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5.5 Differences in Parental and Perceived Stress in Parents of Children With and Without Behavioral Disorder During the COVID-19 Pandemic in THE Mexican Population

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5.4 DBT-BASED SKILLS TRAINING FOR ADOLESCENTS WITH ADHD: A RANDOMIZED CONTROLLED TRIAL



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Objectives: The objective of this presentation is to evaluate the effectiveness and acceptance of an age-adapted structured skills training group (SSTG) for adolescents with ADHD in a clinical setting.

Methods: Adolescents ($n = 184$, ages 15–18 years) with a diagnosis of ADHD were randomly assigned to either the SSTG, a group treatment based on DBT, or an active control group based on psychoeducation. Symptoms of ADHD, behavioral and emotional problems, functional impairment, and health-related outcomes were assessed with self-ratings and parental ratings 2 weeks before, 2 weeks after, and 6 months after treatment. All participants who completed the pretreatment measurements ($n = 164$) were included in the main analyses, which were conducted using a linear mixed model, adjusted for major changes in ADHD medication.

Results: Significant decreases in ADHD symptoms, functional impairment, and behavioral and emotional problems were observed in both groups ($d = 0.25$ to 0.69). However, no group differences were found for any of the study outcomes ($d = 0.01$ to 0.36). A majority of the participants in both groups reported that they had increased their knowledge about ADHD, improved their ability to manage problems related to the diagnosis, and would recommend the treatment to others.

Conclusions: Although the SSTG seems to be an acceptable treatment for adolescents with ADHD, it was not proved to be more effective or more acceptable than psychoeducation. The lack of group differences and the rather modest symptom decrease indicate that further adaptation of the SSTG should be considered, including involvement of parents and more extensive practice. The study population was rather heterogeneous, and more research is needed to explore if the SSTG is more beneficial for certain subgroups of adolescents with ADHD. In addition, the use of an active control group precluded an evaluation of the absolute effects of the SSTG; therefore, further studies are needed.

ADOL, RCT, ADHD

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5.5 DIFFERENCES IN PARENTAL AND PERCEIVED STRESS IN PARENTS OF CHILDREN WITH AND WITHOUT BEHAVIORAL DISORDER DURING THE COVID-19 PANDEMIC IN THE MEXICAN POPULATION



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Objectives: Our objective was to conduct a cross-sectional study using surveys to determine if parents of children with behavior problems will report a higher level of stress during the COVID-19 pandemic.

Methods: Participants included both parents of children (6–17 years old) who have been diagnosed with behavioral disorders such as ADHD, conduct disorder, and ODD, as well as parents of children who have not been diagnosed with any behavioral disorder. The sample included parents seeking treatment in our institution and parents who self-reported the child's diagnosis. Participants were separated into 3 groups: children with diagnosis ($n = 58$), children with no diagnosis ($n = 105$), and those who were not sure ($n = 12$). The previously Spanish-validated Perceived and Parental Stress was administered online to assess differences in stress among participants. The questionnaire also included demographic characteristics, parent and children psychopathological history, and quarantine situation. The Shapiro-Wilk Test was utilized considering the nonnormal distribution of the data.

Results: There were significant differences between groups in both perceived stress ($H[3] = 12.67$; $p = 0.005$) and parental stress ($H[3] = 20.49$; p

< 0.001). Post hoc analyses showed that these differences were only significant between the no diagnosis (Median = 25) and diagnosis (Median = 27) groups for perceived stress (adjusted $p = 0.024$). Conversely, for parental stress, post hoc analyses demonstrated that these differences were significant between the no diagnosis (Median = 35) and diagnosis (Median = 38) groups for perceived stress (adjusted $p = 0.026$) and between the no diagnosis (Median = 25) and not sure (Median = 28) groups for perceived stress (adjusted $p = 0.004$).

Conclusions: Our results show that parents with children who have been diagnosed with behavioral disorders report higher levels of perceived and parental stress. Exploratory analyses suggest that parents who report being unsure of their child's diagnosis reported even higher levels of parental stress. These results should be taken with caution given the small sample size. The present research is significant because children with behavioral problems and their parents continue to represent a vulnerable population, even when considering the overall high report of stress among study participants.

ADHD, STRESS, PAT

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5.6 QUALITATIVE ASSESSMENT OF DISTANCE LEARNING BY CAREGIVERS OF PATIENTS WITH ADHD IN A MEXICAN POPULATION 9 MONTHS AFTER INITIATION OF COVID-19 MITIGATION MEASURES



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Objectives: Given the arrival of the COVID-19 pandemic, in order to not lose the school year, children and youth have had to continue their education virtually. This new online modality has brought complex situations and challenges for children and youth with ADHD and their caregivers. We hypothesize that patients with ADHD will have a worse academic performance 9 months after the start of their quarantine.

Methods: We carried out a cross-sectional study of parents of patients diagnosed with ADHD from the outpatient clinic ($N = 32$), inviting them to participate virtually by means of a survey of qualitative measures about academic performance 9 months after the start of the pandemic and measures of the severity of symptoms with the Swanson, Nolan, and Pelham-IV (SNAP-IV) scale validated for the Mexican population.

Results: Data from 32 caregivers were collected, with a mean age of 41.18 years ($SD = 7.74$). The maximum degree of studies of 59.38% ($N = 19$) was basic education (7–11 years) and 40.62% ($N = 13$) was high school (12–17 years). In the perception of the quality of the classes received online, 65.6% ($N = 21$) considered it to be worse quality than the face-to-face classes, 28.1% ($N = 8$) the same, and only 6.2% ($N = 2$) of better quality. In the patients' subjective perception of learning, 65.6% ($N = 21$) perceived poor learning with online classes, 21.9% ($N = 7$) the same as before the quarantine, and 12.5% ($N = 4$) better than before. Furthermore, 40.6% ($N = 13$) of the patients reported no variations in their grades, 34.4% ($N = 11$) an improvement, and 25% ($N = 8$) a worsening. We found that 56.25% ($N = 18$) of the patients took methylphenidate, 31.25% ($N = 10$) did not take any medication, 6.25% ($N = 2$) atomoxetine, and 6.25% ($N = 10$) bupropion. The mean of the SNAP-IV scale was 1.73 ($SD = \pm 1.3$), which suggests adequate symptom control.

Conclusions: This study suggests that subjective perception of learning from the caregivers of patients with ADHD at 9 months of confinement measures has worsened. One of the limitations of our study is not having individual quantitative analyses of each patient due to the different evaluation methods by public and private institutions. It is necessary to individualize learning methods for each patient and evaluate appropriate pharmacological and behavioral interventions to avoid school lag.

ADHD, PAT, EDUC

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