an ADHD kid**

5. Other comments and suggestions:

- **Start at 7.30 instead of 7 pm**
- **Repeat this workshop one more time**
- **Very good; easy to understand, with in-depth information**
- **Understand the causes of ADHD**
- **Provide Mandarin speaking presentations**
- **Publish parents' handbook**
- **The speed of the presentation is quick**
- **Invite parents as speakers**
- **Longer Q & A period**
- **Provide a microphone for audience at the Q & A time**
- **Speaker's tone is too soft**
- **Provide baby sitting**
- **Organize 2nd level in-depth workshop**
- **No kids allowed**
- **Provide materials before the workshop**
- **Small group workshop**

THANK YOU!

Appendix B
Survey Template

分心及過動症行為觀察量表

原作者鄧保羅醫生(George DuPaul)修定版

以下評估量表乃根據美國精神科斷症手冊第四版(DSM-IV)

亦承蒙美國精神科學會及鄧保羅醫生允許翻譯成中文

譯者：黃禮楠博士

ADHD BEHAVIOUR CHECKLIST (George DuPaul)
(with the permission of the American Psychiatric Association)
Translator: Christine O. Wong Ed.D.

被評估者姓名_____ 出生日期
(年)_____(月)_____(日)_____

Name of Person Being Rated _____ D. O. B. _____ (yy) (mm) (dd)

性別_____ 班級_____

Gender _____ School Grade _____

出生國家及城市_____

Country & City of Birth _____

(如是鄉鎮、請填寫國家及縣名)_____

評估人姓名_____ 性別_____

Rater's name _____ Gender _____

與被評估者之關係_____ (例如：媽媽、監護人)

Rater's relationship with child _____ (e.g. mother, guidance)

評估者日期 (____年____月____日)

Date Completed (yy) (mm) (dd)

以下各題是形容一個孩子過去六個月內的行為表現。請在最適合的代號上圈上一個號碼。

Circle the number that best described your child's behaviour over the past six 6 months.

		全無/罕有 Never of Rarely 0	有時 Sometimes 1	頗常 Often 2	經常 Very Often 3
1.	做事馬虎。常因大意而出錯。 Fails to give close attention to details or makes careless mistakes in work.				
2.	煩躁不安 (例：玩筆、搖腳) Fidgets with hands or feet or squirms in seat.				
3.	對一般事情或活動不專心 (除了對某樣項目或 課題有特別濃厚興趣)。 Difficulty sustaining attention in tasks or fun activities.				
4.	不能安坐，無論在課室或其他須要安坐的 場所，總要起身走動才舒服。 Leaves seat in classroom or in other situations in which seating is expected.				
5.	不留心聆聽。 Doesn't listen when spoken to directly.				
6.	容易覺得沈悶或不耐煩。 Feels or acts restless or bored.				
7.	很難依從指示、或做事有頭無尾。 Doesn't follow through on instructions and fails to finish work.				
8.	難安靜玩耍或消閒。 Has difficulty engaging in leisure activities or doing fun things quietly.				
9.	無論是做功課或活動，都是無條理。 Had difficulty organizing tasks and activities.				

		全無/罕有 Never of Rarely 0	有時 Sometimes 1	頗常 Often 2	經常 Very Often 3
10.	精力充沛，很難停下來。 Feels "on the go" or "driven by a motor".				
11.	不喜歡要思考的工課(或)不喜歡用腦。 Avoids, dislikes, or is reluctant to engage in work that requires sustained mental effort.				
12.	常說過不停。 Talks excessively.				
13.	常忘記重要的東西。 Loses things necessary for tasks or activities.				
14.	未聽完問題便馬上作答。 Blurts out answers before questions have been completed.				
15.	容易分心。 Easily distracted.				
16.	沒有耐性輪候。 Has difficulty awaiting turn.				
17.	在日常生活上，常忘記事情或遺留東西。 Forgetful in daily activities.				
18.	插咀或打擾別人。 Interrupts or intrude on others.				

----- 完 -----
Ended

此量表承蒙衛斯理城市研究基金贊助。

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版權所有，如採用此量表，請用書面與分心及過動症診所、及培訓與研究所聯絡
Copyright © 2005 by ADHD Clinic, Training and Research Institute. For permission to
use this Chinese version of the scale, please write to the ADHD Clinic, Training and
Research Institute,

The Scarborough Hospital – Grace Division, Unite 3E8, 3030 Birchmount Road,
Scarborough, Ontario, M1W 3W3 or Email to: adhdclinic@tsh.to

Appendix B Continued Survey Template

- 1) Gender 性別 _____
- 2) Age 年齡 _____
- 3) Marital Status 婚姻狀況
 - ☐ married 已婚
 - ☐ single 未婚
 - ☐ divorced 離婚
- 4) What language are you most comfortable with? _____
 你最流利的語言是? _____
- 5) What is your educational status? 你的教育程度是?
 - ☐ high school degree ☐ ☐ ☐ ☐
 - ☐ college diploma ☐ ☐ ☐ ☐
 - ☐ university degree ☐ ☐ ☐ ☐
 - ☐ more ☐ ☐

- 1) I view the behaviours my child is experiencing as positive
 我認為我孩子所表現的某些行為是正面的 (請圈出下列一個合適的數字)
- | | | | | | | | |
|-------------------|---|---|---------|---|---|----------------|----------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 0 |
| strongly disagree | | | neutral | | | strongly agree | does not apply |
| 絕不同意 | | | 無意見 | | | 非常同意 | 不適用 |

- 2) Thinking about the behaviours you have just considered in your child, please respond to the following questions:

請就剛才你所想到的孩子某些行為，回答下列問題

- How serious do you find the above mentioned behaviours?

你認為上述該種行為有多嚴重?

- | | | | | | | |
|--------------------|---|---|---------|---|---|--------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| not at all serious | | | neutral | | | very serious |
| 毫不嚴重 | | | 無意見 | | | 非常嚴重 |

- How unusual do you find the above behaviours?

你認為上述該種行為有多不尋常?

- | | | | | | | |
|--------------------|---|---|---------|---|---|--------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| not at all unusual | | | neutral | | | very unusual |
| 不足為奇 | | | 無意見 | | | 極不尋常 |

- How worried would you be if your child depicted the above mentioned behaviours?

假如孩子作出上述行為，你會有多憂慮？

1	2	3	4	5	6	7
not at all worried			neutral			very worried
毫不憂慮			無意見			非常憂慮

3) When parents notice certain behaviours in their child they sometimes have difficult feelings as a result. From time to time, you may have noticed some of these behaviours in your child:

當家長發現孩子作出某些行為，他們有時也感到難過。間或，你會發現孩子表現下述行為：

Making careless mistakes, Becomes easily agitated, Fails to finish work, Easily distracted, Forgetful, Talks excessively

因不小心而犯錯；情緒容易激動；未能完成工作；容易分心；善忘；說太多話

Please use the scale below to rate the following statements about how you feel about these behaviours in your child:

請依据以下尺度，來評估下列命題，有關你對孩子這些行為的感覺：

1	2	3	4	5	0
strongly disagree				strongly agree	does not apply
絕不同意				非常同意	不適用

- | | | |
|---|-----------|---|
| 1. I want to keep these behaviours a secret
我想將這些行為保守秘密 | 1 2 3 4 5 | 0 |
| 2. I try to have a sense of humour about these behaviours
我嘗試以幽默感來面對這些行為 | 1 2 3 4 5 | 0 |
| 3. I think these behaviours are common in children
我認為這些行為在兒童當中是很普遍的 | 1 2 3 4 5 | 0 |
| 4. I think that others will look down on my family
我認為其他人會輕視我的家人 | 1 2 3 4 5 | 0 |
| 5. I feel that I haven't lived up to my parental duties
我覺得我未能做好家長的責任 | 1 2 3 4 5 | 0 |
| 6. I feel sad
我覺得悲哀 | 1 2 3 4 5 | 0 |
| 7. I feel guilty
我覺得內疚 | 1 2 3 4 5 | 0 |
| 8. I feel embarrassed
我覺得困窘 | 1 2 3 4 5 | 0 |
| 9. I feel angry
我感覺憤怒 | 1 2 3 4 5 | 0 |
| 10. I fear that I will be criticized as a parent
我恐怕作為家長我會遭人非議 | 1 2 3 4 5 | 0 |
| 11. I am worried
我憂慮 | 1 2 3 4 5 | 0 |

12. I am disappointed 我失望	1 2 3 4 5	0
13. I am concerned, the behaviours are serious 我很擔心，那些行為相當嚴重	1 2 3 4 5	0
14. I am ashamed 我感到慚愧	1 2 3 4 5	0

4) From time to time, you may have noticed some of these behaviours in your child.
Please use the scale below to rate the following statements about how you feel you
would deal with these behaviours in your child:

偶爾你會發現孩子表現出這些行為。請依據以下尺度，來評估下列命題，有關
你覺得你會如何處理孩子的這類行為：

1 strongly disagree 絕不同意	2	3	4	5 strongly agree 非常同意	0 does not apply 不適用
1. I would seek advice and assistance 我會尋求忠告及協助				1 2 3 4 5	0
2. If I would seek advice and assistance, it would most likely be from 假如我會尋求忠告及協助，那最可能是向：					
a. my child's teacher 孩子的老師				1 2 3 4 5	0
b. a psychologist 心理學家				1 2 3 4 5	0
c. the school counsellor 學校的輔導員				1 2 3 4 5	0
d. coworkers 同事				1 2 3 4 5	0
e. family members 家人				1 2 3 4 5	0
f. community clinic 社區診所				1 2 3 4 5	0
g. my family doctor 我的家庭醫生				1 2 3 4 5	0
h. the school principal 校長				1 2 3 4 5	0
i. a psychiatrist 精神病專家				1 2 3 4 5	0
j. religious figure/institution 宗教人士或組織				1 2 3 4 5	0
k. a naturopath 自然療法師				1 2 3 4 5	0
l. a friend 朋友				1 2 3 4 5	0
m. your child's family physician/paediatrician 孩子的家庭醫生				1 2 3 4 5	0
n. my child's daycare 孩子的日託中心				1 2 3 4 5	0
3. I would seek advice or assistance immediately 我會馬上尋求忠告或協助				1 2 3 4 5	0
4. I do not need to seek advice or assistance 我不需要尋求忠告或協助				1 2 3 4 5	0

Appendix C
Community Forum Focus Group Questions Template
關注團體的問題：

The focus group questions aim to probe at 2 different questions:

關注團體的問題以細察兩個不同的命題為目標：

- 1) What are the barriers to accessing service for Chinese speaking people in our community with regard to ADHD? How do you understand ADHD?
我們社區的華語人士為了「分心多動症」而尋求服務時，會遇到什麼障礙？
你怎樣理解「分心多動症」？
- 2) What can we, the hospital staff, do to facilitate the Chinese speaking people to access our services?
我們作為醫院員工，可以怎樣做，以協助華語人士接觸我們的服務呢？

Questions: 問題:

- 1) What do you feel are barriers to accessing ADHD services? (language barriers, lack of cultural sensitivity, location etc.)
你認為什麼是尋求「分心多動症」服務的障礙呢？(語言障礙，缺乏文化敏感度，地區原因等)
- 2) What is your understanding of ADHD?
你所理解的「分心多動症」是什麼？
- 3a) What services are you aware of that could help your child if they demonstrated the behaviours discussed in the survey?
假如你的孩子表現出本問卷所討論的行為，你曉得有那些服務可以幫助他嗎？
- b) If your child demonstrated the behaviours described above, and you wanted to seek assistance, where would you go and why?
假如你的孩子表現出上述的行為，而你想尋求協助，你會到那兒去？為什麼？
- 4) Are you aware of the treatments that are used in treating children with ADHD? How do you feel about these treatments?
你認識治療兒童「分心多動症」的診療法嗎？你覺得這些療法怎樣？

5) How would you like to see the relationship improved between you, your child, and any ADHD service provider?

你會樂於見到你和你的孩子、及「分心多動症」服務員的關係改善嗎？

6) What source would you go to to learn about ADHD?

你會往何處尋找資料認識「分心多動症」？

7) How would you like to see the next workshop structured? (topics, time, sessions vs. one day, location etc.)

下次的研討會你會喜歡怎樣的安排？(題目，時間，數次短時間集會還是一整天，地點等)

Section Three

Annotated Bibliography

ADHD and Ethnicity

This section describes articles that have focused on culture and attention-deficit hyperactivity disorder (ADHD), examined ADHD in Chinese/Asian populations and compared ADHD in different ethnic groups. These articles focus on prevalence rates, service utilization, assessment and diagnosis, and treatment of ADHD.

Gingerich, K. J., Turnock, P., Litfin, J. K., & Rosen, L. A. (1998). Diversity and attention deficit hyperactivity disorder. *Journal of Clinical Psychology, 54* (4), 415-426.

An individual with ADHD is identified and treated within an environmental context, which is undeniably influenced by the culture, ethnicity, age, gender and SES of the person. This article reviews some of the existing literature that examines these diversity variables often overlooked in assessment, diagnosis and treatment of ADHD. Prevalence studies suggest that wide variations exist among children from different ethnic groups but few have taken cultural and socio-economic variables into consideration. Cultural perception of and tolerance for different behaviours vary and therefore a disorder such as ADHD may need to be defined in terms of societal norms within each culture.

Livingston, R. (1999). Cultural issues in diagnosis and treatment of ADHD. *Journal of the American Academy of Child and Adolescent Psychiatry, 38* (12), 1591-1594.

This article examines some of the cultural issues that effect diagnosis and treatment of ADHD. Previous research has suggested that prevalence of ADHD varies among racial and ethnic groups. Other cultural differences include demands of the environment in the home, beliefs about illness, choice of care, tolerance for certain behaviours and degree of trust toward major institutions. The author provides five vignettes to illustrate some of the clinical issues that arise when working with people of different cultural and racial backgrounds struggling with ADHD.

Tao, K. T. (1992). Hyperactivity and attention deficit disorder syndromes in China. *Journal of the American Academy of Child and Adolescent Psychiatry, 31* (6), 1165-1166.

This brief clinical commentary provides a history of ADHD within China and the current understanding and treatment of the disorder. Based on a number of studies, prevalence rate of ADHD in China was found to range from 1.3 to 13.6% of school-age children. In China, high academic achievement is expected of children from their parents and teachers. Children with ADHD who are unable to meet these expectations are often criticized and shamed, and at times punished physically or expelled from school, further lowering their self-esteem. Parents prefer the use of drugs, when they are unsuccessful at helping their child with homework and improving their academic grades. Teachers call stimulants the "be wise drug" because it changes these children to quiet students who can sustain attention. Behaviour therapies and parent discussion groups have also been employed in China as treatment modalities. The author suggests that a useful explanation of ADHD for

Chinese parents is a vicious cycle of pressures that make the children's disruptive behaviours worse.

Bussing, R., Gary, F. A., Mills, T. L., & Garvan, C. W. (2003). Parental explanatory models of ADHD: Gender and cultural variations. *Social Psychiatry and Psychiatric Epidemiology*, 38, 563-575.

The focus of this article was to examine whether parents' understanding of ADHD may contribute to documented gender and cultural variations in parental help-seeking for their children. Parents of children at high risk for ADHD were interviewed about their views concerning labels, presumed causes, expected time course, concerns, treatment and desired outcomes. Parents of boys were more likely to endorse genetic cause and less likely to cite stressful life events. African-American parents voiced less concerns over academic performance, were less likely to request medication treatment or school interventions and were less likely to mention emotion-based outcomes than Caucasian parents. Parents with high SES were more likely to attribute ADHD to a genetic cause, voiced more emotional/behavioural concerns but less conduct concerns, and were less likely to request psychosocial therapies. These findings suggest that culturally appropriate parental education may be beneficial particularly for African-American parents who were unsure about potential causes of and treatment for ADHD.

Minnis, H., Kelly, E., Bradby, H., Oglethorpe, R., Raine, W., & Cockburn, D. (2003). Cultural and language mismatch: Clinical complications. *Clinical Child Psychology and Psychiatry*, 8 (2), 179-186.

These researchers aimed to understand why few South Asian families were referred for services in their all white British clinic and to identify some of the barriers experienced by these families during referral, assessment and treatment. Case notes of 17 South Asian families were examined. A large portion of the children from these families received a diagnosis of ADHD. Many clinicians expressed communication difficulties that were experienced at the level of shared language and the conceptual level. Language mismatch lead to the exclusion of important members (usually mothers) from the process and failure to offer treatment or a refusal of the family to participate. When clinicians and parents did share a common language, their assumptions about what constitutes normal or desirable family life, gender roles and parenting style were not necessarily shared, making it difficult to engage in meaningful discussions about these issues.

Nguyen, L., Arganza, G. F., Huang, L. N., Liao, Q., Nguyen, H. T., & Santiago, R. (2004). Psychiatric diagnoses and clinical characteristics of Asian American youth in children's services. *Journal of Child and Family Studies*, 13 (4), 483-495.

The objective of the article was to advance understanding of the psychological problems and mental health of Asian American children and adolescents. The study examined and compared the psychiatric diagnoses and clinical characteristic of Asian American children attending community mental health services. Compare to non-Asian Americans, Asian American children were more likely to receive a diagnoses of anxiety and adjustment

disorder and less likely to receive a diagnoses of depression and ADHD. Asian American children were also more like to obtain a severe rating on functional impairment in community role performance, self-harmful behaviour and thinking. Overall, this article emphasizes the need to study this ethnic minority and outlines some of the issues that need to be considered when working with Asian American children.

Li, X. R., Su, L. Y., Townes, B. D., & Varley, C. K. (1989). Diagnosis of attention deficit disorder with hyperactivity in Chinese boys. *Journal of the American Academy of Child and Adolescent Psychiatry*, 28 (4), 497-500.

The objective of this article was to determine the utility of the Achenbach Child Behavior Checklist (CBCL) and its associated Teacher Report Form (TRF) as an aid in the diagnosis of ADDH among Chinese children. Moreover, scores of the Chinese and American children were compared to identify cross-cultural similarities and differences in assessed behaviour. Differences in ratings on social adjustment and behavioural problems were detected between Chinese boys with a diagnosis of ADDH or ADDH-LD and without the diagnosis. The findings suggest that the translated versions of CBCL and TRF can be useful with the Chinese culture to differentiate children with ADDH from normal developing children. However, Chinese norms will need to be established for the instruments. Cross-cultural differences emerged when Chinese children were compared to American children in other studies.

Salili, R. & Hoosain, R. (1985). Hyperactivity among Hong Kong Chinese children. *International Journal of Intercultural Relations*, 9, 177-185.

The focus of this article was to examine incidence and pattern of hyperactivity in Chinese children and compare them to data obtained for the U.S. samples. The study utilized the Conners' Abbreviated Teacher Rating scale to rate normally developing children and children diagnosed with hyperactivity. The prevalence of hyperactivity was found to be 8.9%, about the same as reported for U.S. studies. Gender differences were similar to those reported by American findings, although the ratings for Chinese girls were much lower. Overall, decrease in hyperactivity symptoms towards adolescence was also found.

Yang, L., Wang, Y. F., Qian, Q. J., Biederman, J., & Faraone, S. V. (2004). DSM-IV subtypes of ADHD in Chinese outpatient sample. *Journal of the American Academy of Child and Adolescent Psychiatry*, 43 (3), 248-250.

The purpose of the study was to examine ADHD subtypes in Chinese children diagnosed with ADHD. The study identified 130 children with ADHD combined type (ADHD-C), 159 children with ADHD inattentive type (ADHD-I) and 19 children with ADHD hyperactive/impulsive type (ADHD-HI). Children diagnosed with ADHD-I were older and had an older age of onset. The frequencies of oppositional defiant disorder and conduct disorder were higher in children with ADHD-C. The frequency of learning disorders in children diagnosed with ADHD-I was higher than in children with the ADHD-C and ADHD-HI. The prevalence of parent-child relationship impairment and peer relationship impairment was highest among children with ADHD-C, intermediate among

children with ADHD-HI and lowest among children with ADHD-I. The results of the study support the use of DSM-IV types in the diagnosis of ADHD in China.

Olfson, M., Gameroff, M. J., Marcus, S. C., & Jensen, P. C. (2003). National trends in the treatment of attention deficit hyperactivity disorder. *American Journal of Psychiatry*, 160 (6), 1071-1077.

The objective of this study was to examine recent trends in the treatment of ADHD in the U.S. (1997), and compare them to trends observed 10 years ago (1987). The study reported an increase in the outpatient treatment of ADHD from 0.9% to 3.4%. Older children (12-18 years) were found to experience a larger proportionate increase in the rate of ADHD treatment than younger children (3-11 years). Significant increase in the rates of treatment was evident across nearly all sociodemographic groups, with largest increases reported among children from poor and low-income families. There was a significant decrease in the mean number of treatment visits used by each treated child, with only a minority of children receiving one or more psychotherapy visits. Although the study found significant increases in treatment rates among racial/ethnic minorities, white children were still more than twice as likely as minority children to receive treatment. These findings suggest that cultural factors, rather than economic factors, may explain the low rates of ADHD treatment in racial and ethnic minority groups.

Bussing, R., Zima, B. T., & Belin, T. R. (1998). Differential access to care for children with ADHD in special education programs. *Psychiatric Services*, 49 (9), 1226-1229.

This study examined treatment for ADHD in the general health, specialty mental health and informal care sectors among students in special education programs. Mental health service use in the general health sector, which included service delivery by paediatricians, family practitioners or general nurses, was observed to be low among girls, minority children and urban residents. Use of specialty mental health service delivered by psychiatrists, psychologists and social workers, was found to be low among minority children, and high among children with oppositional and conduct disorders and children with higher impairment. Higher use of informal services defined as parent support or education groups and child's participation in ADHD summer camp, was related to absence of oppositional or conduct disorder and to child's higher impairment. These findings emphasize the need to improve our understanding of the mechanisms that underlie children's access to ADHD treatment especially for girls and ethnic minorities.

Reid, R. (1995). Assessment of ADHD with culturally different groups: The use of behavioral rating scales. *School Psychology Review*, 24 (4), 537-560.

The aim of this review article was to examine the extent to which behavioural rating scales constitute a valid measure for assessment of ADHD in culturally different groups. First, the article discusses the question of equivalence by exploring four factors that influence assessment across culturally different groups. This includes linguistic, conceptual, scale and normative equivalence. Next, the available literature on cross-cultural assessment is

analyzed. The evidence suggests that the normative use of rating scales for identification of ADHD with culturally different individuals appears to be inappropriate and should only be undertaken with caution.

Yang, K. N. & Schaller, J. (1997). Teachers' ratings of attention-deficit hyperactivity disorder and decisions for referral for services in Taiwan. *Journal of Child and Family Studies*, 6 (2), 249-261.

This study examined the relationship between elementary teachers' perceptions and ratings of ADHD symptoms of Chinese children and their referral decisions in public schools in Taiwan. The authors utilized Chinese translated versions of Conners' Abbreviated Teacher Rating Scale and ADHD Checklist. The results indicated that even though the teachers rated some children two standard deviations above the mean for behavioural problems, they decided not to refer them for services. Teachers thought that the students' problems were not severe enough to hinder their learning, social or other areas of development. Teachers were more likely to refer children whose scores were above three standard deviations of the mean. These findings suggest that culture may play a role in interpretation of deviance.

Reid, R., DuPaul, G. J., Power, T. J., Anastopoulos, A. D., Rogers-Adkinson, D., Noll, M. B., & Riccio, C. (1998). Assessing culturally different students for attention deficit hyperactivity disorder using behavior rating scales. *Journal of Abnormal Child Psychology*, 26 (3), 187-198.

Assessment of ADHD often requires the use of behaviour rating scales. However, it is still unclear whether these instruments are valid when used to assess students of culturally diverse backgrounds. This study examined the cross-cultural equivalence of the ADHD Rating Scale-IV School Version with male Caucasian and African American students. Teachers rated African American boys higher on both scales across all age groups. The study also found that if norms established for Caucasian children were applied to African American children, approximately twice the number of African American children would screen positive for symptoms of ADHD. Overall, the findings suggest that the scale measures the ADHD construct somewhat differently across the two ethnic groups and that the norms derived from one group may not be appropriate for the other.

Reid, R., Riccio, C., Kessler, R. H., DuPaul, G. J., Power, T. J., Anastopoulos, A. D., Rogers-Adkinson, D., & Noll, M. B. (1998). Gender and ethnic differences in ADHD as assessed by behavior ratings. *Journal of Emotional and Behavioral Disorders*, 8 (1), 38-48.

The aim of this study was to explore the extent and nature of gender differences in ADHD across different ethnic groups (Caucasian and African American) using the ADHD Rating Scale-IV School Version. The findings indicate that the ADHD construct is consistent across gender; however, gender has a significant effect on teacher ratings of ADHD symptomatology. In addition, cross-gender differences based on ethnicity were also

identified. For Caucasian children, externalizing behaviours were found to be most salient in terms of discriminating between males and females.

Goldstein, S. G. (2001). An evaluation of the psychometric properties of the ADHD Rating Scale-IV: School version across ethnic and socioeconomic groups. *Dissertation Abstracts International: Section B: The Sciences and Engineering*, 62 (2-B), 1078.

This dissertation provides a thorough literature review concerning culture and psychopathology, interaction between race and socio-economic status, and assessment of ADHD across different ethnic groups. The aim of this study was to expand on the study conducted by Reid and colleagues (1998), by evaluating the extent to which the ADHD Rating Scale-IV is appropriate for use with children from varying cultural and socio-economic backgrounds. Teacher ratings were obtained for African American and Caucasian students. African American students and male students received the highest ratings across both scales, Hyperactivity/Impulsivity and Inattention. Higher socio-economic status (SES) was associated with lower teacher ratings. However, ethnicity was found to be a significant predictor of teacher ratings even when accounting for the effects of SES.

Williams, T. A. (2003). An investigation of the integrity of the ADHD Rating Scale-IV with children from diverse cultural backgrounds. *Dissertation Abstracts International: Section B: The Sciences and Engineering*, 64 (6-B), 2979.

The aim of this study was to examine the appropriateness of using the ADHD Rating Scale-IV for the assessment of ADHD with children from diverse ethnic backgrounds. Parents and teachers of school-age children completed both forms of the scale. Children were divided into five ethnic groups but due to small numbers, Native-American and Asian-American children were excluded from number of analyses. African-American children received higher ratings from their teachers on the hyperactivity subscale compared to other children. Caucasian parents indicated greater importance for their child to demonstrate control over behaviours related to ADHD. The overall findings support the use of the ADHD Rating Scale-IV with children from different ethnic groups.

Schmitz, M. F., & Velez, M. (2003). *Latino cultural differences in maternal assessment of attention deficit/hyperactivity symptoms in children*. *Hispanic Journal of Behavioral Sciences*, 25 (1), 110-122.

Many aspects of ADHD, including the perceptions of parents, teachers and clinicians about the disorder are influenced by culture. This article focused on understanding the impact of culture by examining whether ethnicity and acculturation influence Latino mothers' perceptions of ADHD-related behaviours in their children. The study found that mother who spoke Spanish for a higher proportion of the interviews were more likely to say their children exhibited symptoms of restlessness. In addition, Mexican mothers were less likely than Mexican American and Puerto Rican mothers to report that their children were impulsive. Overall, these findings suggest that mothers from different Latino cultures and at different levels of acculturation differentially assess specific symptoms of ADHD.

Dominguez de Ramirez, R. & Shapiro, E. S. (1998). Teacher ratings of attention deficit hyperactivity disorder symptoms in Hispanic children. *Journal of Psychology and Behavioral Assessment*, 20 (4), 275-293.

This article focused on the use of behaviour rating scales with children of different cultural backgrounds. The purpose of the study was to compare teacher's ratings on three different scales (Teacher Report Form, ADHD Rating Scale-IV, Conners Abbreviated Teacher Rating Scale) for non-referred Hispanic and non-Hispanic White students. Non-Hispanic White teachers were found to rate Hispanic children either lower or similar on symptoms related to ADHD compare to non-Hispanic White children. Hispanic children also scored similarly to non-Hispanic Whites on overall measures of behaviour problems. This article suggests the need to consider the rater's ethnicity in the assessment process and provides an explanation in terms of differential childhood socialization patterns found among various cultures.

Arnold, L. E., Elliott, M., Sach, L., Bird, H., Kraemer, H. C., Wells, K. C., Abikoff, H. B., Comarda, A., Conners, C. K., Elliott, G. R., Greenhill, L. L., Hechtman, L., Hinshaw, S. P., Hoza, B., Jensen, P. S., March, J. S., Newcorn, J. H., Pelham, W. E., Severe, J. B., Swanson, J. M., Vitiello, B., & Wigal, T. (2003). Effects of ethnicity on treatment attendance, stimulant response/dose, and 14-month outcome in ADHD. *Journal of Consulting and Clinical Psychology*, 71 (4), 713-727.

The Multimodal Treatment Study of children with ADHD (MTA) is a randomized clinical trial of 579 children receiving 14 months of medication management, behavioural treatment, combination or community care. This article focuses on ethnic/racial effects on treatment compliance, medication sensitivity and clinical outcome. African American and Latino children were more symptomatic on some ratings than Caucasian children. Ethnic minority families cooperated with and benefited significantly from combination treatment compared with medication treatment alone. The findings suggest that caucasian children without comorbid disorders and without significant parent-child problems, may require only carefully managed stimulant medication. Children of low SES or with comorbid disorders especially if of ethnic minority can benefit from addition of behavioural treatment.

Huang, H. L., Chao, C. C., Tu, C. C., & Yang, P. C. (2003). Behavioral parent training for Taiwanese parents of children with attention-deficit/hyperactivity disorder. *Psychiatry and Clinical Neuroscience*, 57, 275-281.

The purpose of this study was to adopt and implement Barkley's parent training program in Taiwan and to examine its effectiveness with parents of ADHD children. The authors felt that although the program was designed in Western culture, it may be applicable in

Taiwan because of some similarities to Confucian values. Both emphasize the influence of learning and environment on child development as well as the parental role in the socialization of their children. The results suggest that the parent training program was effective in enhancing the ability of Taiwanese parents to manage their ADHD children and reduce their ADHD/ODD symptoms and severity of problem behaviour at home.

Arcia, E., Sanchez-LaCay, A., & Fernandez, M. C. (2002). When worlds collide: Dominican mothers and their Latina clinicians. *Transcultural Psychiatry*, 39 (1), 74-96.

Previous research has indicated that an ethnic match between a therapist and a client can enhance service utilization and improve cultural responsiveness of services. However, ethnic and language match do not necessarily mean that client and clinician share identical cultures. The aim of the authors was to outline the constructed worlds of Dominican mothers of children with ADHD, the constructed worlds of their ethnically matched clinicians and the evident collisions between the mothers' and clinicians' worlds. Findings support the assertion that an ethnic match does not guarantee similarities in beliefs and practices because ethnicity is only one of many sources of culture.

Children's Mental Health and Ethnicity (Asian/Chinese)

This section focuses on articles that examined cultural/ethnic factors that influence help-seeking, utilization of services and therapy effectiveness for children and adolescents of minority groups. Many of these issues are similar to those found when working with the adult population but others are more exclusive to children. Appropriate interventions to address the different cultural issues are discussed in some articles.

Lung, A. Y., & Sue, S. (1997). Chinese American Children. In G. Johnson-Powell & J. Yamamoto (Eds.), *Transcultural child development: Psychological assessment and treatment*. (pp. 208-236). New York: Wiley.

In this chapter the authors have addressed some of the mental health issues facing Chinese American children, and provided recommendations for service providers to better accommodate the needs of this population. They noted that traditional parenting practices endorse in Chinese children impulse control, emotional restraint, strict discipline, obedience to authority figures and desire for academic achievement. Moreover, intergeneration cultural conflicts and identity formation pose additional problems for Chinese American youth. Service providers need to be aware of differential ideas about what is normal behaviour for this population, language barriers and the lack of validated assessment tools for this youth. Recommendations for improving assessment and therapy include: soliciting multiple sources of information; use of directive, structured and unambiguous techniques; and engaging with family members in a way that is consistent with the power hierarchy to deflect any confusion, resistance and shame.

Huang, L. N., Ying, Y. W., & Arganza, G. R. (2003). Chinese American children and adolescents. In J. T. Gibbs, *Children of color: Psychological interventions with culturally diverse youth 2nd Ed.* (pp. 187-228). San Francisco: Jossey-Bass.

This chapter provides a brief overview of the diversity of the Chinese-American population, history of their immigration patterns and their culture and family traditions. Mental health issues for Chinese American children and adolescents are discussed and examined with respect to the migration and acculturation process. The authors describe an ecological approach to assessment, which focuses on the individual person, the family system and the school and societal system. Two case studies are provided to illustrate appropriate techniques for establishing credibility, a working alliance based on an active exchange and an effective partnership with the family.

Weisz, J. R., McCarty, C. A., Eastman, K. L., Chaiyasit, W., & Suwanlert, S. (1997). Developmental psychopathology and culture: Ten lessons from Thailand. In S. S. Luthar, *Developmental psychopathology: Perspectives on adjustment, risk and disorder*. (pp. 568-592). New York: Cambridge University Press.

The authors of this chapter view the study of child psychopathology as the study of the behaviour of children and the lens through which adults view child behaviour. Both of these factors appear to be shaped by culture. This chapter focused on studies that have examined these two factors in Thailand and compared them to the U.S. population. In general, the findings indicate that there is a striking Thai-U.S. similarity in the general population prevalence of most problems and a cross-national similarity in the relation between gender and problem behaviour. The differences included more overcontrolled problems in Thai youth, more referrals for overcontrolled problems, and less indication that the problem is serious or worrisome by Thai adults. The chapter provides a thorough discussion regarding the findings and the impact of culture on the study of child psychopathology.

Weisz, J. R., Suwanlert, S., Chaiyasit, W., Weiss, B., Walter, B. R., & Anderson, W. W. (1988). Thai and American perspectives on over- and undercontrolled child behavior problems: Exploring the threshold model among parents, teachers, and psychologists. *Journal of Consulting and Clinical Psychology*, 56 (4), 601-609.

This study focused on cross-cultural similarities and differences by examining adults' views of child over- and undercontrolled behaviours. The article compared adults from Thailand and U.S, because it is believed that the social values and perspectives on childhood differ markedly between these two countries. Parents, teachers and psychologists made judgments about two children presented in vignettes. Thai parents and teachers were found to rate problems of overcontrol (shyness, fear) and undercontrol (aggression, disobedience) as less serious, less worrisome, less likely to reflect personality traits, and more likely to improve over time. Psychologists from the two cultures did not differ on seriousness ratings and they rated both types of problems as equally serious. Parents and teachers rated undercontrolled problems as more serious than overcontrolled problems. This suggests that professional culture may mitigate the effects of national culture. Overall, the findings indicate that cultural context can influence the eye of the beholder.

Lau, A. & Takeuchi, D. (2001). Cultural factors in help-seeking for child behavior problems: Value orientation, affective responding, and severity appraisals among Chinese-American parents. *Journal of Community Psychology*, 29 (6), 675-692.

This study aimed to determine whether help-seeking intentions of Chinese-American parents for child behaviour problems are influenced directly by cultural values, by perceptions of severity or by the levels of negative affect evoked by the problem. Parents of school-aged children responded to vignettes by indicating how they would respond if their child displayed the hypothetical behavioural problems. The results indicate that cultural values may influence help-seeking intentions among Chinese-American parents by influencing the affective processes of shame and stigma. More traditional Chinese-American parents tended to respond with higher levels of shame and stigma to child behaviour problems and in turn, indicate less intention to seek help. To stimulate help-seeking within this population, shame and stigma associated with mental health problems and help-seeking needs to be addressed.

Lieh-Mak, F., Lee, P. W. H., & Luk, S. L. (1984). Problems encountered in teaching Chinese parents to be behavior therapists. *Psychologia*, 27, 56-64.

The aim of this article was to highlight some of the problems that were encountered by the authors while training Chinese parents to utilize behavioural methods with their children. The problems discussed include socio-economic background, traditional patterns of family structure and interaction, the accustomed mode of child rearing practices, the traditional outlook on childhood problems, and dependency on the doctor. Cultural and attitudinal backgrounds of Chinese parents were also discussed with respect to their ability to adopt and apply various behavioural techniques such as ignoring socially undesirable behaviour, praising desirable behaviour, avoiding physical punishment and playing with their children.

Serafica, F. C. (1997). Psychopathology and resilience in Asian American children and adolescents. *Applied Developmental Science*, 1 (3), 145-155.

The focus of this review was to examine the role of culture in the emergence of psychopathology in Asian American children and adolescents and in their resilience in coping with stressors and psychological distresses. The author provides a thorough overview of culture, the Asian American population and scientific literature on psychopathology in Asian American children and youth. Overall, few studies have been conducted to examine development and mental health in this population and how cultural factors influence psychopathology and resilience. Finally, the article proposes a framework for research in this area that conceptualizes psychopathology as normal development gone awry, adopts a developmental-contextual perspective, and views culture as a variable that contributes to the definition and explanation of psychopathology.

Yeh, M., Takeuchi, D. T., & Sue, S. (1994). Asian-American children treated in the mental health system: A comparison of parallel and mainstream outpatient service centres. *Journal of Clinical Child Psychology*, 23 (1), 5-12.

In this article the researchers compared the effectiveness of ethnic-specific and mainstream outpatient mental health centers in delivering services to Asian-American children. Centers were designated as ethnic-specific if they were established to specifically provide services to the Asian community. The study reported more ethnic matching between therapists and clients, less drop out, more utilization of services and higher functioning scores at discharge for the ethnic-specific services. These findings suggest that Asian-American children may benefit more by obtaining services from ethnic-specific mental health centers.

Yeh, M., Eastman, K., & Cheung, M. K. (1994). Children and adolescents in community health centers: Does the ethnicity or the language of the therapist matter? *Journal of Community Psychology*, 22, 153-163.

This article examines the benefit of therapist-child matches in ethnicity and language for Asian-, African-, Mexican-, and Caucasian-American children and adolescents ages 6-17. Ethnic match was found to be a significant predictor of service outcome for adolescents as a whole but not for children. Adolescents who were ethnically matched to their therapists were less likely to drop out of treatment, attended more sessions and had higher functioning scores as discharge than did those adolescents who were not matched. For the Asian adolescents, ethnic match remained a significant predictor for dropout and total number of sessions, whereas language match did not affect treatment regardless of primary language preference. The results of this study suggest that culturally responsive treatment may be important to implement when working with adolescents but not children.

Yeh, M., Hough, R. L., McCabe, K., Lau, A., & Garland, A. (2004). Parental beliefs about the causes of child problems: Exploring racial/ethnic patterns. *Journal of the American Academy of Child and Adolescents*, 43 (5), 605-612.

The aim of this study was to examine racial/ethnic differences related to parental beliefs about the causes of child mental health problems. Parents of 1 338 children were divided into 4 ethnic groups (African American, Asian/Pacific Islander American, Latino and non-Hispanic whites) and assessed on 11 etiological issues. In general, ethnic minority parents were less likely than non-Hispanic white parents to endorse biopsychosocial beliefs (physical causes, personality, relational issues, familial issues, trauma). Few racial/ethnic differences for sociological or spiritual/nature disharmony etiologies were found. These results can be useful in understanding utilization patterns of minority groups of services that are biopsychosocially oriented.

McCabe, K. M., Yeh, M., Lay, A., Garland, A., & Hough, R. (2003). Racial/ethnic differences in caregiver strain and perceived social support among parents of youth with emotional and behavioral problems. *Mental Health Services Research*, 5 (3), 137-147.

The goal of this study was to examine racial/ethnic variations in caregiver strain and perceived social support among parents caring for children with emotional/behavioural

problems. Previous research has suggested that caregiving experience varies across racial/ethnic groups and is likely to play a role in inhibiting service use among some minority groups. Overall, the study found that parents who reported higher perceived social support also reported lower caregiver strain. African American caregivers were reported to have lower perceptions of strain and lower social support than non-Hispanic Whites (NHW). Asian/Pacific Islanders indicated lower perceived social support than NHWs, and lower perception of strain when social support was controlled. Implications of these finding for service providers are discussed, including its relevance to low service utilization among ethnic minority children.

Huang, L. N. (1994). An integrative approach to clinical assessment and intervention with Asian-American adolescents. *Journal of Clinical Child Psychology*, 23 (1), 21-31.

This article focuses on the assessment and treatment of the Asian-American adolescents. The Asian-American adolescent is confronted with the task of integrating the new mainstream culture with their culture of origin as well as the culture of adolescence. Often this integration is complicated by conflicting cultural values and status as a minority person of colour. This article examines an integrative ecological approach to assessment, which examines multiple systems including the individual, the family, the school and the peer group. In addition, each of these systems is further examined using an ethnocultural assessment that focuses on specific sociocultural factors. Two case studies are provided to present interventions that are more specific to working with culturally diverse youth.

Crijnen, A. A. M., Achenbach, T. M., & Verhulst, F. C. (1997). Comparisons of problems reported by parents of children in 12 cultures: Total problems, externalizing, and internalizing. *Journal of the American Academy of Child and Adolescent Psychiatry*, 36 (9), 1269-1277.

The aim of this study was to advance the cross-cultural basis for child mental health services by comparing parent-reported problems for children in 12 cultures. The study utilized the Child Behavior Checklists to obtain ratings for 13 697 children and adolescents residing in Australia, Belgium, China, Germany, Greece, Israel, Jamaica, the Netherlands, Puerto Rico, Sweden, Thailand and the U.S. The finding revealed developmental trends that were similar across cultures, in that Externalizing scores decreased with age, while Internalizing scores increased with age. Consistently across all cultures, boys obtained higher Externalizing scores but lower Internalizing scores than girls. Puerto Rican children received the highest scores, whereas Swedish children obtained the lowest scores. Overall, these results suggest that empirically based assessment can be used to identify problems for which children from diverse backgrounds may need help. However, clinical cut-off points will need to be established for each culture.

Lau, A. S., Garland, A. F., Yeh, M., McCabe, K. M., Wood, P. A., & Hough, R. L. (2004). Race/ethnicity and inter-informant agreement in assessing adolescent psychopathology. *Journal of Emotional and Behavioral Disorders*, 12 (3), 145-156.

This study examined the influence of race/ethnicity on the inter-rater agreement on the Achenbach Behaviour Rating Scales. The sample consisted of 600 adolescents served in five public systems of care in San Diego County. Parent, teacher and adolescent ratings were compared among four ethnic groups: Caucasian, African American, Hispanic and Asian/Pacific Islander. The results suggest that race/ethnicity has a distinct influence on the level of problems reported by different raters and the agreement between raters. Minority parents were found to report fewer behaviour problems than did their youth. Teachers in general were found to report fewer internalizing problems among minority adolescents as well as fewer externalizing problems in Asian/Pacific Islanders, and more externalizing problems for African Americans.

Adult Mental Health and Ethnicity (Chinese/Asian)

The focus of this section was to examine articles that looked at barriers experienced by Chinese/Asian adults when seeking and utilizing mental health services. Since more research has been done with adults than children from this population, this section serves to complement the section on children's mental health.

Kung, W. W. (2004). Cultural and practical barriers to seeking mental health treatment for Chinese Americans. *Journal of Community Psychology*, 32 (1), 27-43.

The underutilization of mental health services by Asian Americans has been well documented and various cultural barriers have been described. The aim of this article was to examine the perceived barriers of Chinese Americans to seeking mental health treatment and how these perceptions relate to actual service use. The authors identified two types of barriers: practical barriers (cost of treatment, time, knowledge of access, and language) and cultural barriers (credibility of treatment, recognition of need, and fear of loss of face). Only practical barriers were found to significantly reduce the likelihood of mental health service use. Variables that enhance the likelihood of service use were: higher mental distress, higher acculturation, older age, and having medical insurance. Being married and born in US tended to reduce service use.

Li, H. Z. & Browne, A. J. (2000). Defining mental illness and accessing mental health services: Perspectives of Asian Canadians. *Canadian Journal of Community*, 19 (1), 143-159.

The focus of this study was to understand Asian Canadians' views of mental health and their perceived barriers to accessing mental health services. The three Asian Canadian groups (Chinese, Indian, Filipino) interviewed defined mental health problems as: feeling a lack of purpose in life; feeling lonely; difficulties understanding and dealing with a new environment; experience of high anxiety and/or somatic illness; very serious and untreatable. Many of these issues are related to immigration and acculturation experiences of Asian Canadians. Their perceived barriers to accessing mental health services included poor language ability, culturally-determined interpretation of mental illness, not knowing how to access mental health services, and racial discrimination. These findings suggest the need for bilingual mental health professionals, increased cultural awareness and education of new immigrants about mental health care services.

Leong, F. T. L., & Lau, A. S. L. (2001). Barriers to providing effective mental health services to Asian Americans. *Mental Health Services Research*, 3 (4), 201-214.

This article provides a review of the literature concerning cultural factors that impact mental health service utilization, diagnosis and evaluation of mental health problems, and psychotherapeutic services. Mental health service utilization by Asian Americans is examined by identifying and describing barriers to help-seeking which include cognitive, affective, value orientation and physical barriers. Cultural factors influencing assessment and diagnosis of mental health are discussed in terms of therapist bias, inappropriate use of psychological tests, symptom expression, language, and pathoplasticity of psychological disorders. The aim of this review was to identify barriers that can be changed to improve access and promote better mental health among Asian Americans

Lau, A. & Zane, N. (2000). Examining the effects of ethnic-specific services: An analysis of cost-utilization and treatment outcome for Asian American clients. *Journal of Community Psychology*, 28 (1), 63-77.

Ethnic-specific mental health services were established to meet the unique cultural and linguistic needs of ethnic clients. This study compared the cost-utilization and treatment outcome of Asian American clients attending ethnic-specific or mainstream services. Clients attending ethnic-specific services were reported to use less crisis intervention services and more individual therapy. In addition, their treatment outcome was found to be better, even after controlling for various variables. These findings suggest that mental health services with an ethnic-specific focus provide more effective and efficient care.

Ito, K. L., & Maramba, G. G. (2002). Therapeutic beliefs of Asian American therapists: Views from an ethnic-specific clinic. *Transcultural Psychiatry*, 39 (1), 33-73.

Previous studies have shown that ethnic-specific mental health services improve ethnic minority use and retention. However, aside from providing ethnic and language match, it is unclear what other elements of the services distinguish them as ethnic-specific. This study examined views of Asian American therapists practicing at an Asian American mental health clinic. The therapists were interviewed about their practice, their therapist-client relationships and their beliefs concerning their Asian American clients' thoughts about mental illness and treatment. In general the finding suggest that ethnic-specific services are a process of constant cultural negotiations and modifications between clients and therapists. Moreover, the therapists also indicated a culturally congruent match between themselves and their ethnic-specific clinic.

Yeung, A., Kung, W. W., Chung, H., Rubenstein, G., Roffi, P., Mischoulon, D., & Fava, M. (2004). Integrating psychiatry and primary care improves acceptability to mental health services among Chinese Americans. *General Hospital Psychiatry*, 26, 256-260.

The aim of this study was to replicate a previous study that attempted to bridge psychiatry and primary health care to improve referral to and acceptability of mental health services among Chinese Americans. Previous research has showed that Asian Americans have the lowest rates of utilization of mental health services and tend to use mental health providers as a last resort. The "Bridge Project" program provided training to primary care physicians regarding recognition and treatment of common mental disorders and cultural sensitivity relevant to mental health. The results indicated an increase in referrals to the mental health services and an increase in the patient acceptability of treatment as measured by attending an initial evaluation.

Kung, W. W. (2001). Consideration of cultural factors in working with Chinese American families with a mentally ill patient. *Families in Society: The Journal of Contemporary Human Services*, 82 (1), 97-107

This article examined how cultural beliefs of Chinese Americans impact their view of mental illness and their role as caregivers for family members with a mental illness. The author suggests that the best model to explain causality of a mental illness is the stress-vulnerability model, which encompasses both the innate and environmental factors and is compatible with their cultural beliefs. This article also examines the role of the clinician and offers suggestions for an appropriate therapeutic goals and culturally relevant family intervention models.

Abe-Kim, J., Takeuchi, D., & Hwang, W. C. (2002). Predictors of help seeking for emotional distress among Chinese Americans: Family matters. *Journal of Consulting and Clinical Psychology*, 70 (5), 1186-1190.

The focus of the article was to examine family conflict and family support as possible predictors of help seeking for emotional distress in a sample of Chinese American adults. The study found that family conflict was the strongest predictor of help seeking for mental health and medical services, whereas low levels of family support were not associated with help seeking from any provider. Furthermore, negative life events, emotional distress and insurance coverage were also predictors of mental health service use. These results suggest that clinicians need to treat observations or reports of family conflict seriously; as such disclosure may indicate significant distress for Chinese Americans.

Conducting Studies with Ethnic Minorities

The two articles found in this section offer recommendations on how to conduct psychological research with minority groups.

Willgerodt, M. A. (2003). Using focus groups to develop culturally relevant instruments. *Western Journal of Nursing Research*, 25 (7), 798-814.

The objective of the study was to illustrate the value of using focus groups for instrument development with immigrant populations. The use of focus groups enables the researcher to understand the immigrant group's unique perception and expression of specific phenomena. This study recruited Chinese immigrants to participate in six focus groups

divided according to sex and age (adolescents, parents and grandparents). Description of steps required to plan focus groups, recruit participants, conduct the groups and analyze the data are provided. In addition, strategies for conducting meaningful and successful focus groups with Chinese immigrants of different age groups are also outlined.

Bernal, G. & Scharron-del-Rio, M. R. (2001). Are empirically supported treatments valid for ethnic minorities? Toward an alternative approach for treatment research. *Cultural Diversity and Ethnic Minority Psychology*, 7 (4), 328-342.

A proposal has been made to move the field of psychology towards using empirically supported treatments in practice and training. However, the efficacy of these treatments is based primarily on research conducted with White, middle-class, English-speaking women. Clearly, through the use of scientific model, little is known about the efficacy of treatment for ethnic minorities. The authors discuss the need for treatment research with ethnic minorities and propose an integration of approaches to conducting research with ethnic minorities. They suggest the use of discovery-oriented research to enhance scientific theory building, advance treatment practice and open up new avenues of psychotherapeutic research. Interestingly, when considering research that is discovery-oriented, there is a wealth of research describing treatments and interventions with ethnic minorities.

ADHD and Socio-Economic Status (SES)

This last section focuses on the association between socio-economic status (SES) and ADHD. More information regarding SES can be found in the articles listed in the first section because many authors examine culture and SES simultaneously.

Rieppi, R., Greenhill, L. L., Ford, R. E., Chuang, S., Wu, M., Davies, M., Abikoff, H. B., Arnold, L. E., Conners, K., Elliott, G. R., Hechtman, L., Hinshaw, S. P., Hoza, B., Jensen, P. S., Kraemer, H. C., March, J. S., Newcorn, J. H., Pelham, W. E., Severe, J. B., Swanson, J. M., Vitiello, B., Wells, K. C., & Wigal, T. (2002). Socioeconomic status as a moderator of ADHD treatment outcome. *Journal of the American Academy of Child and Adolescent Psychiatry*, 41 (3), 269-277.

Previous research has suggested that socio-economic status (SES) moderates treatment response. The focus of this study was to explore the effect of various SES variables on different treatment modalities administered to children diagnosed with ADHD. This study was part of the large Multimodal Treatment Study of children with ADHD (MTA) discussed above. The authors found that for the core ADHD symptoms, children from more educated families benefited more from Comb treatment than from MedMgt, Beh, and CC interventions. On the other hand, children from blue-collar, lower Hollingshead SES subgroups benefited the most from the Comb treatment in reducing oppositional-aggressive symptoms. The need to consider symptomatology, sociodemographic characteristics, and comorbidity when planning an effective ADHD intervention is further emphasized by this article.

Baldwin, K., Brown, R. T., & Milan, M. A. (1995). Predictors of stress in caregivers of attention deficit hyperactivity disorder children. *The American Journal of Family Therapy*, 23 (2), 149-160.

The focus of this study was to examine stressors of parents from low socio-economic background caring for children with ADHD. The authors found that greater stress and fewer financial resources reported by caregivers were significantly associated with frequency of problem behaviours and degree of burden associated with caregivers' coping with these symptoms. Furthermore, the frequency of ADHD behaviour accounted for around 18% of the variance in overall stress reported by caregivers, whereas family income and other financial stressors accounted for more than 40% of the variance. These findings are important since they suggest that lower income parents who have children diagnosed with ADHD may be at risk for high stress.

Pineda, D., Ardila, A., Rosselli, M., Arias, B. E., Henao, G. C., Gomez, L. F., Mejia, S. E., & Miranda, M. L. (1999). Prevalence of attention-deficit/hyperactivity disorder symptoms in 4- to 17-year-old children in the general population. *Journal of Abnormal Child Psychology*, 27 (6), 455-462.

This study attempted to estimate the prevalence of ADHD symptoms in the general population living in Colombia and to examine the influence of gender, age and SES variables on ADHD symptoms. Based on the DSM-IV criteria, ADHD symptoms were identified in 19.8% of boys and 12.3% of girls. The results indicate that ADHD symptoms were most frequent in 6- to 11-year old boys from a low-SES background. ADHD symptoms were observed in 24.5% of children from low-SES families, whereas only 10% of children from high SES families were identified with this condition. In addition, SES differences were more pronounced in the Hyperactivity-Impulsivity dimension than the Inattention dimension.

Miech, R. A., Caspi, A., Moffitt, T. E., Wright, B. R. E., & Silva, P. A. (1999). Low socioeconomic status and mental disorders: A longitudinal study of selection and causation during young adulthood. *American Journal of Sociology*, 104 (4), 1096-1131.

The purpose of this article was to examine whether low SES serves as a cause or consequence of mental illness. This study was part of a prospective longitudinal study and focused on adolescents as they made their transition into adulthood. The authors examined the association between mental disorders (anxiety, depression, antisocial disorder and attention deficit disorder) and education attainment, which served as a proxy for SES in early adulthood. SES of origin was reported to predict anxiety, which implicates social causation. Depression and SES were found to have little influence on each other. The results also suggest that conduct disorder and attention deficit disorder impair education attainment and thereby damage the future life chances of the persons they afflict.

Alphabetized Annotated Bibliography

Abe-Kim, J., Takeuchi, D., & Hwang, W. C. (2002). Predictors of help seeking for emotional distress among Chinese Americans: Family matters. *Journal of Consulting and Clinical Psychology, 70* (5), 1186-1190.

The focus of the article was to examine family conflict and family support as possible predictors of help seeking for emotional distress in a sample of Chinese American adults. The study found that family conflict was the strongest predictor of help seeking for mental health and medical services, whereas low levels of family support were not associated with help seeking from any provider. Furthermore, negative life events, emotional distress and insurance coverage were also predictors of mental health service use. These results suggest that clinicians need to treat observations or reports of family conflict seriously; as such disclosure may indicate significant distress for Chinese Americans.

Arcia, E., Sanchez-LaCay, A., & Fernandez, M. C. (2002). When worlds collide: Dominican mothers and their Latina clinicians. *Transcultural Psychiatry, 39* (1), 74-96.

Previous research has indicated that an ethnic match between a therapist and a client can enhance service utilization and improve cultural responsiveness of services. However, ethnic and language match do not necessarily mean that client and clinician share identical cultures. The aim of the authors was to outline the constructed worlds of Dominican mothers of children with ADHD, the constructed worlds of their ethnically matched clinicians and the evident collisions between the mothers' and clinicians' worlds. Findings support the assertion that an ethnic match does not guarantee similarities in beliefs and practices because ethnicity is only one of many sources of culture.

Arnold, L. E., Elliott, M., Sach, L., Bird, H., Kraemer, H. C., Wells, K. C., Abikoff, H. B., Comarda, A., Conners, C. K., Elliott, G. R., Greenhill, L. L., Hechtman, L., Hinshaw, S. P., Hoza, B., Jensen, P. S., March, J. S., Newcorn, J. H., Pelham, W. E., Severe, J. B., Swanson, J. M., Vitiello, B., & Wigal, T. (2003). Effects of ethnicity on treatment attendance, stimulant response/dose, and 14-month outcome in ADHD. *Journal of Consulting and Clinical Psychology, 71* (4), 713-727.

The Multimodal Treatment Study of children with ADHD (MTA) is a randomized clinical trial of 579 children receiving 14 months of medication management, behavioural treatment, combination or community care. This article focuses on ethnic/racial effects on treatment compliance, medication sensitivity and clinical outcome. African American and Latino children were more symptomatic on some ratings than Caucasian children. Ethnic minority families cooperated with and benefited significantly from combination treatment compared with medication treatment alone. The findings suggest that Caucasian children without comorbid disorders and without significant parent-child problems, may require only carefully managed stimulant medication. Children of low SES or with comorbid disorders especially if of ethnic minority can benefit from addition of behavioural treatment.

Baldwin, K., Brown, R. T., & Milan, M. A. (1995). Predictors of stress in caregivers of attention deficit hyperactivity disorder children. *The American Journal of Family Therapy*, 23 (2), 149-160.

The focus of this study was to examine stressors of parents from low socio-economic background caring for children with ADHD. The authors found that greater stress and fewer financial resources reported by caregivers were significantly associated with frequency of problem behaviours and degree of burden associated with caregivers' coping with these symptoms. Furthermore, the frequency of ADHD behaviour accounted for around 18% of the variance in overall stress reported by caregivers, whereas family income and other financial stressors accounted for more than 40% of the variance. These findings are important since they suggest that lower income parents who have children diagnosed with ADHD may be at risk for high stress.

Bernal, G. & Scharron-del-Rio, M. R. (2001). Are empirically supported treatments valid for ethnic minorities? Toward an alternative approach for treatment research. *Cultural Diversity and Ethnic Minority Psychology*, 7 (4), 328-342.

A proposal has been made to move the field of psychology towards using empirically supported treatments in practice and training. However, the efficacy of these treatments is based primarily on research conducted with White, middle-class, English-speaking women. Clearly, through the use of scientific model, little is known about the efficacy of treatment for ethnic minorities. The authors discuss the need for treatment research with ethnic minorities and propose an integration of approaches to conducting research with ethnic minorities. They suggest the use of discovery-oriented research to enhance scientific theory building, advance treatment practice and open up new avenues of psychotherapeutic research. Interestingly, when considering research that is discovery-oriented, there is a wealth of research describing treatments and interventions with ethnic minorities.

Bussing, R., Gary, F. A., Mills, T. L., & Garvan, C. W. (2003). Parental explanatory models of ADHD: Gender and cultural variations. *Social Psychiatry and Psychiatric Epidemiology*, 38, 563-575.

The focus of this article was to examine whether parents' understanding of ADHD may contribute to documented gender and cultural variations in parental help-seeking for their children. Parents of children at high risk for ADHD were interviewed about their views concerning labels, presumed causes, expected time course, concerns, treatment and desired outcomes. Parents of boys were more likely to endorse genetic cause and less likely to cite stressful life events. African-American parents voiced less concerns over academic performance, were less likely to request medication treatment or school interventions and were less likely to mention emotion-based outcomes than Caucasian parents. Parents with high SES were more likely to attribute ADHD to a genetic cause, voiced more emotional/behavioural concerns but less conduct concerns, and were less likely to request psychosocial therapies. These findings suggest that culturally appropriate parental

education may be beneficial particularly for African-American parents who were unsure about potential causes of and treatment for ADHD.

Bussing, R., Zima, B. T., & Belin, T. R. (1998). Differential access to care for children with ADHD in special education programs. *Psychiatric Services*, 49 (9), 1226-1229.

This study examined treatment for ADHD in the general health, specialty mental health and informal care sectors among students in special education programs. Mental health service use in the general health sector, which included service delivery by paediatricians, family practitioners or general nurses, was observed to be low among girls, minority children and urban residents. Use of specialty mental health service delivered by psychiatrists, psychologists and social workers, was found to be low among minority children, and high among children with oppositional and conduct disorders and children with higher impairment. Higher use of informal services defined as parent support or education groups and child's participation in ADHD summer camp, was related to absence of oppositional or conduct disorder and to child's higher impairment. These findings emphasize the need to improve our understanding of the mechanisms that underlie children's access to ADHD treatment especially for girls and ethnic minorities.

Crijnen, A. A. M., Achenbach, T. M., & Verhulst, F. C. (1997). Comparisons of problems reported by parents of children in 12 cultures: Total problems, externalizing, and internalizing. *Journal of the American Academy of Child and Adolescent Psychiatry*, 36 (9), 1269-1277.

The aim of this study was to advance the cross-cultural basis for child mental health services by comparing parent-reported problems for children in 12 cultures. The study utilized the Child Behavior Checklists to obtain ratings for 13 697 children and adolescents residing in Australia, Belgium, China, Germany, Greece, Israel, Jamaica, the Netherlands, Puerto Rico, Sweden, Thailand and the U.S. The findings revealed developmental trends that were similar across cultures, in that Externalizing scores decreased with age, while Internalizing scores increased with age. Consistently across all cultures, boys obtained higher Externalizing scores but lower Internalizing scores than girls. Puerto Rican children received the highest scores, whereas Swedish children obtained the lowest scores. Overall, these results suggest that empirically based assessment can be used to identify problems for which children from diverse backgrounds may need help. However, clinical cut-off points will need to be established for each culture.

Dominguez de Ramirez, R. & Shapiro, E. S. (1998). Teacher ratings of attention deficit hyperactivity disorder symptoms in Hispanic children. *Journal of Psychology and Behavioral Assessment*, 20 (4), 275-293.

This article focused on the use of behaviour rating scales with children of different cultural backgrounds. The purpose of the study was to compare teacher's ratings on three different scales (Teacher Report Form, ADHD Rating Scale-IV, Conners Abbreviated Teacher Rating Scale) for non-referred Hispanic and non-Hispanic White students. Non-Hispanic

White teachers were found to rate Hispanic children either lower or similar on symptoms related to ADHD compare to non-Hispanic White children. Hispanic children also scored similarly to non-Hispanic Whites on overall measures of behaviour problems. This article suggests the need to consider the rater's ethnicity in the assessment process and provides an explanation in terms of differential childhood socialization patterns found among various cultures.

Gingerich, K. J., Turnock, P., Litfin, J. K., & Rosen, L. A. (1998). Diversity and attention deficit hyperactivity disorder. *Journal of Clinical Psychology*, 54 (4), 415-426.

An individual with ADHD is identified and treated within an environmental context, which is undeniably influenced by the culture, ethnicity, age, gender and SES of the person. This article reviews some of the existing literature that examines these diversity variables often overlooked in assessment, diagnosis and treatment of ADHD. Prevalence studies suggest that wide variations exist among children from different ethnic groups but few have taken cultural and socio-economic variables into consideration. Cultural perception of and tolerance for different behaviours vary and therefore a disorder such as ADHD may need to be defined in terms of societal norms within each culture.

Goldstein, S. G. (2001). An evaluation of the psychometric properties of the ADHD Rating Scale-IV: School version across ethnic and socioeconomic groups. *Dissertation Abstracts International: Section B: The Sciences and Engineering*, 62 (2-B), 1078.

This dissertation provides a thorough literature review concerning culture and psychopathology, interaction between race and socio-economic status, and assessment of ADHD across different ethnic groups. The aim of this study was to expand on the study conducted by Reid and colleagues (1998), by evaluating the extent to which the ADHD Rating Scale-IV is appropriate for use with children from varying cultural and socio-economic backgrounds. Teacher ratings were obtained for African American and Caucasian students. African American students and male students received the highest ratings across both scales, Hyperactivity/Impulsivity and Inattention. Higher socio-economic status (SES) was associated with lower teacher ratings. However, ethnicity was found to be a significant predictor of teacher ratings even when accounting for the effects of SES.

Huang, H. L., Chao, C. C., Tu, C. C., & Yang, P. C. (2003). Behavioral parent training for Taiwanese parents of children with attention-deficit/hyperactivity disorder. *Psychiatry and Clinical Neuroscience*, 57, 275-281.

The purpose of this study was to adopt and implement Barkley's parent training program in Taiwan and to examine its effectiveness with parents of ADHD children. The authors felt that although the program was designed in Western culture, it may be applicable in Taiwan because of some similarities to Confucian values. Both emphasize the influence of learning and environment on child development as well as the parental role in the socialization of their children. The results suggest that the parent training program was

effective in enhancing the ability of Taiwanese parents to manage their ADHD children and reduce their ADHD/ODD symptoms and severity of problem behaviour at home.

Huang, L. N. (1994). An integrative approach to clinical assessment and intervention with Asian-American adolescents. *Journal of Clinical Child Psychology*, 23 (1), 21-31.

This article focuses on the assessment and treatment of the Asian-American adolescents. The Asian-American adolescent is confronted with the task of integrating the new mainstream culture with their culture of origin as well as the culture of adolescence. Often this integration is complicated by conflicting cultural values and status as a minority person of colour. This article examines an integrative ecological approach to assessment, which examines multiple systems including the individual, the family, the school and the peer group. In addition, each of these systems is further examined using an ethnocultural assessment that focuses on specific sociocultural factors. Two case studies are provided to present interventions that are more specific to working with culturally diverse youth.

Huang, L. N., Ying, Y. W., & Arganza, G. R. (2003). Chinese American children and adolescents. In J. T. Gibbs, *Children of color: Psychological interventions with culturally diverse youth 2nd Ed.* (pp. 187-228). San Francisco: Jossey-Bass.

This chapter provides a brief overview of the diversity of the Chinese-American population, history of their immigration patterns and their culture and family traditions. Mental health issues for Chinese American children and adolescents are discussed and examined with respect to the migration and acculturation process. The authors describe an ecological approach to assessment, which focuses on the individual person, the family system and the school and societal system. Two case studies are provided to illustrate appropriate techniques for establishing credibility, a working alliance based on an active exchange and an effective partnership with the family.

Ito, K. L., & Maramba, G. G. (2002). Therapeutic beliefs of Asian American therapists: Views from an ethnic-specific clinic. *Transcultural Psychiatry*, 39 (1), 33-73.

Previous studies have shown that ethnic-specific mental health services improve ethnic minority use and retention. However, aside from providing ethnic and language match, it is unclear what other elements of the services distinguish them as ethnic-specific. This study examined views of Asian American therapists practicing at an Asian American mental health clinic. The therapists were interviewed about their practice, their therapist-client relationships and their beliefs concerning their Asian American clients' thoughts about mental illness and treatment. In general the finding suggest that ethnic-specific services are a process of constant cultural negotiations and modifications between clients and therapists. Moreover, the therapists also indicated a culturally congruent match between themselves and their ethnic-specific clinic.

Kung, W. W. (2001). Consideration of cultural factors in working with Chinese American families with a mentally ill patient. *Families in Society: The Journal of Contemporary Human Services*, 82 (1), 97-107

This article examined how cultural beliefs of Chinese Americans impact their view of mental illness and their role as caregivers for family members with a mental illness. The author suggests that the best model to explain causality of a mental illness is the stress-vulnerability model, which encompasses both the innate and environmental factors and is compatible with their cultural beliefs. This article also examines the role of the clinician and offers suggestions for appropriate therapeutic goals and culturally relevant family intervention models.

Kung, W. W. (2004). Cultural and practical barriers to seeking mental health treatment for Chinese Americans. *Journal of Community Psychology*, 32 (1), 27-43.

The underutilization of mental health services by Asian Americans has been well documented and various cultural barriers have been described. The aim of this article was to examine the perceived barriers of Chinese Americans to seeking mental health treatment and how these perceptions relate to actual service use. The authors identified two types of barriers: practical barriers (cost of treatment, time, knowledge of access, and language) and cultural barriers (credibility of treatment, recognition of need, and fear of loss of face). Only practical barriers were found to significantly reduce the likelihood of mental health service use. Variables that enhance the likelihood of service use were: higher mental distress, higher acculturation, older age, and having medical insurance. Being married and born in US tended to reduce service use.

Lau, A. & Takeuchi, D. (2001). Cultural factors in help-seeking for child behavior problems: Value orientation, affective responding, and severity appraisals among Chinese-American parents. *Journal of Community Psychology*, 29 (6), 675-692.

This study aimed to determine whether help-seeking intentions of Chinese-American parents for child behaviour problems are influenced directly by cultural values, by perceptions of severity or by the levels of negative affect evoked by the problem. Parents of school-aged children responded to vignettes by indicating how they would respond if their child displayed the hypothetical behavioural problems. The results indicate that cultural values may influence help-seeking intentions among Chinese-American parents by influencing the affective processes of shame and stigma. More traditional Chinese-American parents tended to respond with higher levels of shame and stigma to child behaviour problems and in turn, indicate less intention to seek help. To stimulate help-seeking within this population, shame and stigma associated with mental health problems and help-seeking needs to be addressed.

Lau, A. & Zane, N. (2000). Examining the effects of ethnic-specific services: An analysis of cost-utilization and treatment outcome for Asian American clients. *Journal of Community Psychology*, 28 (1), 63-77.

Ethnic-specific mental health services were established to meet the unique cultural and linguistic needs of ethnic clients. This study compared the cost-utilization and treatment outcome of Asian American clients attending ethnic-specific or mainstream services.

Clients attending ethnic-specific services were reported to use less crisis intervention services and more individual therapy. In addition, their treatment outcome was found to be better, even after controlling for various variables. These findings suggest that mental health services with an ethnic-specific focus provide more effective and efficient care.

Lau, A. S., Garland, A. F., Yeh, M., McCabe, K. M., Wood, P. A., & Hough, R. L. (2004). Race/ethnicity and inter-informant agreement in assessing adolescent psychopathology. *Journal of Emotional and Behavioral Disorders*, 12 (3), 145-156.

This study examined the influence of race/ethnicity on the inter-rater agreement on the Achenbach Behaviour Rating Scales. The sample consisted of 600 adolescents served in five public systems of care in San Diego County. Parent, teacher and adolescent ratings were compared among four ethnic groups: Caucasian, African American, Hispanic and Asian/Pacific Islander. The results suggest that race/ethnicity has a distinct influence on the level of problems reported by different raters and the agreement between raters. Minority parents were found to report fewer behaviour problems than did their youth. Teachers in general were found to report fewer internalizing problems among minority adolescents as well as fewer externalizing problems in Asian/Pacific Islanders, and more externalizing problems for African Americans.

Leong, F. T. L., & Lau, A. S. L. (2001). Barriers to providing effective mental health services to Asian Americans. *Mental Health Services Research*, 3 (4), 201-214.

This article provides a review of the literature concerning cultural factors that impact mental health service utilization, diagnosis and evaluation of mental health problems, and psychotherapeutic services. Mental health service utilization by Asian Americans is examined by identifying and describing barriers to help-seeking which include cognitive, affective, value orientation and physical barriers. Cultural factors influencing assessment and diagnosis of mental health are discussed in terms of therapist bias, inappropriate use of psychological tests, symptom expression, language, and pathoplasticity of psychological disorders. The aim of this review was to identify barriers that can be changed to improve access and promote better mental health among Asian Americans

Li, H. Z. & Browne, A. J. (2000). Defining mental illness and accessing mental health services: Perspectives of Asian Canadians. *Canadian Journal of Community*, 19 (1), 143-159.

The focus of this study was to understand Asian Canadians' views of mental health and their perceived barriers to accessing mental health services. The three Asian Canadian groups (Chinese, Indian, Filipino) interviewed defined mental health problems as: feeling a lack of purpose in life; feeling lonely; difficulties understanding and dealing with a new environment; experience of high anxiety and/or somatic illness; very serious and

untreatable. Many of these issues are related to immigration and acculturation experiences of Asian Canadians. Their perceived barriers to accessing mental health services included poor language ability, culturally-determined interpretation of mental illness, not knowing how to access mental health services, and racial discrimination. These findings suggest the need for bilingual mental health professionals, increased cultural awareness and education of new immigrants about mental health care services.

Li, X. R., Su, L. Y., Townes, B. D., & Varley, C. K. (1989). Diagnosis of attention deficit disorder with hyperactivity in Chinese boys. *Journal of the American Academy of Child and Adolescent Psychiatry*, 28 (4), 497-500.

The objective of this article was to determine the utility of the Achenbach Child Behavior Checklist (CBCL) and its associated Teacher Report Form (TRF) as an aid in the diagnosis of ADDH among Chinese children. Moreover, scores of the Chinese and American children were compared to identify cross-cultural similarities and differences in assessed behaviour. Differences in ratings on social adjustment and behavioural problems were detected between Chinese boys with a diagnosis of ADDH or ADDH-LD and without the diagnosis. The findings suggest that the translated versions of CBCL and TRF can be useful with the Chinese culture to differentiate children with ADDH from normal developing children. However, Chinese norms will need to be established for the instruments. Cross-cultural differences emerged when Chinese children were compared to American children in other studies.

Lieh-Mak, F., Lee, P. W. H., & Luk, S. L. (1984). Problems encountered in teaching Chinese parents to be behavior therapists. *Psychologia*, 27, 56-64.

The aim of this article was to highlight some of the problems that were encountered by the authors while training Chinese parents to utilize behavioural methods with their children. The problems discussed include socio-economic background, traditional patterns of family structure and interaction, the accustomed mode of child rearing practices, the traditional outlook on childhood problems, and dependency on the doctor. Cultural and attitudinal backgrounds of Chinese parents were also discussed with respect to their ability to adopt and apply various behavioural techniques such as ignoring socially undesirable behaviour, praising desirable behaviour, avoiding physical punishment and playing with their children.

Livingston, R. (1999). Cultural issues in diagnosis and treatment of ADHD. *Journal of the American Academy of Child and Adolescent Psychiatry*, 38 (12), 1591-1594.

This article examines some of the cultural issues that effect diagnosis and treatment of ADHD. Previous research has suggested that prevalence of ADHD varies among racial and ethnic groups. Other cultural differences include demands of the environment in the home, beliefs about illness, choice of care, tolerance for certain behaviours and degree of trust toward major institutions. The author provides five vignettes to illustrate some of the clinical issues that arise when working with people of different cultural and racial backgrounds struggling with ADHD.

Lung, A. Y., & Sue, S. (1997). Chinese American Children. In G. Johnson-Powell & J. Yamamoto (Eds.), *Transcultural child development: Psychological assessment and treatment*. (pp. 208-236). New York: Wiley.

In this chapter the authors have addressed some of the mental health issues facing Chinese American children, and provided recommendations for service providers to better accommodate the needs of this population. They noted that traditional parenting practices endorse in Chinese children impulse control, emotional restraint, strict discipline, obedience to authority figures and desire for academic achievement. Moreover, intergeneration cultural conflicts and identity formation pose additional problems for Chinese American youth. Service providers need to be aware of differential ideas about what is normal behaviour for this population, language barriers and the lack of validated assessment tools for this youth. Recommendations for improving assessment and therapy include: soliciting multiple sources of information; use of directive, structured and unambiguous techniques; and engaging with family members in a way that is consistent with the power hierarchy to deflect any confusion, resistance and shame.

McCabe, K. M., Yeh, M., Lay, A., Garland, A., & Hough, R. (2003). Racial/ethnic differences in caregiver strain and perceived social support among parents of youth with emotional and behavioral problems. *Mental Health Services Research*, 5 (3), 137-147.

The goal of this study was to examine racial/ethnic variations in caregiver strain and perceived social support among parents caring for children with emotional/behavioural problems. Previous research has suggested that caregiving experience varies across racial/ethnic groups and is likely to play a role in inhibiting service use among some minority groups. Overall, the study found that parents who reported higher perceived social support also reported lower caregiver strain. African American caregivers were reported to have lower perceptions of strain and lower social support than non-Hispanic Whites (NHW). Asian/Pacific Islanders indicated lower perceived social support than NHWs, and lower perception of strain when social support was controlled. Implications of these finding for service providers are discussed, including its relevance to low service utilization among ethnic minority children.

Miech, R. A., Caspi, A., Moffitt, T. E., Wright, B. R. E., & Silva, P. A. (1999). Low socioeconomic status and mental disorders: A longitudinal study of selection and causation during young adulthood. *American Journal of Sociology*, 104 (4), 1096-1131.

The purpose of this article was to examine whether low SES serves as a cause or consequence of mental illness. This study was part of a prospective longitudinal study and focused on adolescents as they made their transition into adulthood. The authors examined the association between mental disorders (anxiety, depression, antisocial disorder and attention deficit disorder) and education attainment, which served as a proxy for SES in early adulthood. SES of origin was reported to predict anxiety, which implicates social

causation. Depression and SES were found to have little influence on each other. The results also suggest that conduct disorder and attention deficit disorder impair education attainment and thereby damage the future life chances of the persons they afflict.

Minnis, H., Kelly, E., Bradby, H., Oglethorpe, R., Raine, W., & Cockburn, D. (2003). Cultural and language mismatch: Clinical complications. *Clinical Child Psychology and Psychiatry*, 8 (2), 179-186.

These researchers aimed to understand why few South Asian families were referred for services in their all white British clinic and to identify some of the barriers experienced by these families during referral, assessment and treatment. Case notes of 17 South Asian families were examined. A large portion of the children from these families received a diagnosis of ADHD. Many clinicians expressed communication difficulties that were experienced at the level of shared language and the conceptual level. Language mismatch lead to the exclusion of important members (usually mothers) from the process and failure to offer treatment or a refusal of the family to participate. When clinicians and parents did share a common language, their assumptions about what constitutes normal or desirable family life, gender roles and parenting style were not necessarily shared, making it difficult to engage in meaningful discussions about these issues.

Nguyen, L., Arganza, G. F., Huang, L. N., Liao, Q., Nguyen, H. T., & Santiago, R. (2004). Psychiatric diagnoses and clinical characteristics of Asian American youth in children's services. *Journal of Child and Family Studies*, 13 (4), 483-495.

The objective of the article was to advance understanding of the psychological problems and mental health of Asian American children and adolescents. The study examined and compared the psychiatric diagnoses and clinical characteristic of Asian American children attending community mental health services. Compare to non-Asian Americans, Asian American children were more likely to receive a diagnoses of anxiety and adjustment disorder and less likely to receive a diagnoses of depression and ADHD. Asian American children were also more like to obtain a severe rating on functional impairment in community role performance, self-harmful behaviour and thinking. Overall, this article emphasizes the need to study this ethnic minority and outlines some of the issues that need to be considered when working with Asian American children.

Olfson, M., Gameroff, M. J., Marcus, S. C., & Jensen, P. C. (2003). National trends in the treatment of attention deficit hyperactivity disorder. *American Journal of Psychiatry*, 160 (6), 1071-1077.

The objective of this study was to examine recent trends in the treatment of ADHD in the U.S. (1997), and compare them to trends observed 10 years ago (1987). The study reported an increase in the outpatient treatment of ADHD from 0.9% to 3.4%. Older children (12-18 years) were found to experience a larger proportionate increase in the rate of ADHD treatment than younger children (3-11 years). Significant increase in the rates of treatment was evident across nearly all socio-demographic groups, with largest increases reported among children from poor and low-income families. There was a

significant decrease in the mean number of treatment visits used by each treated child, with only a minority of children receiving one or more psychotherapy visits. Although the study found significant increases in treatment rates among racial/ethnic minorities, white children were still more than twice as likely as minority children to receive treatment. These findings suggest that cultural factors, rather than economic factors, may explain the low rates of ADHD treatment in racial and ethnic minority groups.

Pineda, D., Ardila, A., Rosselli, M., Arias, B. E., Henao, G. C., Gomez, L. F., Mejia, S. E., & Miranda, M. L. (1999). Prevalence of attention-deficit/hyperactivity disorder symptoms in 4- to 17-year-old children in the general population. *Journal of Abnormal Child Psychology*, 27 (6), 455-462.

This study attempted to estimate the prevalence of ADHD symptoms in the general population living in Colombia and to examine the influence of gender, age and SES variables on ADHD symptoms. Based on the DSM-IV criteria, ADHD symptoms were identified in 19.8% of boys and 12.3% of girls. The results indicate that ADHD symptoms were most frequent in 6- to 11-year old boys from a low-SES background. ADHD symptoms were observed in 24.5% of children from low-SES families, whereas only 10% of children from high SES families were identified with this condition. In addition, SES differences were more pronounced in the Hyperactivity-Impulsivity dimension than the Inattention dimension.

Reid, R. (1995). Assessment of ADHD with culturally different groups: The use of behavioral rating scales. *School Psychology Review*, 24 (4), 537-560.

The aim of this review article was to examine the extent to which behavioural rating scales constitute a valid measure for assessment of ADHD in culturally different groups. First, the article discusses the question of equivalence by exploring four factors that influence assessment across culturally different groups. This includes linguistic, conceptual, scale and normative equivalence. Next, the available literature on cross-cultural assessment is analyzed. The evidence suggests that the normative use of rating scales for identification of ADHD with culturally different individuals appears to be inappropriate and should only be undertaken with caution.

Reid, R., DuPaul, G. J., Power, T. J., Anastopoulos, A. D., Rogers-Adkinson, D., Noll, M. B., & Riccio, C. (1998). Assessing culturally different students for attention deficit hyperactivity disorder using behavior rating scales. *Journal of Abnormal Child Psychology*, 26 (3), 187-198.

Assessment of ADHD often requires the use of behaviour rating scales. However, it is still unclear whether these instruments are valid when used to assess students of culturally diverse backgrounds. This study examined the cross-cultural equivalence of the ADHD Rating Scale-IV School Version with male Caucasian and African American students. Teachers rated African American boys higher on both scales across all age groups. The study also found that if norms established for Caucasian children were applied to African American children, approximately twice the number of African American children would

screen positive for symptoms of ADHD. Overall, the findings suggest that the scale measures the ADHD construct somewhat differently across the two ethnic groups and that the norms derived from one group may not be appropriate for the other.

Reid, R., Riccio, C., Kessler, R. H., DuPaul, G. J., Power, T. J., Anastopoulos, A. D., Rogers-Adkinson, D., & Noll, M. B. (1998). Gender and ethnic differences in ADHD as assessed by behavior ratings. *Journal of Emotional and Behavioral Disorders*, 8 (1), 38-48.

The aim of this study was to explore the extent and nature of gender differences in ADHD across different ethnic groups (Caucasian and African American) using the ADHD Rating Scale-IV School Version. The findings indicate that the ADHD construct is consistent across gender; however, gender has a significant effect on teacher ratings of ADHD symptomatology. In addition, cross-gender differences based on ethnicity were also identified. For Caucasian children, externalizing behaviours were found to be most salient in terms of discriminating between males and females.

Rieppi, R., Greenhill, L. L., Ford, R. E., Chuang, S., Wu, M., Davies, M., Abikoff, H. B., Arnold, L. E., Conners, K., Elliott, G. R., Hechtman, L., Hinshaw, S. P., Hoza, B., Jensen, P. S., Kraemer, H. C., March, J. S., Newcorn, J. H., Pelham, W. E., Severe, J. B., Swanson, J. M., Vitiello, B., Wells, K. C., & Wigal, T. (2002). Socioeconomic status as a moderator of ADHD treatment outcome. *Journal of the American Academy of Child and Adolescent Psychiatry*, 41 (3), 269-277.

Previous research has suggested that socio-economic status (SES) moderates treatment response. The focus of this study was to explore the effect of various SES variables on different treatment modalities administered to children diagnosed with ADHD. This study was part of the large Multimodal Treatment Study of children with ADHD (MTA) discussed above. The authors found that for the core ADHD symptoms, children from more educated families benefited more from Comb treatment than from MedMgt, Beh, and CC interventions. On the other hand, children from blue-collar, lower Hollingshead SES subgroups benefited the most from the Comb treatment in reducing oppositional-aggressive symptoms. The need to consider symptomatology, sociodemographic characteristics, and comorbidity when planning an effective ADHD intervention is further emphasized by this article.

Salili, R. & Hoosain, R. (1985). Hyperactivity among Hong Kong Chinese children. *International Journal of Intercultural Relations*, 9, 177-185.

The focus of this article was to examine incidence and pattern of hyperactivity in Chinese children and compare them to data obtained for the U.S. samples. The study utilized the Conners' Abbreviated Teacher Rating scale to rate normally developing children and children diagnosed with hyperactivity. The prevalence of hyperactivity was found to be 8.9%, about the same as reported for U.S. studies. Gender differences were similar to those reported by American findings, although the ratings for Chinese girls were much lower. Overall, decrease in hyperactivity symptoms towards adolescence was also found.

Schmitz, M. F., & Velez, M. (2003). *Latino cultural differences in maternal assessment of attention deficit/hyperactivity symptoms in children*. *Hispanic Journal of Behavioral Sciences*, 25 (1), 110-122.

Many aspects of ADHD, including the perceptions of parents, teachers and clinicians about the disorder are influenced by culture. This article focused on understanding the impact of culture by examining whether ethnicity and acculturation influence Latino mothers' perceptions of ADHD-related behaviours in their children. The study found that mother who spoke Spanish for a higher proportion of the interviews were more likely to say their children exhibited symptoms of restlessness. In addition, Mexican mothers were less likely than Mexican American and Puerto Rican mothers to report that their children were impulsive. Overall, these findings suggest that mothers from different Latino cultures and at different levels of acculturation differentially assess specific symptoms of ADHD.

Serafica, F. C. (1997). Psychopathology and resilience in Asian American children and adolescents. *Applied Developmental Science*, 1 (3), 145-155.

The focus of this review was to examine the role of culture in the emergence of psychopathology in Asian American children and adolescents and in their resilience in coping with stressors and psychological distresses. The author provides a thorough overview of culture, the Asian American population and scientific literature on psychopathology in Asian American children and youth. Overall, few studies have been conducted to examine development and mental health in this population and how cultural factors influence psychopathology and resilience. Finally, the article proposes a framework for research in this area that conceptualizes psychopathology as normal development gone awry, adopts a developmental-contextual perspective, and views culture as a variable that contributes to the definition and explanation of psychopathology.

Tao, K. T. (1992). Hyperactivity and attention deficit disorder syndromes in China. *Journal of the American Academy of Child and Adolescent Psychiatry*, 31 (6), 1165-1166.

This brief clinical commentary provides a history of ADHD within China and the current understanding and treatment of the disorder. Based on a number of studies, prevalence rate of ADHD in China was found to range from 1.3 to 13.6% of school-age children. In China, high academic achievement is expected of children from their parents and teachers. Children with ADHD who are unable to meet these expectations are often criticized and shamed, and at times punished physically or expelled from school, further lowering their self-esteem. Parents prefer the use of drugs, when they are unsuccessful at helping their child with homework and improving their academic grades. Teachers call stimulants the "be wise drug" because it changes these children to quiet students who can sustain attention. Behaviour therapies and parent discussion groups have also been employed in China as treatment modalities. The author suggests that a useful explanation of ADHD for Chinese parents is a vicious cycle of pressures that make the children's disruptive behaviours worse.

Weisz, J. R., McCarty, C. A., Eastman, K. L., Chaiyasit, W., & Suwanlert, S. (1997). Developmental psychopathology and culture: Ten lessons from Thailand. In S. S. Luthar, *Developmental psychopathology: Perspectives on adjustment, risk and disorder*. (pp. 568-592). New York: Cambridge University Press.

The authors of this chapter view the study of child psychopathology as the study of the behaviour of children and the lens through which adults view child behaviour. Both of these factors appear to be shaped by culture. This chapter focused on studies that have examined these two factors in Thailand and compared them to the U.S. population. In general, the findings indicate that there is a striking Thai-U.S. similarity in the general population prevalence of most problems and a cross-national similarity in the relation between gender and problem behaviour. The differences included more overcontrolled problems in Thai youth, more referrals for overcontrolled problems, and less indication that the problem is serious or worrisome by Thai adults. The chapter provides a thorough discussion regarding the findings and the impact of culture on the study of child psychopathology.

Weisz, J. R., Suwanlert, S., Chaiyasit, W., Weiss, B., Walter, B. R., & Anderson, W. W. (1988). Thai and American perspectives on over- and undercontrolled child behavior problems: Exploring the threshold model among parents, teachers, and psychologists. *Journal of Consulting and Clinical Psychology*, 56 (4), 601-609.

This study focused on cross-cultural similarities and differences by examining adults' views of child over- and undercontrolled behaviours. The article compared adults from Thailand and U.S, because it is believed that the social values and perspectives on childhood differ markedly between these two countries. Parents, teachers and psychologists made judgments about two children presented in vignettes. Thai parents and teachers were found to rate problems of overcontrol (shyness, fear) and undercontrol (aggression, disobedience) as less serious, less worrisome, less likely to reflect personality traits, and more likely to improve over time. Psychologists from the two cultures did not differ on seriousness ratings and they rated both types of problems as equally serious. Parents and teachers rated undercontrolled problems as more serious than overcontrolled problems. This suggests that professional culture may mitigate the effects of national culture. Overall, the findings indicate that cultural context can influence the eye of the beholder.

Willgerodt, M. A. (2003). Using focus groups to develop culturally relevant instruments. *Western Journal of Nursing Research*, 25 (7), 798-814.

The objective of the study was to illustrate the value of using focus groups for instrument development with immigrant populations. The use of focus groups enables the researcher to understand the immigrant group's unique perception and expression of specific phenomena. This study recruited Chinese immigrants to participate in six focus groups divided according to sex and age (adolescents, parents and grandparents). Description of steps required to plan focus groups, recruit participants, conduct the groups and analyze the

data are provided. In addition, strategies for conducting meaningful and successful focus groups with Chinese immigrants of different age groups are also outlined.

Williams, T. A. (2003). An investigation of the integrity of the ADHD Rating Scale-IV with children from diverse cultural backgrounds. *Dissertation Abstracts International: Section B: The Sciences and Engineering*, 64 (6-B), 2979.

The aim of this study was to examine the appropriateness of using the ADHD Rating Scale-IV for the assessment of ADHD with children from diverse ethnic backgrounds. Parents and teachers of school-age children completed both forms of the scale. Children were divided into five ethnic groups but due to small numbers, Native-American and Asian-American children were excluded from number of analyses. African-American children received higher ratings from their teachers on the hyperactivity subscale compared to other children. Caucasian parents indicated greater importance for their child to demonstrate control over behaviours related to ADHD. The overall findings support the use of the ADHD Rating Scale-IV with children from different ethnic groups.

Yang, K. N. & Schaller, J. (1997). Teachers' ratings of attention-deficit hyperactivity disorder and decisions for referral for services in Taiwan. *Journal of Child and Family Studies*, 6 (2), 249-261.

This study examined the relationship between elementary teachers' perceptions and ratings of ADHD symptoms of Chinese children and their referral decisions in public schools in Taiwan. The authors utilized Chinese translated versions of Conners' Abbreviated Teacher Rating Scale and ADHD Checklist. The results indicated that even though the teachers rated some children two standard deviations above the mean for behavioural problems, they decided not to refer them for services. Teachers thought that the students' problems were not severe enough to hinder their learning, social or other areas of development. Teachers were more likely to refer children whose scores were above three standard deviations of the mean. These findings suggest that culture may play a role in interpretation of deviance.

Yang, L., Wang, Y. F., Qian, Q. J., Biederman, J., & Faraone, S. V. (2004). DSM-IV subtypes of ADHD in Chinese outpatient sample. *Journal of the American Academy of Child and Adolescent Psychiatry*, 43 (3), 248-250.

The purpose of the study was to examine ADHD subtypes in Chinese children diagnosed with ADHD. The study identified 130 children with ADHD combined type (ADHD-C), 159 children with ADHD inattentive type (ADHD-I) and 19 children with ADHD hyperactive/impulsive type (ADHD-HI). Children diagnosed with ADHD-I were older and had an older age of onset. The frequencies of oppositional defiant disorder and conduct disorder were higher in children with ADHD-C. The frequency of learning disorders in children diagnosed with ADHD-I was higher than in children with the ADHD-C and ADHD-HI. The prevalence of parent-child relationship impairment and peer relationship impairment was highest among children with ADHD-C, intermediate among

children with ADHD-HI and lowest among children with ADHD-I. The results of the study support the use of DSM-IV types in the diagnosis of ADHD in China.

Yeh, M., Eastman, K., & Cheung, M. K. (1994). Children and adolescents in community health centers: Does the ethnicity or the language of the therapist matter? *Journal of Community Psychology*, 22, 153-163.

This article examines the benefit of therapist-child matches in ethnicity and language for Asian-, African-, Mexican-, and Caucasian-American children and adolescents ages 6-17. Ethnic match was found to be a significant predictor of service outcome for adolescents as a whole but not for children. Adolescents who were ethnically matched to their therapists were less likely to drop out of treatment, attended more sessions and had higher functioning scores as discharge than did those adolescents who were not matched. For the Asian adolescents, ethnic match remained a significant predictor for dropout and total number of sessions, whereas language match did not affect treatment regardless of primary language preference. The results of this study suggest that culturally responsive treatment may be important to implement when working with adolescents but not children.

Yeh, M., Hough, R. L., McCabe, K., Lau, A., & Garland, A. (2004). Parental beliefs about the causes of child problems: Exploring racial/ethnic patterns. *Journal of the American Academy of Child and Adolescents*, 43 (5), 605-612.

The aim of this study was to examine racial/ethnic differences related to parental beliefs about the causes of child mental health problems. Parents of 1 338 children were divided into 4 ethnic groups (African American, Asian/Pacific Islander American, Latino and non-Hispanic whites) and assessed on 11 etiological issues. In general, ethnic minority parents were less likely than non-Hispanic white parents to endorse biopsychosocial beliefs (physical causes, personality, relational issues, familial issues, trauma). Few racial/ethnic differences for sociological or spiritual/nature disharmony etiologies were found. These results can be useful in understanding utilization patterns of minority groups of services that are biopsychosocially oriented.

Yeh, M., Takeuchi, D. T., & Sue, S. (1994). Asian-American children treated in the mental health system: A comparison of parallel and mainstream outpatient service centres. *Journal of Clinical Child Psychology*, 23 (1), 5-12.

In this article the researchers compared the effectiveness of ethnic-specific and mainstream outpatient mental health centers in delivering services to Asian-American children. Centers were designated as ethnic-specific if they were established to specifically provide services to the Asian community. The study reported more ethnic matching between therapists and clients, less drop out, more utilization of services and higher functioning scores at discharge for the ethnic-specific services. These findings suggest that Asian-American children may benefit more by obtaining services from ethnic-specific mental health centers.

Yeung, A., Kung, W. W., Chung, H., Rubenstein, G., Roffi, P., Mischoulon, D., & Fava, M. (2004). Integrating psychiatry and primary care improves acceptability to mental health services among Chinese Americans. *General Hospital Psychiatry*, 26, 256-260.

The aim of this study was to replicate a previous study that attempted to bridge psychiatry and primary health care to improve referral to and acceptability of mental health services among Chinese Americans. Previous research has showed that Asian Americans have the lowest rates of utilization of mental health services and tend to use mental health providers as a last resort. The "Bridge Project" program provided training to primary care physicians regarding recognition and treatment of common mental disorders and cultural sensitivity relevant to mental health. The results indicated an increase in referrals to the mental health services and an increase in the patient acceptability of treatment as measured by attending an initial evaluation.

分心及過動症行為觀察量表

原作者鄧保羅醫生(George DuPaul)修定版

以下評估量表乃根據美國精神科斷症手冊第四版(DSM-IV)

亦承蒙美國精神科學會及鄧保羅醫生允許翻譯成中文

譯者：黃禮楠博士

ADHD BEHAVIOUR CHECKLIST (George DuPaul)

(with the permission of the American Psychiatric Association)

Translator: Christine O. Wong Ed.D.

被評估者姓名_____ 出生日期
(年)_____(月)_____(日)_____

Name of Person Being Rated _____ D. O. B. (yy) (mm) (dd)

性別_____ 班級_____
Gender _____ School Grade _____

出生國家及城市_____
Country & City of Birth _____
(如是鄉鎮、請填寫國家及縣名)_____

評估人姓名_____ 性別_____
Rater's name _____ Gender _____

與被評估者之關係_____ (例如：媽媽、監護人)
Rater's relationship with child _____ (e.g. mother, guidance)

評估者日期 (____年____月____日)
Date Completed (yy) (mm) (dd)

以下各題是形容一個孩子過去六個月內的行為表現。請在最適合的代號上圈上一個號碼。 Circle the number that best described your child's behaviour over the past six 6 months.

	全無/罕有 Never of Rarely 0	有時 Sometimes 1	頗常 Often 2	經常 Very Often 3
1. 做事馬虎。常因大意而出錯。 Fails to give close attention to details or makes careless mistakes in work.				

		全無/罕有 Never of Rarely 0	有時 Sometimes 1	頗常 Often 2	經常 Very Often 3
2.	煩躁不安 (例：玩筆、搖腳) Fidgets with hands or feet or squirms in seat.				
3.	對一般事情或活動不專心 (除了對某樣項目或 課題有特別濃厚興趣)。 Difficulty sustaining attention in tasks or fun activities.				
4.	不能安坐，無論在課室或其他須要安坐的 場所，總要起身走動才舒服。 Leaves seat in classroom or in other situations in which seating is expected.				
5.	不留心聆聽。 Doesn't listen when spoken to directly.				
6.	容易覺得沈悶或不耐煩。 Feels or acts restless or bored.				
7.	很難依從指示、或做事有頭無尾。 Doesn't follow through on instructions and fails to finish work.				
8.	難安靜玩耍或消閒。 Has difficulty engaging in leisure activities or doing fun things quietly.				
9.	無論是做功課或活動，都是無條理。 Had difficulty organizing tasks and activities.				
10.	精力充沛，很難停下來。 Feels "on the go" or "driven by a motor".				
11.	不喜歡要思考的工課(或)不喜歡用腦。 Avoids, dislikes, or is reluctant to engage in work that requires sustained mental effort.				

		全無/罕有 Never of Rarely 0	有時 Sometimes 1	頗常 Often 2	經常 Very Often 3
12.	常說過不停。 Talks excessively.				
13.	常忘記重要的東西。 Loses things necessary for tasks or activities.				
14.	未聽完問題便馬上作答。 Blurts out answers before questions have been completed.				
15.	容易分心。 Easily distracted.				
16.	沒有耐性輪候。 Has difficulty awaiting turn.				
17.	在日常生活上，常忘記事情或遺留東西。 Forgetful in daily activities.				
18.	插咀或打擾別人。 Interrupts or intrude on others.				

----- 完 -----
Ended

此量表承蒙衛斯理城市研究基金贊助。

The Wellesley Central Urban Grants Initiative supported the translation and typing of this ADHD Rating Scale.

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The Scarborough Hospital – Grace Division, Unite 3E8, 3030 Birchmount Road,
Scarborough, Ontario, M1W 3W3 or Email to: adhdclinic@tsh.to



The Provincial Centre of Excellence for Child and Youth Mental Health at CHEO
Le Centre d'excellence provincial au CHEO en santé mentale des enfants et des ados

Research Grant Application Form

Competition Date: Aug. 31, 2005		Proposed Start Date: Sept. 15, 2005	
Principal Applicant: Atilla Turgay, MD		Telephone: (416) 495-2563	
Mailing Address:		Cell: (416) 570-0406	
3030 Birchmount Rd.		Fax: (416) 495-2426	
Toronto, M4P1Y5			
E-Mail address: aturgay@tsh.to			
Project Title: Culturally Sensitive ADHD Assessment and Treatment			
Primary location where research will be conducted: The Scarborough Hospital, ADHD Clinic, Training and Research Institute; The Toronto Catholic District School Board; The University of Toronto			
Is this a multi-centre study? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Institution which will administer project funds (Institution paid): The Scarborough Hospital			
Period of support requested: (Maximum 2 Years) Years 10 Months			
Amount requested from the CoE in first full year: \$ 48400			
Total amount requested over period of the grant: \$ 48400			
Authorized Signature for Sponsoring Institutions/Agencies			
Institution/Agency: Scarborough Hospital, ADHD Clinic	Institution/Agency: Toronto Catholic District School Board	Institution/Agency: University of Toronto	
Print Name: Atilla Turgay	Print Name: Anthony Lee	Print Name:	
Title: Psychiatrist, Chief Medical Staff	Title: Social Worker	Title:	
Signature:	Signature:	Signature:	
Date:	Date:	Date:	

Signatures

The applicants are in the following order: Principal Applicant and Co-Applicants. (Co-Principal applicants are acceptable). Please add additional sheet for signatures if necessary.

Name Turgay	Given Names Atilla	Role Principal applicant	Signature
Institution Scarborough Hospital	Department Psychiatry	Faculty (if appropriate) ADHD Clinic	Date

Name Ng	Given Names David	Role Co-Applicant	Signature
Institution Scarborough Hospital	Department Psychiatry	Faculty (if appropriate)	Date

Name Schwartz	Given Names Michael	Role Psychologist-Cooapplicant	Signature
Institution Scarborough Hospital	Department Psychology/Mental	Faculty (if appropriate)	Date

Budget Sheet: Research Grant

Name of Principal Applicant:

*** Please attach a detailed budget justification***

Personnel Name	Position or Project	Full/Part Time	Full Time Rate Per Annum	Budget	
				2005-2006	2006-2007
Dawn Bajhan	Project Coordinator	PT	.5 position-rate of \$ 30/hr-Max. \$15000/annum	15000	0
Seema Aggarwal	Research Assistant	PT	5 position \$25/hr-\$6000 annum with an	6000	0
Line A Total for Personnel:				21000	0
<u>Consultant and Other Services:</u>					
Dr. Michael Schwartz for Psychological services-scoring measures				1800	0
				6500	0
Dr. Atilla Turgay/Dr. Ng for the provision of dissemination/consultation				5000	0
Website design/video design				2000	0
Dr. Christine Wong for the translation of quantitative measures. See attached Budget for other related expenses					
Line B Total for Consultants and Other Services:				11950	0
<u>Equipment:</u> List specific items on a separate sheet and how each will be used. (N.B. limit \$)					
Advertising Costs for Subject Recruitment and for Disseminatin				2000	0
SPSS license and USB mass storage device				400	0
see attached Budget for other related expenses				2000	0
Line C Total for Equipment:				2400	0
<u>Supplies and Material:</u> Please specify (use separate sheet, if required)					
Quantitative Measures (CSI and ADHD Rating Scale)				800	0
Photocopying and office supplies				500	0
Copies of video tapes and associated distribution				500	0
Line D Total for Supplies & Materials:				1800	0

Line E	Total for Publications and Reprints:	750	0
Other expenses: (e.g., local travel for data collection, transportation of subjects, computer costs, etc.) Please specify:			
Written Translation services		1650	0
Participant Honorariums		3450	0
Hospital Honorarium (10% of Research Grants received-44000		4840	0
Line F	Total for Other Expenses:	9940	0
Travel to Scientific Meetings: (Up to \$ 1000.00 per year maximum)		1000	0
Line G	Total Budget for Travel:	1000	0
TOTAL BUDGET (ADD LINES A TO G)		48400	0
Other Funding: Please list any grants, which you or your co-applicants are applying for, or currently hold. Include an abstract, budget, and a statement regarding the degree of over-lap with the current application. (Attach additional papers as required)			

CHEO GRANT Supporting Documentation Project Summary and Relevance

Attention Deficit Hyperactivity Disorder (ADHD) is recognized as one of the most frequently occurring mental health issues impacting the lives of children, adolescents and adults. ADHD most often presents at a young age in the form of learning and behavioural difficulties, negatively impacting school and family functioning. The social academic and behaviour difficulties associated with ADHD often contribute to high levels of stress for individuals, families, educational systems and children's mental health services. These stress factors may be significantly magnified by the presence of multicultural issues and second language barriers. Many Children's Mental Health providers and service user groups are identifying the need for ADHD assessment and treatment protocols to be inclusive of the growing cultural and language needs of our expanding multicultural and multilingual communities in Toronto and across Canada.

A preliminary research project conducted by The ADHD Clinic, Training and Research Institute in partnership with the Wellesley Urban Health Project has identified multicultural and second language issues as key barriers limiting the capacity of the Child and Youth mental Health systems to provide for needs of a culturally diverse community. This preliminary work also revealed that cultural issues significantly impact how services related to ADHD are perceived and approached by service user groups. The current project aims to explore how culture influences how ADHD is perceived, understood and responded to by community members. The scope of the current project will focus on working with the Chinese-Toronto community because this community is the largest identified minority group within Toronto and is highly under represented within Children's Mental Health programs. The current project will also devise a research template related to the effective community based research that will Children's Mental Health programs to explore the unique assessment and treatment needs of the various minority groups that form our communities.

The central objectives of the current research are to obtain a deeper understanding of how the multicultural issues influence the perception and understanding of ADHD and ADHD services within the Chinese speaking community. Integral to this goal, the current research will develop evidenced based assessment and treatment protocols that will enable service providers to implement culturally sensitive services to children and youth at risk for ADHD. In addition to developing assessment guidelines, this research project aims to develop culturally sensitive translations and cultural norms for 2 reliable mental health screening measures utilized in the assessment of ADHD; The ADHD Rating Scale IV (DuPaul) and The Child Symptom Inventory (CSI).

To best accomplish the above-mentioned objectives, a mixed methodology approach has been chosen. Qualitative methodologies including focus groups will be used to examine the Chinese speaking populations' understanding of ADHD, identifying potential service barriers and service gaps. Focus groups will also assist to develop a richer understanding of the response and reaction the community has towards common treatment practices utilized for ADHD within the Children's Mental Health system. Qualitative methodology would also help in developing assessment and treatment protocol that included accurate translations for the DuPaul and CSI. Quantitative methodologies will be used in conjunction with focus groups to develop normative guidelines that account for the unique needs of the Chinese community. Quantitative

analysis will control for parent educational status, socio-economic level and family composition, while comparing ADHD scores between the Chinese community, non-Chinese speaking control groups and with original normative data gathered during the development of the DuPaul and CSI.

Once the objectives are completed, the resulting deliverables will include accurately translated revisions of the DuPaul and CSI. A research template related to community-based research will be designed allowing for the implementation of best practices for ADHD services for multicultural, multilingual communities. The research results will lead to a dissemination of knowledge using a variety of methods to a vast local, national and international audience of academics, clinicians and community groups. Multi-media educational programming will be developed and disseminated to the Chinese-Canadian community to build the capacity of caregivers and community members to effectively support the needs of those at risk for ADHD.

Project Description

Literature Review

ADHD is defined as a neurodevelopmental disorder with possible underlying impairments in executive function. Current research has implicated biology in the etiology of ADHD but the environment is still recognized as an important factor influencing the demonstration of symptoms and progression of the disorder. In addition, environmental factors significantly influence how children diagnosed with ADHD are understood and treated by society (Gingerich, Turnock, Litfin, & Rosen, 1998). Culture may be one environmental factor that is linked to ADHD, although to date largely neglected in research. Research in the area of children's mental health indicates that cultural issues have a significant influence on how people seek formal and informal supports for social, emotional and psychological problems (Leong & Lau, 2001; Li & Browne, 2001). Research has also shown that culture plays an important role in how helping professionals, understand, assess, diagnose and treat psychological disorders. To date there has been limited research exploring the experiences of the Chinese speaking community and the interactions between cultural issues and ADHD.

Research studies that have explored the prevalence of ADHD in clinical samples have found that Asian-American communities are less likely to receive a diagnosis of ADHD than children from other minority groups (Huang, Ying & Arganza, 2003; Nguyen et al., 2004). Studies examining hyperactivity in this population have also found lower ratings of hyperactivity as indicated by teachers for these children (Serafica, 1997). However research conducted in Hong Kong reported hyperactivity rates and ADHD rates in the range of 1.3 to 13.6%, which is consistent with North American prevalence rates (Salili, & Hoosain, 1985; Tao, 1992). North American based research exploring Asian immigrant populations, have also noted that Asian communities underutilize mainstream mental health services, relative to other immigrant populations and second generation North Americans (Leong & Lau, 2001; Lung & Sue, 1997). However, low demand for treatment does not necessarily indicate low service need. Asian Americans and Asian Canadians have been reported to experience as many mental health problems as their Caucasian comparison groups (Leong & Lau, 2001; Li & Browne, 2000).

Help-seeking behaviours related to mental health have been studied extensively in the Chinese American and Chinese Canadian adult populations (Kung, 2004; Leong & Lau, 2001; Li & Browne, 2000). Numerous barriers have been identified that impede Chinese

Americans from accessing mental health services. Utilizing factor analysis, Kung (2004) identified two key service barriers: cultural issues and practical impediments. Cultural issues presenting obstacles to service access included the perceived credibility of the mental health service, the perceived personal need for service and the pervasive need to save face within the community. Practical barriers to accessing mental health services were associated with the population's socio-economic statuses following immigration. Specifically, Kung identified that the community viewed knowledge of community services, language barriers and treatment costs to be the key barriers preventing service access.

The relevance of understanding the barriers experienced by adults is paramount considering that parents are the primary means by which children accessing both informal and formal supports for learning, emotional, psychological and behavioural problems. Parents are also the primary conduit through which children and adolescents within the Chinese speaking access community supports and helping professionals (Lung & Sue, 1997). Additional barriers, specific to child populations have also been suggested in the literature. These cultural barriers are also implicated in how parents and caregivers within the Chinese speaking community perceive childhood mental health issues.

Studies also suggest that Asian cultures may have a higher threshold of tolerance for child behaviour problems than Western cultures (Weisz, McCarty, Eastman, Chaiyasit, & Suwanlert, 1997; Yang, & Schaller, 1997). These differences in defining mental health and illness might lead to different rates of reporting of childhood emotional, social, behavioural issues (Lau & Takeuchi, 2001). Chinese American parents may seek professional help less often for their child because they perceive the child's issues as less problematic relative to Western European parents. Conversely, Asian populations were found to have a lower tolerance for academic or school based problems (Tao, 1992). Chinese American parents were found to have higher expectations for their children's academic grades and were less satisfied with achieved grades compared to European American populations (Lung & Sue, 1997). This is crucial when exploring how the Chinese community approaches the difficulties associated with ADHD, which are known to significantly impede academic success.

Another barrier that may deter parents from seeking treatment is related to cultural values about child-rearing. Lieh-Mak, Lee, and Suk (1984) have argued that many tenets of behavioural therapy for children are inconsistent with Chinese values regarding child-rearing. The technique of ignoring aversive behaviours and open praise of desirable behaviours are suggested to be incompatible with Chinese cultural values that place emphasis on the parents' responsibility to imbibe high moral standards to their children, with emphasis on humility for one's accomplishments. The cultural barrier associated with shame may be even more pronounced among parents who attribute the child's problems to be directly related to child-rearing practices. Cultural issues may also preclude parents from readily accepting mental health diagnoses that implicate genetic inheritance as the causal factors associated with their child's psychological, emotional or learning based childhood difficulties (Lau and Takeuchi, 2001). Lau and Takeuchi found that parents who possessed more traditional Chinese values responded with elevated levels of shame related to their child's behaviour problems, resulting in lower intentions to seek professional assistance.

Literature in the field of children's mental identifies culture and language issues as central factors that influence the assessment, diagnosis and treatment of ADHD (Reid, 1995). Critical review of the North American mental health systems reveals that Categorical classifications systems for mental health, such as the Diagnostic and Statistical Manual of Mental Health Disorders (DSM), may be biased towards Caucasian populations and the Western worldview of medicine. Critics of suggest that the these inherent biases and the near exclusion of multicultural issues may lead to pervasive and perpetual friction points between multicultural communities and the mental health system. Of specific concern, is the likely presence of cultural issues during the identification and assessment process for a child displaying learning and/or behavioural issues thought to be associated with the presence of ADHD. The identification and referral process for these children may be marred by cultural issues that influence how a parent, teacher or community member defines abnormal or pathological learning, social, emotional or behavioural patterns (Lung & Sue, 1997).

Reid (1995) reviewed studies that have utilized behaviour rating scales to assess culturally different groups. Behaviour rating scales are commonly used in the assessment process of ADHD because of their ease of use and the richness of information about the child's functioning across different settings. Ried criticises the use of such rating scales on populations for which they have not been normed. Without these cultural norms these assessment instruments may not provide a valid marker of the child's relative functioning and thus may contribute to an invalid assessment. To establish cross-cultural validity for use with multi-ethnic, multi-lingual groups four types of equivalences must be considered: linguistic, conceptual, scale and normative. Reid (1995) has identified six studies that examined linguistic and conceptual equivalence for the Conners' Teacher Rating Scale (CTRS) in five different cultural groups, including Chinese populations residing in Hong Kong. This data suggests that there exists at least some degree of cross-cultural congruence for the construct of ADHD, as measured by the CTRS. To determine scale and normative equivalence, Reid examined normative samples of studies utilizing the Conners'. Findings from this study suggest the presence of cross-cultural differences across raters and an over-identification of ADHD within populations whose culture was not accounted for. In addition, Reid reported an inadequate representation of culturally different individuals in the normative samples of many of the available scales designed to measure both general mental health and ADHD within childhood populations. Ried's work clearly indicates the need for more research in the area of culturally sensitive assessment. This body of research also suggests that the educational and mental health system should exercise caution when utilizing assessment measures and protocols that have not as of yet been normed for use with culturally diverse populations.

The ADHD Rating Scale-IV (DuPaul, Power, Anastopoulos, & Reid, 1998) was created to reflect DSM-IV criteria and to enable clinicians to quickly determine the frequency of ADHD symptoms. Along with an English version, the authors have also designed a version of the measure for use within Spanish cultures and for Spanish speaking community members. To date the existence of a Chinese version of this assessment scale has not been found within the literature. Throughout the norming of the ADHD Rating Scale-IV, the designers endeavoured to incorporate a diverse sample representative of the North American Population. The actual racial distribution for the normative sample of the ADHD Rating Scale-IV did approximate the U.S. Census data distributions for ethnic groups. Specifically, Asian-Americans comprised 5.0% of the sample for the Home Version and 1.7% of the sample for the School Version. Although the normative sample was racially representative, such small number of Asian-Americans

may not have sufficiently influenced the design of the assessment tool. Despite the inclusion of the Asian-American sub-group, their needs are not viewed as a distinct group with distinct assessment needs. Simply stated the Asian-American group would be assessed through the same protocol as the main Caucasian group. To determine whether this scale is valid for this culturally different group, studies would need to compare means and prevalence rates to the main and other groups. Unfortunately, all studies examining the cross-cultural validity of this scale have focus on the African American and Latino groups (Goldstein, 2001; Reid et al., 1998; Reid et al., 2000). Of the two studies, which did include Asian Americans as a subgroup, research limitations prevented the exploration of the effects of Asian ethnicity on the presence of ADHD (DuPaul et al., 1998; Williams, 2003). These studies are of interest due to their finding that when analysed, African American children were found to experience significantly higher rates of ADHD related behaviours when compared with other ethnic groups. These findings suggest the need for the exploration of the implications of Asian cultures in the identification, assessment and treatment of ADHD.

This literature review suggests that many barriers exist that may prevent Chinese speaking children from being accurately identified as having ADHD. Due to potential cultural and language barriers, parents and community members may be of the need to seek mental health professionals. These same cultural issues may also prevent parents and community members from seeking assistance should they suspect the presence of a child at risk for ADHD. Helping professionals, including educators, physicians and mental health professionals may also be unaware of cultural and language issues specific to the Chinese community, which may in turn impede the child receiving effective and efficient supports for ADHD. In addition, the lack of validated instruments for this population and inadequate knowledge of the behavioural norms exhibited within the Chinese culture may further restrict accurate assessment process. No studies have specifically examined the help-seeking patterns of Chinese speaking parents concerning childhood behaviours associated with ADHD. This suggests that there is a need to explore how North American mental health services and education systems approach Asian communities to provide education, assessment and treatment services related to children's mental health issues, such as ADHD.

Research Plan

The focus of the current project is to develop evidence based assessment and treatment protocol that is sensitive to multicultural influences and English as a second language issues. We intend to expand on preliminary research conducted by The ADHD Clinic, Training and Research Institute of The Scarborough Hospital. This project developed strategic partnerships between leading academic researchers in the field of ADHD, Educational Systems, Community Programs and the Chinese-Toronto Community. Our project will focus on the needs of the Chinese-Toronto community because this community represents the largest identified minority in the Greater Toronto Area and has been identified as an at risk population, due to the significant under representation of this community within Children's Mental Health programs. The current project will also serve as a model for best practices in the area of Children's Mental Health, by functioning as a template for Hospital lead community based research in the area of multiculturalism and Mental Health.

Our project aims to build the capacity of physicians, mental health professionals, educators and community members related to the best practices for ADHD and a multicultural community.

Research Design

A mixed methodology design using quantitative and qualitative analyses will be utilized to explore the question proposed under the current research project.

Participants will be recruited from a Chinese language, Parent Education Workshop on ADHD. This workshop will be provided in a community based setting by Staff from the ADHD Clinic. From this workshop, participants (approximately 100) will be contacted and recruited to complete pre-tests [the ADHD Rating Scale-IV (DuPaul) and the Child Symptom Inventory (CSI)] that have been translated into Chinese. These screening questionnaires will provide base line indicator of the relative levels of ADHD symptom severity according to the scores on the DuPaul and CSI. From these scores parents will be assigned to 1 or 3 groups: High risk for ADHD(High), Medium risk for ADHD (Medium) or Low Risk for ADHD (Low).

Forty participants will be randomly recruited from these 3 sample groups to participate in one of three ADHD parent support groups. Participants will be randomly assigned to each of the 3 groups with each support group having balanced representation for High, Medium and Low risk levels. These 6 week groups will function both as supportive forum for parent education and as a focus group for qualitative data gathering. All support groups will be videotaped and analyzed for themes. A post-treatment quantitative analysis will also be conducted with all support group members, following the group and at 6 months, utilizing the DuPaul and CSI.

The quantitative baseline data, and post-treatment measures for the Chinese-Toronto Community will be compared with control populations of services users accessing parallel programming offered through The ADHD Clinic, Training and Research Institute. This control group will be comprised of those service users identifying themselves Caucasian, without ESL issues.

A quantitative instrument such as DuPaul's ADHD Behaviour Checklist asks standardized questions that limit responses to predetermined categories. This has the advantage of making it possible to measure the reactions of many respondents to a limited set of questions, thus, in this case, facilitating comparisons between Chinese and non-Chinese participants on how they perceive ADHD. These comparisons can lead to and facilitate to the renorming of the DuPaul. Qualitative inquiries on the other hand, permit inquiry into selected issues such as barriers to access, the understanding of ADHD, assessment, and treatment concerns in great depth.

Quantitative

To determine the size of the sample we have utilizing Cohen's Guidelines of Effect size and power curves. Based on a confidence level of 95% and a confidence interval of 10, we will require a sample size of 96 subjects.

Qualitative

A sample of forty participants is thought to effectively balance maximum variation in data and saturation of themes emerging from group participants. The issue of depth and breath must be considered in qualitative purposeful sampling. Breath in sampling comes when focus groups are run with a large number of people or a large number of groups and are especially helpful in exploring a phenomenon and trying to document diversity. On the other hand, obtaining in-depth information from a small number of people can be very valuable, especially if the cases are information rich. This research will determine the balance between depth and breath with the aims of having the data representative to the general Chinese speaking population.

Inclusion Criteria

Parents who:

- Parents accessing programming provided by the ADHD Clinic of The Scarborough Hospital
- Self-identified Chinese ethnic background
- Parents who believe their children are at risk for ADHD
- Parents of children previously diagnosed with ADHD
- Are parents of school-aged children

Exclusion Criteria

Parents who:

- Are of a non-Chinese ethnic background
- Do not have children diagnosed with ADHD
- Have children not in school

Recruitment and Feasibility

Parents will be invited to attend the community based Education Workshop by:

- Advertising throughout the Scarborough Grace Hospital
- Direct invitations to previous Chinese speaking service users at The ADHD Clinic, Training and Research Institute
- Distribution of parent and teacher focused invitations to the Toronto Catholic District School Board (TCDSB), Toronto District School Board (TDSB) and the York Region District School Board (YRDSB)
- Distribution of workshop invitations to community agencies known to provide Children's Mental Health Services and services to the Chinese speaking community
- Distribution to community Churches, Public Libraries, Family Medical Clinics and Physician groups known to service the Chinese speaking community
- Advertising with Toronto based Chinese language newspapers and radio.

The feasibility of recruiting participants through the channels mentioned above is high. The methods of recruitment are cost-effective and at the same time, have the ability of reaching a broad audience that fit the sampling requirements of this project. Based on past experiences with workshops and focus groups run through the Scarborough Grace

Hospital, the majority of time and funds spent on recruitment are focused on the translation of invitations and overcoming the language barriers. Communication barriers are overcome by finding Chinese speaking volunteers to call the potential Chinese speaking participants. This broad approach to recruitment ensures that a large range of members in the community are aware of the focus groups and surveys and have the opportunity of voicing their concerns and opinions.

Plan of Analysis

For analyzing qualitative data, this research will categorize the data received by participants in major themes. The questions will include the following topics and therefore these are the central themes that will emerge from the data:

- the participants' understanding of ADHD
- the barriers to accessing mental health services
- the ADHD services participants are willing to access
- the participants' opinions, concerns, and knowledge with regard to the treatments offered for ADHD
- if need be, where would the participants go to gain more knowledge about ADHD
- how they feel their relationship and their child's relationship could be nurtured with a mental health practitioner

For analyzing quantitative survey data, the research will use SPSS to measure the differences in how each group rates the severity of each ADHD behaviour on the DuPaul checklist.

Project Outcomes: Deliverables & Knowledge Dissemination

The workshop(s) offered by the Scarborough Grace Hospital, ADHD Clinic will be videotaped and used by academics, clinicians and caregivers. The videotape that will have information in both Chinese and English will be given to local libraries, services, and parents in need of more information on ADHD. Secondly, hospitals that do not have the ADHD-related in-house resources available to their Chinese speaking clients will benefit from the video inasmuch as they can now provide the ADHD knowledge that was previously lacking.

Based on the research objectives, the primary deliverable is DuPaul that, through this research, will be normed to be a culturally sensitive screener measure. This new screener measure will be part of a larger template that will include culturally sensitive information regarding best practices for recruiting, assessing, and treating ADHD. The DuPaul along with the qualitative data will allow medical practitioners to understand ADHD from the Chinese speaking perspective. For example, from the DuPaul, practitioners will be able to compare males and female participants test scores on a particular behaviour and then, most importantly, understand these differences based on the qualitative data the Chinese speaking parents have attributed the behaviour to.

Publishing, workshops, and a website, are examples of not only concrete deliverables but also strategies for disseminating the knowledge gained from this research. The research process, results and template will also be used to publish articles on the use of the new DuPaul in aims of getting a more accurate understanding of Chinese speaking children being diagnosed with ADHD. This research, specifically the focus groups, will highlight the areas in which there is a need for more knowledge and

consciousness-raising. Consequently, The Scarborough Grace Hospital will, in turn, use this information and continue providing ADHD-related workshops to its Chinese speaking community members, service providers, and fellow practitioners. A website, linked to the Scarborough Grace Hospital, ADHD Clinic's webpage will be created for service providers and community members to acquire a better understanding of ADHD and its related issues. The website will include the workshops' PowerPoint presentations slides along with an audio feed of the Chinese and English speaking presenters. The website will also have links to a reference list of ADHD resources, including literature, videos, and websites along with a list of local ADHD Chinese and non-Chinese services.

The current project will engage both local and national forums for project dissemination and knowledge transfer related to researchers and direct care practitioners working in the area of ADHD. Research findings will be disseminated through the newly founded Canadian Attention Deficit Resource Alliance (CAADRA) enabling sharing with both academics, clinicians and community members interested in ADHD. The objectives of CAADRA is to stimulate research at local and national levels; develop guidelines for best practices; facilitate effective knowledge transfer between researchers, academics and clinicians; and enhance the capacity of the community to support the needs of children, youth and adults impacted by ADHD. Dr. Turgay (Scarborough Hospital-University of Toronto) currently functions as director of training and is a founding member of CAADRA, along with Dr. Weiss (University of British Columbia), Dr. Hetchman (McGill University).

Ethical considerations

Potential ethical considerations may arise through the obtainment of informed consent. Standard practices will be implemented to provide informed consent to allow for the inclusion of clients into the research. Clients recruited from within the hospital sample will be provided with both written and verbal descriptions of the scope of the research project. Clients will be informed that access to services both at the ADHD Clinic, and The Scarborough Hospital are not contingent on the participation in the current research study. Due to the likelihood of English as a second language issues (ESL) arising within the potential research sample, informed consent will be obtained through the client's first language.

Similar processes of securing informed consent will be implemented for research subjects recruited from a community sample. Potential subjects will be assured that services offered through research partners, such as The Toronto Catholic District School Board, will not be influenced by the individuals research status. Anonymity within the community sample will also be assured.

Protocol will be implemented to ensure that confidentiality between focus group members is contracted, to ensure that privacy is maintained. Preliminary projects with the Chinese-Toronto community revealed that privacy was a paramount issues within the Chinese-Toronto community because of the close ties between community members and the high level of stigma associated with mental health issues. Thus, focus group members will be asked to agree to privacy measures at the outset of inclusion, specifically contracting to maintain a commitment to privacy for the identity of co-participants. Focus group members will also be assured that any information gleamed from group conversations will be amalgamated into general themes that will not identify any one person and that no identifying information will be used.

Releases for consent to audio and/or video tape, used to gather qualitative data, will also be secured from all focus group members, prior to their implementation of recording. Assurances will be provided that all video/audio tapes will be stored appropriately to protect confidentiality and destroyed at the conclusion of the project.

This project will be submitted to the Scarborough Hospital Ethics Review Board. The parameters of this project will allow for an expedited review process. Implementation of the current project is pending the approval of the review committee.

Timelines

September -November

- community partnership planning meetings (school boards, family physicians/paediatricians)
- subject recruitment for qualitative
- survey design
- translation

November-January

- focus groups conducted
- subject recruitment for quantitative

January-April

- analysis of quantitative and qualitative
- Initiation of dissemination
 - design of website to begin

April--June

- Dissemination
 - National presentations through the forum created by the Canadian Attention Deficit Resource Alliance (CAADRA)
 - Academic Journal submissions and/or poster presentations will be made to the Canadian Psychological Association, Canadian Psychiatric Association, American Psychiatric Association and the American Academy of Child & Adolescent Psychiatry Implementation of Website—website launching party
 - Workshop for Academics and community—sponsoring of ADHD Conference to be presented by the ADHD Clinic, CAADRA, Toronto Sick Children's Hospital, The University of Toronto and The Children's Hospital of Eastern Ontario

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