The Connection Between Socioeconomics, School Program Involvement and Family Profile of 5th Grade Students That Have Been Diagnosed With Attention Deficit Hyperactivity Disorder

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ABSTRACT

This study predicted that there would be a relationship between the following variables: Socioeconomic Status (SES), parental support, family stressors, and program involvement of 5th grader students diagnosed with ADHD. A short survey was given to two school counselors based on the students they worked with that were diagnosed with ADHD. The questions dealt with: number of activities the student was involved in, in-and-out of school; parents’ status; income level; parental support; and family stress. The data was analyzed utilizing SPSS to find correlations between data. Results indicated that there was a significant correlation between parental involvement and income between ADHD and socioeconomic status having to do with the variables as family involvement level and number of student-involved activities. The hypotheses that there may be a connection between ADHD and socioeconomic status having to do with such variables as family involvement and stress are highlighted in past literature but were not strongly supported in this study.

Introduction

The purpose of this study was to highlight a potential relationship between low socioeconomic status (SES) and family stressors that may interfere with needed responses to a child with Attention Deficit Hyperactivity Disorder (ADHD). The concern was that children with ADHD need intensive interventions at home and school in order to gain self-control and succeed in their future development. The literature shows that children with ADHD who are of lower SES are likely to have more serious problems later in life, such as conduct disorders, and in extreme cases, criminal behavior, than those of higher SES (Barkley 1990, 1998). “Attention Deficit/hyperactivity disorder (ADHD) is one of the most frequently encountered types of behavior disorder in child psychiatry, and is often associated with conditions such as conduct disorder and
oppositional disorder, with major depression and specific learning disorders” (Cadoret & Stewart, 91 p. 73).

One possible reason for this increased risk may be due to stressors that interfere with the family, and the child specifically, getting the treatment needed (Trites, 1979). The desired outcome of this study is that communities become aware of this relationship and support the development of more programs that support treatment interventions for low socioeconomic students and their parents. A limited review of the literature regarding socioeconomic status, family stressors, and ADHD was conducted. A pilot survey was developed and administered to gather preliminary information that might support or refute the hypothesized relationship. The author hypothesizes that there will be a significant relationship between the following:

1. Between the number of interfering activities and status of the parent.
2. Between the number of interfering activities and number of family stressors.
3. Between the number of interfering activities and degree of parental support.
4. Between family income level and degree of parental support.

**Literature Review**

Forty-seven articles and books were reviewed to survey the existing theories and research data. Twenty of these articles were selected to be mentioned in this Literature Review because of their direct relevance to the hypothesis. The material below is discussed chronologically after a brief historical overview and clarification of terminology.

**Historical**

An understanding of Attention Deficit Disorder has evolved throughout the last 40 years. A fair amount of literature has been written on ADHD but not a lot has focused on SES and family stressors. As the research grew over the last 40 years, it has resulted in changes in terminology, interventions and prognosis, and our understanding of ADHD. Consequently, Attention Deficit Hyperactivity Disorder has been defined many ways. Previously it was known as Minimal Brain Disorder (MBD), “Hyperkinetic Syndrome”, and in 1980 renamed Attention-Deficit Disorder (ADD) With and Without Hyperactivity with the publication of the DSM-III (American Psychiatric Association, 1980).
Over the decade of 1980, with further research and diagnostic refinement, ADD and ADHD became seen as two different conditions. “This decade closed with the professional view of ADHD being that it was a developmentally handicapping condition generally chronic in nature, having a strong biological or hereditary predisposition, and having a significant negative impact on academic and social outcomes for many ADHD children” (Barkley, 1998 p. 34). Throughout these changes, there was a great deal of evidence that not only was ADHD heritable but also that familial/environmental factors played major roles in the outcome of these ADHD cases. “Developments in treatment would expand the focus of interventions to parental disturbances and family dysfunction as well as to the children’s anger control and social skills” (Barkley, 1998 p. 34).

The complexity of ADHD has become increasingly apparent, but while there are many articles and books dealing with ADHD, not many have made a connection with SES and family stress variables. Personal communication was made via email to Russell Barkley to find out where to gather more information on the relationship between SES and ADHD (See Appendix C).

Definitions

Because of the changes over the last 40 years, the term ADHD needs to be clarified so that there is a common understanding of what it means. Russell A. Barkley, an expert on ADHD, defines the disorder as children with significant problems with attention, impulsiveness, and overactivity. Attention Deficit Hyperactivity Disorder (ADHD) is a chronic, debilitating disorder affecting approximately 5% of the United States elementary school-aged children. There is also general agreement that the majority of children with ADHD also display low self-esteem, mood swings, low frustration tolerance, temper outbursts, and poor academic skills (1990).

Overview of Literature

Given the above historical and definitional developments in this field, the first article to be reviewed that brings relevant research information to the topic is by Ronald L. Trites in his 1979 book entitled, Hyperactivity In Children: Etiology, Measurement, and Treatment Implications. Trites was one of the first to take a deeper look at ADHD. His research was a starting point for many researchers that followed in his footsteps. His findings showed that there was a need for further study of ADHD and its possible connection to socioeconomic status. From his research, he concluded that parenting style and/or socioeconomic status
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(SES) were directly connected to the treatment of a child diagnosed with ADHD. He cited previous research that also suggested that the educational level of parents predict outcomes in behavioral parenting programs. Behavioral parenting programs are the primary treatment modality for assisting families with an ADHD child. However, these programs require regular attendance, follow up, and careful, consistent implementation (Barkley, 1998).

Trites believed a large proportion of hyperactive children came from lower socioeconomic groups and that this had to be considered when thinking about the treatment of these hyperactive children and their families (Trites, 1979). Because of Trites’ work, a progression of studies brought SES into focus.

Whalen and Henker (1980) followed Trites, looking at the link between SES and ADHD. They looked at the possible dimensions: socioeconomic status (SES), educational stimulation, and emotional support. Whalen and Henker looked at SES by rating the family housing, occupation of parent, income level, and the steadiness of employment. They also examined the parents’ educational levels, the learning materials that were available, and the general intellectual opportunities provided in the home. Parents were interviewed to gauge the amount of emotional support the ADHD child was receiving. The outcome of their study stated that SES, while important, is not the only factor, but parental support and parenting styles also play a large role in the treatment of ADHD students. They also looked further at the SES of families and found that family housing, parental occupation, income, and steadiness of employment all have roles in the parents ability to give adequate parental support. “There is additional support for the relationship between socioeconomic status (SES) and the diagnosis and treatment of hyperkinesis from an extensive collection of theoretical and empirical papers in the medical literature” (Whalen & Henker, 1980 p.184). Building on previous research, Stevens (1981) refers to a national consciousness developing, the era of social enlightenment, which brings the issue of SES to light. Stevens did a study using 24 parents, 24 school psychologists, and 27 elementary teachers, asking them questions to identify their perceptions of which children they would label as hyperkinetic (i.e., ADHD). The results of her study indicated that in all three groups, lower socioeconomic status children and ethnic minority children were rated as more hyperkinetic than were middle socioeconomic status or Caucasian- Americans. However, psychologists were even more influenced by SES: “The school psychologists were influenced by socioeconomic status, consistently attributing more hyperkinetic behavior to the lower-class children” (Stevens, 1981).

As research on socioeconomic status and ADHD progressed, variables such as lower SES suggested a possible link between children
with ADHD and the development of conduct disorder problems. Longitudinal studies have been done showing a greater occurrence of conduct problems when low socioeconomic ADHD students do not get proper treatment (Taylor, 1986). In 1981, Schachar reanalyzed the Isle of Wight survey and found that ADHD children who had a poorer performance on a psychometric test, tended to come from a lower socioeconomic background, and had a worse educational outcome (Taylor, 1996).

Lambert (1981) also contributed a 10-year longitudinal study on the outcomes of adolescents with ADHD and helped establish a relationship between ADHD and socioeconomic status. Subjects in this study were classified as hyperactive based on the perceptions of parents and teachers. The outcome of this study showed that students with ADHD and low socioeconomic status frequently had more difficulty adjusting to life situations. Many of the subjects had to go to special schooling or did not graduate. Substance abuse and conduct issues were more apparent for these ADHD cases because of lack of treatment.

An important addition to the literature was a study by Dr. Lilly Hechtman (1991) who stated that because of economic status, resources (educational, health care) that were available for higher income ADHD students were not accessible to those of lower SES. In Hechtman’s longitudinal study involving adult outcomes for those diagnosed with ADHD as children, she found that adults had a greater risk of becoming social outcasts. She found that family composition and structure had a lot to do with the outcomes; if a family was not cohesive and had a number of stressors, the ADHD child was likely not to get the family support needed for changing behavior. Hechtman also looked at the family emotional-psychological factors. “Many authors have stressed the importance of a warm, affectionate, cohesive, supportive family in influencing a positive outcome of children” (p. 418).

Odom (1996) looked specifically at educational interventions for mothers of ADHD boys and noted the influence of SES. “Higher social status gives children physical, social, and educational advantages, as well as access to a variety of services (medical and educational) that are perhaps not readily available to others” (p.418). She also found that family functioning plays a large role in the ADHD child because they need a lot of support. Odom explains how interactions between parents and children with ADHD have been shown to be more negative and stressful than when ADHD is not present. She elaborated that if parents lack knowledge about the child’s ADHD, the parents will not provide the child the kind of special support he or she needs. This may lead to inappropriate parent-child interactions. According to Odom, households that have a structured environment have been shown to have a better long-term outcome then
those who come from a family with little rules or boundaries (Odom, 1996).

Barkley has done extensive research involving ADHD and has tied together the relationship between SES and ADHD. Several of his publications (1991, 1992, 1997, 1998) state that children of lower SES are more likely to have ADHD. One main reason given is that women in lower SES groups have more barriers to proper prenatal care and have more birth complications. These, in turn, create a greater possibility for ADHD. He also stated that a stressed family life due to such things as family instability, insufficient funds, divorce, and parental psychiatric difficulties may intensify ADHD symptoms. He also discussed how, due to SES, children may fall into “social drift” i.e., cannot attain the same education as those non-affected and therefore remain at a disadvantage. “The SES of the family and the general level of intelligence of the child are positively related to outcome, especially to academic outcome, eventual educational attainment, and level of employment. Family SES is also related to the severity of ADHD symptoms at outcome, with children from lower SES levels having significantly higher degrees of ADHD” (Barkley, 1998 p.66).

In line with previous long-term studies, Barkley built the research support for a relationship between ADHD and SES by looking into the long-term outcomes of children with ADHD. He found that there was a greater chance for a poorer outcome for a lower socioeconomic ADHD student due to low level of education, i.e., social drift and potential perpetuation of the problems. “The parents’ levels of education, their type of employment, the income this provides to the family, and its stability, among other socioeconomic factors, dictate the resources that are likely to be available for dealing with the health, developmental, educational and behavioral problems often seen in ADHD children” (Barkley, 1998 p. 217).

Gingerich, Turnock, Litfin, and Rosen (1998) state that there is evidence that there are other factors besides SES alone that affect ADHD. “Ethnic minority status and lower SES commonly interact to produce a climate of stress upon families and individuals” (p. 421). They also pointed out that lower SES also relates to lower level of utilization of mental health services, poorer treatment compliance, lower incidence of prenatal care and a higher possibility of substance abuse.

While this is a limited review of the literature it highlights a growing awareness of how socioeconomic factors may influence family and child development and how increased stress may interfere with treatment for families and children with ADHD. The current study was done to see if this relationship was apparent in a specific school and to increase the community awareness so that support may be developed to aid low socioeconomic students and their parents.
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Method

Participants

Data was collected in a northwestern Wisconsin school district. This small city is in an economically depressed region. Enrollment in special education is within normal percentages for the state. The demographics of the area are in Appendix B.

The current study focused on fifth grade students in the district that have been diagnosed with ADHD. Fifth grade students were chosen because by that age (approximately eleven years) only students whose ADHD behavior significantly interfered with their education and where other interventions have not worked, receive special educational supports. The actual participants were two elementary school counselors who worked with students in special education in the district.

Procedure

A survey was developed to elicit data that might be relevant to the detection of the relationship among variables. The survey originally was made up of 15 questions. These questions all pertained to the student by way of life stresses, program involvement, and family socioeconomic status. The process of formulating these questions was based on the expressed concerns of school psychologists, counselors, and other school professionals, as well as those of some local community members. The original survey questions were then brought to academic social scientists, researchers, and public school educators. They were asked to review the questionnaire for clarity, validity, and potential ethical concerns of each question in the survey. There was also a section for reviewers’ comments or questions (See Appendix A for survey forms and reviewers’ form).

After five of six review questionnaires were returned, changes were made to the survey to better meet the standards for studying the responses. The survey was then given to the UW-Superior Institutional Review Board (IRB) to ensure that the study met ethical guidelines for studies utilizing human subjects. Further modifications were made, and after IRB approval, the study was given to two school counselors in the school district. The counselors filled out the questionnaires based upon their knowledge of the student, student’s family, and the socioeconomic background of the student’s family. No names or identifying information were given about the student or the student’s family. All information given was strictly on a no name confidential basis and was destroyed following data entry. After receiving the surveys back from the counselors the data was analyzed. The
questions were numbered and given codes to be used in the SPSS statistical program. Question numbers 6 and 9 were scored in reverse.

While family interviews or parental or teacher questionnaires would have been preferable to the school counselor surveys, time limits were a major restraint. These limitations will be discussed later.

Results

Pearson product correlations were used to look for significant correlations among all variables. Multiple correlations were performed with levels of significance at 0.05 or less (see Table A).

There was a significant correlation \((p < 0.009)\) between the number of activities that interfere with the student’s participation in school as well as out of school activities and the number of the child’s family stressors at home: the greater the family stress the fewer activities a student was involved with in and out of school.

Significant correlations were also shown between how many activities interfere with the student's participation and the degree of parental support for the designated child \((p < 0.020)\). The more supportive a parent was seen as being, the more the student participated in activities.

The relationship between student’s family income level and the degree of parental support for the designated child was also significant at \(p < 0.45\); as family income level rose, so did the support for student participation.

A significant correlation was also found between the status of the parent that the child resides with and the number of activities that may interfere with the student’s participation in and out of school activities \((p < 0.046)\). This would suggest that more intact and stable families found it easier to have students participate in activities.

Three other areas of correlation merit mention. While the study was not looking for these relationships this outcome should be positively noted.

The number of in-school academic resources did not differ significantly across key variables of income status or stress. Nor did the number of in and out of school extra curricular activities relate significantly by income, status, or stress levels.

As expected, counselor reports of the number of home stressors and perceived levels of stress at home correlated significantly \((p < 0.016)\).

An Analysis of Variance (ANOVA) was also run to determine the relationship between variables using family income as the dependent variable. This was used to compare the student’s family income with the remaining variables (see Table B). It showed a significant relationship among income, number of activities and parental support. This implies that
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Table A – Correlations

<table>
<thead>
<tr>
<th>Question</th>
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<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Q5</th>
<th>Q6</th>
<th>Q7</th>
<th>Q8</th>
<th>Q9</th>
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<td>Sig. (2-tailed)</td>
<td>.250</td>
<td>.244</td>
<td>.541</td>
<td>.464*</td>
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<td>.529</td>
<td>.683</td>
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<td>.723</td>
<td>.481</td>
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<td>.802</td>
<td>.448</td>
<td>.747</td>
<td>.022</td>
<td>.746</td>
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<tr>
<td>Sig. (2-tailed)</td>
<td>.021*</td>
<td>.510</td>
<td>.407</td>
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<td>Q9</td>
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<td>-1.555</td>
<td>.515</td>
<td>.314</td>
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<td>.038</td>
<td>.414</td>
<td>.767</td>
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<tr>
<td>Sig. (2-tailed)</td>
<td>.016*</td>
<td>.683</td>
<td>.121</td>
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</tbody>
</table>

* correlation is significant at the 0.05 level (2-tailed)
** correlation is significant at the 0.01 level (2-tailed)
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The ANOVA was run using student’s family income as the dependent variable. It showed significance that activities interfere with student’s participation, and degree of parental support (See Table B). This ANOVA emphasizes, again, that there is a relationship between the families’ socioeconomic status and the degree of parental support for the ADHD child and the number of activities that may interfere with the student’s participation in in-school and out-of-school interventions.

Table B – ANOVA – Student’s Family Income Level as Factor

<table>
<thead>
<tr>
<th>In-School Activities</th>
<th>Between Groups</th>
<th>Within Groups</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>How many in-school academic resources is students involved in?</td>
<td>Ss 556 df 3</td>
<td>Mean Square .185</td>
<td>F .253</td>
<td>Sig .857</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Within Groups 3.667 df 5</td>
<td>.733</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Total 4.222 df 8</td>
<td>.705</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>How many activities may interfere with student’s participation?</td>
<td>Ss 8.889 df 3</td>
<td>Mean Square 2.963</td>
<td>F 7.407</td>
<td>Sig .027*</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Within Groups 2.000 df 5</td>
<td>.400</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total 10.889 df 8</td>
<td>.493</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Status of Parent(s) child resides with</td>
<td>Ss 556 df 3</td>
<td>Mean Square .185</td>
<td>F .926</td>
<td>Sig .493</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Within Groups 1.000 df 5</td>
<td>.200</td>
<td></td>
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<tr>
<td></td>
<td>Total 1.556 df 8</td>
<td>.276</td>
<td></td>
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<tr>
<td>How many other children live in child’s primary residence?</td>
<td>Ss 1.472 df 3</td>
<td>Mean Square .491</td>
<td>F 1.732</td>
<td>Sig .283</td>
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</tr>
<tr>
<td></td>
<td>Within Groups 1.417 df 5</td>
<td>.283</td>
<td></td>
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<tr>
<td></td>
<td>Total 2.889 df 8</td>
<td>.050*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Degree of parental support for designated child</td>
<td>Ss 11.889 df 3</td>
<td>Mean Square 3.963</td>
<td>F 5.404</td>
<td>Sig .089</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Within Groups 3.667 df 5</td>
<td>.733</td>
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<td></td>
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<td></td>
<td>Total 15.556 df 8</td>
<td>.050*</td>
<td></td>
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<tr>
<td>Child’s family stresses at home</td>
<td>Ss 2.222 df 3</td>
<td>Mean Square 2.074</td>
<td>F 3.889</td>
<td>Sig .393</td>
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</tr>
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<td>Within Groups 2.567 df 5</td>
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<td>Total 8.889 df 8</td>
<td>.089</td>
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<tr>
<td>Current level of stress in home</td>
<td>Ss 1.222 df 3</td>
<td>Mean Square .407</td>
<td>F 1.222</td>
<td>Sig .393</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Within Groups 1.667 df 5</td>
<td>.333</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total 2.889 df 8</td>
<td>.393</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

income levels co-related with parental support and how many events or circumstances interfered with ADHD students participating in extracurricular activities.

No other significant relationships were found except for the one between family stressors and perceived levels of stress. An alpha level of 0.05 was used to determine statistical significance for all analyses.
Discussion

The data supported four of the hypotheses. There is a growing concern that many ADHD students do not get the proper program intervention because of social factors that they cannot control. There is also a concern that students that suffer these social constraints (primarily low SES, family stressors, and low levels of program involvement) tend to have more social or conduct problems later in life. Therefore it is important to keep studying the situation. Longitudinal studies are also needed to show not only the effect of low participation in supportive activities but also ones that show that greater program involvements will help students achieve positive outcomes.

In this study a significant relationship was found between the child’s family stresses at home and how many activities may interfere with the student’s participation in support activities ($p > 0.009$). As the number of stressors increases, the number of things interfering with the student’s participation also goes up (See Table A). This relates to the work of Hectman (1991) and Barkely (1998) that showed that family stress, such as mobility and unemployment, worsen the long-term prognosis for the ADHD child.

Another hypothesis that was supported through the analyzed data was the relationship between the degrees of parental support for the designated child and how much interference there is with student’s participation ($p > 0.020$). This relationship seems to be apparent because the amount of parental support could help either encourage the child to participate or discourage participation. If the parent/s were not supportive in their child’s ADHD treatment or program involvement, then the child would participate in fewer activities (Odom, 1996). These in school and outside of school activities can teach the child important behavioral skills that can improve social and academic outcomes.

A correlation was also made between the degree of parental support for the designated child and the student’s family income level ($p > 0.45$). One could infer that this relationship is due to the family being able to give support or not give support according to their family income. A family with a lower income could have other factors taking their time away from being supportive of a child’s program involvement. These results were similar to Whalen and Henker’s (1980) study.

The status of the parent(s) that the child resides with also correlated with how many activities may interfere with the student’s participation in activities ($p > .046$), while intact families are not necessarily less stressful, broken and disjointed family arrangements are seen as offering less stability, less economic support, and fewer involved adult caretakers (Barkley, 1998).
The ANOVA uses family income as the dependent variable. It showed a significant interaction with the two independent variables; number of activities interfering in the participation of activities and the degree of parental support. This finding summarizes the individual correlations and again shows the interrelatedness of these variables. While this does not prove any cause/effect relationship, it points towards a scenario that increases a child’s risk factors.

Limitations

There are several limitations to this study. Initially the sample size was expected to be 15 students with ADHD but only nine surveys were returned. Even with fifteen participants the sample size would have been too small to draw conclusions with confidence.

Since this limitation was apparent from the start, the idea has been that the study might be suggestive and encourage a larger study. With data on only nine students, the study remains purely suggestive. The finding of significant relationships may indicate that the relationship is reliable and would be corroborated by larger numbers or it may mean that the data just happened to pick up nine students who just happened to support the expected relationships. A larger study is needed.

A second limitation is the use of school counselors. One possible explanation for the few variables of statistical significance in the present study may be that their interpretations of the meaning of questions may have differed thus resulting in inconsistent responses. It is not clear that the counselors had a shared understanding of the terms. A mutual understanding of the questions might have resulted in different answers. It also would have been beneficial to seek the consent of parents before the survey was administered; counselors might have felt less uncomfortable disclosing information or contact the family for information. The survey would have been more reliable if a questionnaire had been filled out by a parent about their ADHD child, stress, and activities.

Time constraints were another limitation to the study. The study started one month before the end of the school year. In this time, a survey had to be constructed and approved by the IRB as well as the school district in which the study was going to take place. The survey did not get approval the first time it was brought to the IRB so revisions had to be made (See Appendix A). After the survey cleared the IRB it then had to be distributed to the two elementary school counselors. The counselors had less than one week to fill out the survey and return it before the end of the year. There was not enough time to clarify the survey questions and or go over their response with them.
This study has shown that there continues to be concern with the factors that influence an ADHD child’s development and there continues to be research done on many aspects of ADHD. However, there has been limited research done on the connection between socioeconomic status and program involvement of ADHD students. This area is a concern and needs to be further researched. With further research, programs could be implemented that create more opportunities for lower SES families and their ADHD students to get involved in school programs as well as out of school programs that aid in the treatment of ADHD.
Appendix A

Name: __________________

Your title: __________________

Hello! I am asking you to take a couple minutes to review a survey I have designed for the McNair scholar's program at UWS. I have designed a survey to study my topic and I would appreciate it if you could give me some feedback and advice in order to make my survey more effective. Thank you for taking a few minutes out of your day to help.

Checklist for Reviewers

Are the questions clear and easy to understand? If not how do you suggest revision?
_______________________________________________________
_______________________________________________________
_______________________________________________________
_______________________________________________________

Were there sufficient choices given for the questions that were asked? If not what do you suggest?
____________________________________________________________
____________________________________________________________
____________________________________________________________
____________________________________________________________

Was there clear directions for answering the questions? Yes / No

Your sense of what the survey is asking about is:
____________________________________________________________
____________________________________________________________
____________________________________________________________
____________________________________________________________

Other suggestions for ways to improve the survey:
The Connection Between Socioeconomics, School Program Involvement and Family Profile of 5th Grade Students That Have Been Diagnosed With Attention Deficit Hyperactivity Disorder

Preliminary Survey Given to Review Board

Form: A/B

Survey Questions for Counselors
Answer to the best of your ability
Do one survey for each 5th grade child with ADHD

Questions 1-5 refer to the particular student

1) How many in-school academic resources is the student involved in this year (example but not limited to, Title 1, speech, adaptive P.E):
   a) 0
   b) 1-2
   c) 3-5
   d) 6-8
   e) 9 +

2) Approximate number of extra curricular activities the student participates in this year both in-school and outside of school this year (for example; boys/girls club, boy scouts/girl scouts, school sports):
   a) 0
   b) 1-2
   c) 3-5
   d) 6-8
   e) 9 +

3) Which of the following might interfere with the student’s participation in extracurricular activities?
   *Circle or check all that apply
   a) sick frequently;
   b) has to take care of sibling after school;
   c) works after school (example; paper route, babysitting);
   d) disciplinary issues (example; detention, AAC);
   e) child does not want to participate;
   f) parent does not allow student to participate;
   g) receiving academic support service after school;
   h) after school tutoring;
   i) other, (please describe); ________________________________
   j) other;______________________________

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The Connection Between Socioeconomics, School Program Involvement and Family Profile of 5th Grade Students That Have Been Diagnosed With Attention Deficit Hyperactivity Disorder

4) Is this student on medication for ADD or ADHD?
   Yes____   No_____   Not sure_____   Irregular _____
   Comment: ______________________________________________________

5) Is this student receiving mental health services?
   In school?
      Yes   No
   In the community?
      Yes   No
   Not sure?  ______

   Questions 6-11 refer to the student’s family situation

6) Approximately what is the income bracket of student’s family?
   a) low – poverty level (0-16,000)
   b) low-middle (16,000-30,000)
   c) middle (31,000-45,000)
   d) middle-high (46,000-60,000)
   e) high (61+):

7) Status of parent/s that the child lives with this year:
   a) married;
   b) separated;
   c) divorced;
   d) single, child lives with mom;
   e) single, child lives with dad;
   f) single, parent living with someone;
   g) child lives with family member other than mother/father;
   h) foster parent;
   i) not sure.
8) Approximately, how many other children live in the primary residence of the child:
   a) only child
   b) 1
   c) 2
   d) 3
   e) 4
   f) 5 or more

9) I am interested in gauging the degree of parental support for the designated child. Choose a level which best suits the parent, (main caregiver) involvement.
   a) **Level 1** = no involvement in child’s education program;
   b) **Level 2** = little support - more than level 1, for example; must be asked and reminded to attend, rescheduling likely;
   c) **Level 3** = some support - more than levels 1 and 2 attends some meetings upon request, occasional interaction with teachers;
   d) **Level 4** = moderate support – better than levels 1, 2 and 3. For example; attends meeting, returns forms signed without reminders and often asks question, shows concern;
   e) **Level 5** = Very supportive- better than levels 1,2,3 and 4. For example; concerned, comes to all meetings, takes a proactive role.

10) What family stresses does the child have
    *Circle or check all that apply
    a) frequent moves or recent move;
    b) death in family;
    c) recent separation/divorce;
    d) lack of health insurance;
    e) frequent illness in family;
    f) no or undependable transportation;
    h) other (please describe);____________________________________
    i) other; __________________________________________________
11) Do you think the current level of stress at home is:
   a) stress-free;
   b) somewhat minor- somewhat stressful;
   c) moderately stressful – seems stressed over issues that would be “normal” to cause stress;
   d) very stressful– child shows signs of anxiety over issues from home;
   e) debilitating stress- overwhelming stress due to issues from home.

Other comments:

____________________________________________________
____________________________________________________
____________________________________________________
Revised Survey Approved by Review Board

Survey Questions for Counselors

Answer to the best of your ability

Questions 1-3 refer to the particular student

1) How many in-school academic resources is the student involved in this year (example but not limited to, Title 1, speech, adaptive P.E):
   f) 0
   g) 1-2
   h) 3-5
   i) 6-8
   j) 9+

2) Approximate number of extra curricular activities the student participates in this year both in-school and outside of school this year (for example; boys/girls club, boy scouts/girl scouts, school sports):
   f) 0
   g) 1-2
   h) 3-5
   i) 6-8
   j) 9+

3) Which of the following might interfere with the student’s participation in extracurricular activities?  
   *Circle or check all that apply
   k) sick frequently;
   l) has to take care of sibling after school;
   m) works after school (example; paper route, babysitting);
   n) disciplinary issues (example; detention, AAC);
   o) child does not want to participate;
   p) parent does not allow student to participate;
   q) receiving academic support service after school;
   r) after school tutoring;
   s) other, (please describe); ________________________________
   t) other: ________________________________
Questions 4-9 refer to the student’s family situation

4) Approximately what is the income bracket of student’s family?
   f) low – poverty level (0-16,000)
   g) low-middle (16,000-30,000)
   h) middle (31,000-45,000)
   i) middle-high (46,000-60,000)
   j) high (61+)

5) Status of parent/s that the child lives with this year:
   j) Child lives with both parents;
   k) Child lives with one parent;
   l) Child lives with someone other than parent;
   m) Not sure.

6) Approximately, how many other children live in the primary residence of the child:
   g) only child
   h) 1 or 2
   i) 2 or more

7) I am interested in gauging the degree of parental support for the designated child. Choose a level which best suits the parent, (main caregiver) involvement.

   a) **Level 1** = no involvement in child’s education program;
   b) **Level 2** = little support – more than level 1, for example; must be asked and reminded to attend, rescheduling likely;
   c) **Level 3** = some support – more than levels 1 and 2 attends some meetings upon request, occasional interaction with teachers;
   d) **Level 4** = moderate support – better than levels 1, 2 and 3. For example; attends meeting, returns forms signed without reminders and often asks questions, shows concern;
   e) **Level 5** = Very supportive- better than levels 1, 2, 3 and 4. For example; concerned, comes to all meetings, takes a proactive role.
8) What family stresses does the child have
   *Circle or check all that apply
   g) frequent moves or recent move;
   h) death in family;
   i) recent separation/divorce;
   j) lack of health insurance;
   k) frequent illness in family;
   l) no or undependable transportation;
   h) other (please describe): ________________________________
   i) other: _____________________________________________

9) Do you think the current level of stress at home is:
   f) stress-free;
   g) somewhat minor-somewhat stressful;
   h) moderately stressful – seems stressed over issues that would be
      “normal” to cause stress;
   i) very stressful–child shows signs of anxiety over issues from home;
   j) debilitating stress-overwhelming stress due to issues from home.

Other comments:
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
Appendix B

A comparison of the 1990 and 1998 census figures showed the following growths in population over that time: USA - 7.3%, Wisconsin - 7.0%, and County - 1.3%. The city in which the study was carried out experienced a population growth of 1.2%. These figures indicate that this region is not keeping pace with the rest of the country growth-wise.

The average per capita income in the county where this study took place is much lower than the average per capita income in the state of Wisconsin. It is also lower than the national average in the United States. The county’s per capita income in 1997 was $18,859 compared to Wisconsin’s, which was $24,048, and the United States’ per capita income, which was $25,288. This translates into a negative difference of $5,189 between the county and the state and $6,429 between this county and the United States. These differences seem to match the differences in population growth.

The per capita income encompasses the total income received from wages, self-employment, personal assets, and transfer payments (Social Security insurance, welfare) divided by the total population (Douglas County Work Profile). A suggested reason for this change is industry, which is eliminating higher paying manufacturing jobs (-18.9%) and increasing the number of service jobs available for residents of this area (25.7%). Due to this shift to lower paying jobs; many residents now have to work more than one job (Wisconsin Department of Workforce Development, 2000).
Appendix C

From: Barkley, Russell  
Sent: Tuesday, April 11, 2000 9:59 AM  
To: sgriffit@staff.uwsuper.edu  
Subject: Your e-mail

Dr. Griffith

I am aware of just one other study right off the top of my head that looked at social class and that was the Lambert and Hartsough paper back in the 1980s that examined prevalence of ADHD as defined by various social agents (parents, teachers, MDs). Of course, Peter Szatmari and D. Offord looked at SES in their study of prevalence of ADHD in Ontario in their large health study. Other prevalence studies may well have noted social class differences; they certainly documented urban rural differences in prevalence. I am not aware of studies that looked at social class and obstacles to treatment services. Kimberly Hoagwood might well know of such things as she recently published a paper on such services for ADHD kids in the Journal of the American Academy of Child and Adolescent Psychiatry I believe. She is at NIMH in the Childhood Disorders Branch.

Good luck with your study.

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Works Cited


The Connection Between Socioeconomics, School Program Involvement and Family Profile of 5th Grade Students That Have Been Diagnosed With Attention Deficit Hyperactivity Disorder


Wisconsin Department of Workforce Development. LMI website http://www.dwd.state.wi.us/dwelmi.