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Parental Locus of Control and Externalizing Behavior Problems Among Mexican American Preschoolers

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Research conducted with non-Hispanic Whites indicates that parents of preschoolers with behavioral problems are more likely to have an external locus of control regarding parenting than parents whose preschoolers are free of such problems. However, it is unclear whether such research can be generalized to Mexican American families, especially given research suggesting that Mexican Americans tend to have a more external locus of control normatively. To address this question, the authors compare parental locus of control (PLOC) among parents of clinic-referred Mexican American preschoolers to parents of nonreferred Mexican American preschoolers. Results demonstrate that referred Mexican American parents exhibited a more external PLOC than nonreferred Mexican American parents across a number of domains. Thus, similar to non-Hispanic Whites, preschoolers’ behavioral problems are associated with an external PLOC among Mexican Americans. Implications for the design of culturally sensitive interventions for Mexican American preschoolers with behavior problems are discussed.

**Keywords:** externalizing behavior(s); differences; culture/cultural; early childhood education; attitudes; families/parent(s)

Latinos are the largest ethnic minority group in the United States, making up 14.5% of the population (U.S. Census Bureau, 2005). Mexican Americans make up the largest subgroup of Latinos, at 9.3% of the total population and 64.0% of the Latino population (U.S. Census Bureau, 2005). A growing number of studies have documented that compared to non-Hispanic Whites (NHWs), Mexican American youth are at increased risk for a variety of mental health problems (Joiner, Perez, Wagner, Berenson, & Marquina, 2001), including externalizing behavior problems (Vazsonyi & Flannery, 1997), suggesting that this growing population of youth may have a high rate of need for mental health services. However, Mexican American children are less likely than NHWs to receive mental health treatment (U.S. Department of Health and Human Services, 2001), and little is known about risk factors for externalizing disorders among Mexican American children.

Although decades of research on families of children with externalizing disorders have documented the important role of parenting behaviors in the development and maintenance of externalizing problems (e.g., Patterson, Dishion, & Chamberlain, 1993; Robinson & Eyberg, 1981; Webster-Stratton, 1985), the majority of this research has focused exclusively on parenting behaviors among NHW families. Thus, little is known about the extent to which parenting behaviors associated with externalizing problems among NHW children are associated with the same problems among Mexican American children. Although knowledge about Mexican American parenting behaviors is limited, available studies suggest that there are important cultural differences in parenting between NHWs and Mexican Americans, making it questionable to generalize research findings about NHWs to Mexican Americans. For example, as compared to NHWs, Mexican Americans have stronger family interconnectedness (Fontes, 2002), have higher authoritarianism (Zayas & Solari, 1994), give more public discipline (Fontes, 2002), and use more nonverbal...
The modification of parental locus of control (PLOC) is a salient aspect of many parent-training programs (Roberts, Joe, & Rowe-Hallbert, 1992). PLOC refers to the degree of control a parent feels he or she has over his or her child’s behavior (Campis, Lyman, & Prentice-Dunn, 1986), and research showing a relationship between PLOC and behavior problems suggests PLOC may have important effects on both help-seeking and child-externalizing problems. A number of cross-sectional studies have found that external PLOC orientation is associated with externalizing behavior problems in NHW children (Roberts et al., 1992; Mouton & Tuma, 1988); however, because most of these studies have been cross-sectional, the direction of this relationship is unclear. PLOC may contribute to the development of child behavior problems, perhaps because parents with external PLOC may tend to lose hope or give up on a child exhibiting behavior problems and therefore parent inconsistently or permissively (Roberts et al., 1992). For example, Hagekull, Bohlin, and Hammarberg (2001) found that external PLOC among parents of toddlers significantly predicted child behavior problems at age 9, controlling for toddler behavior problems at baseline. However, other evidence suggests that the relationship between external PLOC and behavior problems is likely bidirectional (Morton, 1997), with parents also feeling less in control as a result of their child’s difficult behavior. In one study, Roberts et al. (1992) found that parents whose children were observed to be more oppositional were more external in their locus of control; however, observed parenting skills were not related to parents’ locus of control. Thus, parents may also develop an external locus of control in reaction to their child’s oppositional behavior.

Although NHW parents of children with behavior disorders have been clearly shown to be more external in their PLOC, little is known about this relationship for other ethnic groups, and we cannot assume that the same pattern exists in Mexican American families. Mexican culture has been described as being high in fatalism, possibly due to the importance of religion, which may encourage individuals to attribute control over life events to God, and as having higher rates of poverty, which are associated with less objective control over one’s circumstances (Kennedy, DeVoe, Ramer-Henry, & West-Kowalski, 1999). Although there are some exceptions (e.g., Buriel, 1981; Guagnano, Acredolo, Hawkes, & Ellyson, 1986), studies have generally confirmed that Mexican Americans have a more external locus of control than NHWs (e.g., Mirowsky & Ross, 1984; Sugarek, Deyo, & Holmes, 1988). Furthermore, a number of studies have found that Mexican Americans are more likely to have an external locus of control specifically related to physical health, a construct that may be similar to mental health. Compared with NHWs, studies have found a more external locus of control regarding health among Mexican American youth (Malcarne, Drahota, & Hamilton, 2005), Hispanic men (Spalding, 1995; Weitzel, Hudak, & Becker, 1994), and Mexican American women (Kennedy et al., 1999). Castro, Furth, and Karlow (1984) also found that less acculturated Mexican American women had a lower sense of control over health and greater beliefs that powerful others and chance exerted influence over their health than their more acculturated counterparts. These studies have generated particular interest because of the well-documented relationship between internal health locus of control and health-promoting behaviors (Kennedy et al., 1999). Taken together, these studies suggest that a more external locus of control may be normative among Mexican Americans, which may in turn help explain lower rates of physical health service use in this population (Kennedy et al., 1999).

Understanding the correlation between PLOC and behavior problems in Mexican American families may have strong implications for the appeal, appropriateness, and effectiveness of parent training interventions that have PLOC as a focal point. It is possible that Mexican American families have a more external PLOC normatively, and Mexican American families whose children have behavior problems do not differ from normative families. If this is the case, it would suggest that among Mexican Americans, external PLOC may neither contribute to nor result from child behavior problems; rather, external PLOC may represent normative, culturally based views about parenting. Thus, efforts to change PLOC may actually run counter to cultural norms for these families. Furthermore, a normative external locus of control among Mexican Americans may contribute to lower rates of service use and higher rates of treatment dropout, particularly when those services demand that parents change their own behavior. Therapists who encounter families with external PLOC may incorrectly attribute this to dysfunction within the family, rather than as a culturally normative worldview. Alternatively, if, similar to NHWs, Mexican American parents whose children have behavior problems have a more external locus of control than Mexican American parents whose
children do not have such problems, this would support the notion that measures of PLOC are relevant for Mexican American families and that interventions that target parenting behavior have a greater likelihood of being effective with Mexican Americans without cultural modification.

The purpose of the current study is to examine whether Mexican American families whose preschoolers suffer from behavior problems have a more external PLOC than a similar sample of Mexican American families whose preschoolers do not have such problems. Based on the previous studies documenting that NHW parents whose preschoolers have behavior problems have a more external PLOC than NHW parents without behavior problems, one might predict that Mexican American families would have a similar pattern. However, given findings that Mexican Americans have a more external locus of control in general, such a difference between parents of children with and without behavior problems would not necessarily be expected. Therefore, given the lack of previous research in this area, no specific predictions about the direction of effects will be made in this exploratory study.

**Method**

**Participants**

*Behavior disorder sample (BDS).* The BDS consisted of 58 children who scored greater than the clinical cut point on a standardized parent-report measure of behavior problems and who presented for treatment at a community mental health clinic in a neighborhood with a large Mexican American population. The mental health clinic is affiliated with a children’s hospital and specializes in the treatment of youth who have experienced trauma, including neglect; physical and sexual abuse; domestic, school, and community violence; and natural disasters. The majority of the children seen at this clinic are low-income Mexican Americans, and services are most often publicly funded. The BDS was part of a larger study that compared three forms of psychosocial treatment for behavior problems among Mexican American youth. Data reported here were collected at entry into the study, before the children had received any treatment. All children were between the ages of 3 and 7, and the primary caregivers (referred to subsequently as “mother”); 91.2% biological mothers, 5.3% other female relative caregivers, and 3.5% foster mothers) identified the children as being of Mexican descent. The majority of the mothers (69%) were married, with the remainder being single (21.1%), divorced (14%), or separated (5%). Education level of the mothers ranged from less than 7 years of schooling to college graduates.

**Normative sample (NS).** The NS consisted of 57 children recruited from two Head Start programs in the same geographic area as the clinic where the BDS was recruited and received treatment. To qualify for Head Start, family income must be less than the national poverty level. The two Head Start programs serve a combined total of 280 children, 72.6% of whom are Latino. To participate in the NS, the child had to score less than the clinical cut point on a standardized parent-report measure of child behavior problems. All children were between the ages of 3 and 7, and the female primary caregivers (94.7% biological mothers, 3.5% grandmothers, 1.8% foster mothers) identified their children as being of Mexican descent. The majority of the mothers (63.2%) were married, with the remainder being single (21.1%), divorced (14%), or separated (1.8%). Education level of the mothers ranged from less than 7 years of schooling to college graduates.

**Measures**

**Demographics.** Parents completed a demographic questionnaire about the child’s age, sex, race/ethnicity, health problems, medication use, family structure, and income. Child age was a continuous variable calculated in months. Child gender was coded 1 for male and 2 for female. Income was also a continuous variable. Respondents were asked to report the monthly income of the female and male heads of household in the following categories: wages from employment (before taxes), public assistance, social security, disability compensation, unemployment compensation, alimony, child support, monies from relatives, interest from investments, active duty pay, and veteran’s benefits. These were summed to arrive at a total monthly income, which was multiplied by 12 to arrive at a total yearly income. Respondents were asked to report whether their level of education was less than 7 years, junior high school (Grades 7–9), some high school (Grades 10–11), high school graduate, some college or technical school, college graduate, or graduate school (master’s degree or beyond). For the purpose of our analysis, we coded mothers with less than or equal to high school as 1, and those with greater than high school as 2. Parents were also given the choice of completing the interview in English or Spanish; those who chose English were coded as 1, and those who chose Spanish were coded as 2.

**Eyberg Child Behavior Inventory (Eyberg, 1992).** Child behavior problems were assessed with the *Eyberg Child Behavior Inventory*, a 36-item, parent-report measure of conduct problem behavior with established reliability and validity for both English and Spanish Versions (Eyberg, 1992; Garcia-Tornel et al., 1998). The *Eyberg*
Child Behavior Inventory is made up of two subscales. The first is the Intensity scale, which assesses the frequency of a variety of conduct problems on a scale from 1 (never) to 7 (always). Example questions include, “How often does your child refuse to do chores when asked?” and “How often does your child tease or provoke other children?” The cut point for clinically significant behavior problems is a score of 132 or greater on this scale. After parents rate the frequency, they are asked whether or not (yes/no) each behavior is a problem. The number of “yes” answers makes up the Problem subscale. Both scales have been found to be stable over time and sensitive to the effects of intervention (Eyberg, 1992). Coefficient alpha for our study sample was .96 for the intensity scale and .74 for the problem scale.

Acculturation Rating Scale for Mexican Americans–II (Cuellar, Arnold, & Maldonado, 1995). Parents’ level of acculturation was assessed with the Acculturation Rating Scale for Mexican Americans–II, a widely used, 30-item measure of acculturation with established reliability and validity for both English and Spanish language versions. The Acculturation Rating Scale for Mexican Americans–II generates two subscales: a Mexican Orientation Scale and an American Orientation Scale. Responses are given on a scale of 1 (strongly disagree) to 5 (strongly agree). Example questions include, “I enjoy watching movies in English” and “I enjoy listening to music in Spanish.” It is possible to be oriented to both cultures, neither culture, or to be more strongly associated with one. Coefficient alpha for our study sample was .92 for the American Orientation Scale and .87 for the Mexican Orientation Scale. This scale also asked the parent to report on his or her generation in the United States. Generation was coded as follows: 1 = born in Mexico or other country; 2 = born in the USA, either parent born in Mexico or other country; 3 = born in the USA, both parents born in USA and all grandparents born in Mexico or other country; 4 = respondent and his/her parents born in the USA and at least one grandparent born in Mexico or other country with remainder born in the USA; or 5 = respondent and his/her parents born in the USA and all grandparents born in the USA.

Parental Locus of Control Scale (Campis et al., 1986). This 47-item, parent-report measure inquires about the degree of control a parent feels he or she has over his or her child’s behavior. The Parental Locus of Control Scale contains five subscales: (a) Parental Efficacy assesses the degree to which the parent feels ineffective in his or her parenting role (10 items; α = .74; sample item: “What I do has little effect on my child’s behavior”), (b) Parental Responsibility assesses the degree to which the parent feels responsible for his or her child’s behavior, with high scores indicating less feeling of responsibility (10 items; α = .80; sample reverse-scored item: “There is no such thing as good or bad children—just good or bad parents”), (c) Child Control of Parents’ Life assesses the degree to which the parent feels that the child’s needs and demands dominate his or her life (7 items; α = .61; sample item: “I feel like what happens in my life is mostly determined by my child”), (d) Parental Belief in Fate/Chance assesses the degree to which parents believe that parenting and child behavior are influenced by fate or chance (10 items; α = .78; sample item: “Being a good parent often depends on being lucky enough to have a good child”), and (e) Parental Control of Child’s Behavior assesses the degree to which parents feel unable to control their child’s behavior (10 items; α = .80; sample item: “My child’s behavior is sometimes more than I can handle”). Responses are given on a scale of 1 (strongly disagree) to 5 (strongly agree). Evidence for the alpha reliability, construct validity, and discriminant validity has been established for the overall Parental Locus of Control Scale and its five subscales (Campis et al., 1986; Mouton & Tuma, 1988; Roberts et al., 1992). At the time of this investigation, there was no published Spanish translation of this measure available. Therefore, a research assistant who was fully bilingual in English and Spanish translated the measure, which was then reviewed and edited by a professional translator with more than a decade of experience in translating psychological measures from English to Spanish.

Procedure

BDS. BDS families were referred to the study by community clinics, Head Start, and other social service agencies. Questions were incorporated into the clinic’s standard intake procedures to identify all Mexican American children between the ages of 3 and 7 who were seeking treatment for a behavior problem. Parents of children who met these criteria were invited to learn more about the research study and, if interested, were contacted by a bilingual research assistant who screened all families by phone using a standardized measure of child behavior problems. Children were eligible for the study if they scored greater than the cut point for clinically significant behavior problems and were free of mental retardation, autism, psychosis, and severe sensory impairments. Mothers were also excluded if they exhibited signs of mental retardation or psychosis. Eligible families who agreed to participate were invited to complete a comprehensive pretreatment interview at a community mental health clinic, where they provided written informed consent. All measures reported in this article were collected during that single pretreatment interview. Families were given the choice of completing the interview in English or Spanish.
NS. NS families were recruited from two Head Start programs in the area surrounding the community mental health clinic where the research was conducted. Families were invited to participate through presentations during parent meetings and flyers distributed at the school buildings at drop-off and pick-up times. All families were screened for eligibility by phone using a standardized measure of behavior problems in children. Children were considered eligible if they scored less than the clinical cut point for clinically significant behavior problems. Eligible families who agreed to participate were invited to complete a one-time, comprehensive interview at a local community mental health clinic, where they provided written informed consent. Families were given the choice of completing the interview in English or Spanish.

### Results

To determine if the two samples differed on demographic and background characteristics, a series of independent sample t tests and chi-square analyses were conducted. These analyses revealed no significant differences in child age, maternal age, annual income, Mexican orientation, generation in the United States, child gender, marital status. However, the NS was significantly more American oriented, t(113) = −3.60, p < .001; and had a significantly lower proportion of parents who preferred Spanish, χ²(1, N = 115) = 5.41, p < .05. In addition, the BDS reported much higher levels of behavior problems than did the NS, t(113) = 18.37, p < .000, which is to be expected given that this instrument was used to differentiate the two groups at screening (see Table 1).

Independent sample t tests comparing the BDS and NS on the five subscales of the Parental Locus of Control Scale were conducted next. The BDS exhibited a significantly more external PLOC on four of five subscales: Parental Efficacy, t(113) = 5.67, p < .000; Parental Responsibility, t(113) = 3.13, p < .01; Child Control of Parent’s Life, t(113) = 2.68, p < .01; and Parental Control of Child’s Behavior, t(113) = 7.90, p < .000. The BDS and NS differed significantly on Parental Belief in Fate/Chance, t(113) = 2.06, p < .05, but this difference was no longer significant after a Bonferroni correction for experiment-wise error was applied. Thus, overall, the BDS evidenced a more external PLOC than the NS (see Table 2).

Intercorrelations between study variables revealed that several of the background characteristics were significantly related to the Parental Locus of Control Scale subscales. Maternal age was negatively correlated with Parental Responsibility (r = −.19, p < .05); income was positively related to Parental Responsibility (r = .28, p < .01) and Parental Control (r = .29, p < .01); maternal high school education was related to Child Control of Parent’s Life (r = .20, p < .05); American orientation was related to Parental Efficacy (r = −.18, p < .05), Fate/Chance (r = −.27, p < .01), and Parental Control of Child’s Behavior (r = −.23, p < .05); and maternal

### Table 1

Descriptive Statistics for Study Variables (N = 115)

<table>
<thead>
<tr>
<th>Continuous Variable</th>
<th>Behavior Disorder Sample (n = 58)</th>
<th>Normative Sample (n = 57)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child age (months)</td>
<td>52.79 (12.30)</td>
<td>52.54 (10.04)</td>
</tr>
<tr>
<td>Mother age (years)</td>
<td>32.24 (8.13)</td>
<td>32.9 (9.00)</td>
</tr>
<tr>
<td>Yearly income ($)</td>
<td>23,271.00 (14,518.00)</td>
<td>25,556.00 (16,773.00)</td>
</tr>
<tr>
<td>American orientation***</td>
<td>2.69 (0.89)</td>
<td>3.27 (0.87)</td>
</tr>
<tr>
<td>Mexican orientation</td>
<td>4.23 (0.55)</td>
<td>4.18 (0.76)</td>
</tr>
<tr>
<td>Generation in United States</td>
<td>1.34 (0.72)</td>
<td>1.41 (0.84)</td>
</tr>
<tr>
<td>Eyberg Child Behavior Inventory</td>
<td>182.12 (27.00)</td>
<td>99.53 (20.70)</td>
</tr>
</tbody>
</table>

| Categorical variable (%)             |                                |
| Male gender                          | 70.7                           | 61.4                      |
| ≤high school education               | 58.6                           | 49.1                      |
| Parent primary Spanish*              | 81.0                           | 61.4                      |
| Mother married                       | 69.0                           | 61.0                      |

*p < .05. ***p < .001.

### Table 2

Means and Standard Deviations for the Subscales of the Parental Locus of Control Scale (N = 115)

<table>
<thead>
<tr>
<th>Subscale</th>
<th>Behavior Disorder Sample (n = 58)</th>
<th>Normative Sample (n = 57)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parental Efficacy***</td>
<td>21.79 (6.43)</td>
<td>15.74 (4.91)</td>
</tr>
<tr>
<td>Parental Responsibility**</td>
<td>27.53 (8.09)</td>
<td>23.02 (7.39)</td>
</tr>
<tr>
<td>Child Control of Parent’s Life**</td>
<td>14.62 (5.00)</td>
<td>12.33 (4.10)</td>
</tr>
<tr>
<td>Parental Belief in Fate/Chance</td>
<td>28.95 (7.55)</td>
<td>25.88 (8.46)</td>
</tr>
<tr>
<td>Parental Control of Child’s Behavior**</td>
<td>30.24 (6.84)</td>
<td>20.60 (6.22)</td>
</tr>
</tbody>
</table>

Note: Higher scores indicate more external locus of control. A Bonferroni correction was used to adjust for experiment-wise error. **p < .01. ***p < .001.
Spanish language was related to Child Control of Parent’s Life ($r = -0.20, p < 0.05$) and Fate/Chance ($r = 0.27, p < 0.01$; see Table 3).

Finally, hierarchical multiple regression analyses were conducted to predict each of the Parental Locus of Control Scale subscales while controlling for background variables (income, American orientation, maternal Spanish language, maternal age, and maternal education). Background characteristics were entered on the first step, with membership in either the BDS or the NS entered on the second step. The results of this regression indicate that the BDS was still significantly more external in its PLOC across four of the subscales, even controlling for these background variables (see Table 4).

**Discussion**

The current study found that Mexican American mothers whose children are suffering from clinically significant behavior problems display a significantly more external PLOC than mothers whose children are free of such problems. The BDS families report feeling less effective in their parenting role, less responsible for their child’s behavior, and less in control of their child’s behavior. BDS families, as compared to NS families, were also more likely to report feeling as if their child’s needs and wants dominate their lives. These findings remained significant even after controlling for background demographic variables including maternal age, education, language preference, American orientation, and income. These findings are consistent with previous research showing that disordered Caucasian families exhibit a more external PLOC than nondisordered Caucasian families (Campis et al., 1986), indicating that this research is generalizable to low-income Mexican American families.

Although the direction and significance of the differences in PLOC between the Mexican American BDS and NS families were found to be similar to those found among Caucasians, these findings leave open the question of whether low-income Mexican Americans have a more external PLOC than Caucasians in an absolute sense, with just the direction of the differences between the BDS and NS families consistent across ethnic groups. Although the current study did not collect data from a comparison sample of Caucasian families, published norms for both normative and clinic-referred Caucasian samples can be used to place these findings in context. Campis et al. (1986) collected a sample of 60 Caucasian parents who were not reporting any difficulties with parenting, recruited from the Girl Scouts, the YMCA, and public schools. When compared with the nondisordered sample of Caucasians exhibited a more external PLOC on four of the five subscales: the Parental Efficacy scale (Caucasian NS $M = 17.62$ vs. Mexican American NS $M = 15.74$), the Parental Control scale (Caucasian NS $M = 26.63$ vs. Mexican American NS $M = 20.60$), the Parental Responsibility scale (Caucasian NS $M = 30.43$ vs. Mexican American NS $M = 23.02$), and the Child Control scale (Caucasian NS $M = 14.37$ vs. Mexican American NS $M = 12.33$). The one exception to this pattern was the Parental Belief in Fate/Chance subscale (Caucasian NS $M = 21.55$ vs. Mexican American NS $M = 25.00$). Although there is insufficient information available to determine if our Mexican American NS is significantly different from the Caucasian NS (standard deviations were not published), these data reveal a trend that does not support the notion that Mexican American parents are generally more external in their PLOC, in contrast to research documenting that Mexican Americans are more external in their health locus of control (e.g., Kennedy et al., 1999; Malcarne et al., 2005; Spalding, 1995). It is likely that Mexican Americans either do not regard parenting and child behavior problems as health issues or differentiate between those issues and issues typically seen as physical health issues.

The current study has several limitations that should be noted. First, the BDS and NS differed significantly on several demographic characteristics that were, in turn, related to PLOC. Specifically, mothers in the NS were slightly more American oriented (although no less Mexican oriented and similar in generational status in the United States) and less likely to prefer Spanish. However, the differences in PLOC between the NS and the BDS remained significant even controlling for these factors, suggesting that they are unlikely to account for the pattern of findings described here. Second, the Parental Locus of Control Scale has not been previously validated with a Mexican American sample, and the possibility remains that the instrument is not as reliable or valid for this population. Particularly, the Child Control of Parent’s Life subscale of the Parental Locus of Control Scale had a disappointingly low alpha reliability for this sample ($\alpha = .61$ for the current sample, compared with $\alpha = .67$ found by Campis et al. [1986] among the standardization sample). Third, our sample did not include the full range of socioeconomic status; thus, the results of this study can be generalized only to low-income Mexican Americans. To our knowledge, no studies have examined the relationship between socioeconomic status and PLOC among Mexican Americans, and only a few studies have reported these relationships among Caucasian samples.
Table 4
Summary of Multiple Regression Analysis for Variables Predicting the Parental Locus of Control Scale Subscales (N = 115)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Parental Efficacy</th>
<th>Parental Responsibility</th>
<th>Child Control</th>
<th>Fate/Chance</th>
<th>Parent Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parental efficacy</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td></td>
</tr>
<tr>
<td>Parental responsibility</td>
<td>.09</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td></td>
</tr>
<tr>
<td>Child control</td>
<td>.33***</td>
<td>.07</td>
<td>—</td>
<td>—</td>
<td></td>
</tr>
<tr>
<td>Fate/chance</td>
<td>.43***</td>
<td>.02</td>
<td>.17*</td>
<td>—</td>
<td></td>
</tr>
<tr>
<td>Parental control</td>
<td>.58***</td>
<td>.10</td>
<td>.48***</td>
<td>.30**</td>
<td>—</td>
</tr>
<tr>
<td>Maternal high school</td>
<td>–.13</td>
<td>.10</td>
<td>.20*</td>
<td>–.18</td>
<td>.01</td>
</tr>
<tr>
<td>Maternal age</td>
<td>.00</td>
<td>–.19*</td>
<td>–.12</td>
<td>.07</td>
<td>–.09</td>
</tr>
<tr>
<td>American orientation</td>
<td>–1.90</td>
<td>.97</td>
<td>–.27**</td>
<td>–.23*</td>
<td>.40***</td>
</tr>
<tr>
<td>Maternal language a</td>
<td>–2.28</td>
<td>1.93</td>
<td>–.16</td>
<td>.47</td>
<td>2.40</td>
</tr>
<tr>
<td>Maternal age</td>
<td>.00</td>
<td>–.08</td>
<td>–.20*</td>
<td>.04</td>
<td>.12</td>
</tr>
<tr>
<td>Income</td>
<td>.03</td>
<td>.28**</td>
<td>–.05</td>
<td>–.29**</td>
<td>.17</td>
</tr>
<tr>
<td>Step 2 Behavior disordered sample vs. normative sample c</td>
<td>–5.90</td>
<td>1.14</td>
<td>–.46***</td>
<td>–5.35</td>
<td>1.49</td>
</tr>
<tr>
<td>R² change</td>
<td>.19***</td>
<td>.11***</td>
<td>.07**</td>
<td>.01</td>
<td></td>
</tr>
</tbody>
</table>

Note: Higher scores indicate more external locus of control.

* p < .05, ** p < .01, *** p < .001.

a. Preferred English = 0; preferred Spanish = 1.
b. Maternal education less than or equal to high school = 1; greater than high school = 2.
c. Behavior disordered sample = 1; normative sample = 2.
Studies among Caucasians have found no relationship between PLOC and education or income (Hagekull et al., 2001; Roberts et al., 1992) or have found a relationship but failed to specify its direction (Mouton & Tuma, 1988). However, multiple studies have documented a relationship between lower socioeconomic status and external health locus of control, indicating that the role of income in PLOC should be explored further in more economically diverse samples (e.g., Wardle & Steptoe, 2003). Finally, future research would benefit from the inclusion of a Caucasian sample to further contextualize these findings.

Despite these limitations, this study does have several important implications. First, these findings indicate that Mexican Americans’ beliefs about their control as parents is more similar to than different from that of Caucasians, suggesting that interventions designed to affect PLOC among Mexican Americans are likely to be relevant for Mexican Americans. The fact that Mexican American parents do not feel less in control of their child’s behavior is also encouraging for interventionists who may wish to engage parents in treatments that ask parents to change their child’s behavior through modifying their parenting behaviors. Finally, these findings also support the use of the Parental Locus of Control Scale as an outcome measure for clinical research that includes Mexican American families.

References


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